

# Michigan Department of Community Health

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## Office of Public Health Preparedness

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ASPR Healthcare Preparedness Analyst

*Michigan Department  
of Community Health*



Jennifer M. Granholm, Governor  
Janet Olszewski, Director



# Office of Public Health Preparedness

Developed in 2002 to coordinate development and implementation of public and medical health management services for preparedness and response to acts of bioterrorism, infectious disease outbreak and other public health emergencies.

## Mission:

Establish strategic leadership, direction, assessment, and coordination of activities to ensure statewide readiness and interagency collaboration to respond to public health emergencies.

# Key Priorities

1. To upgrade state and local jurisdiction preparedness for response to outbreaks of infectious disease, public health threats and emergencies including terrorism
2. To upgrade the preparedness of the healthcare systems and collaborating entities to respond to terrorism and mass medical emergencies



# History of Emergency Preparedness Initiative in Michigan

- 1999  
First Grant Award: State Health Department designated by CDC as Coordinating Agency
- 2002  
Supplemental Funding Received
- 2002  
The Office of Public Health Preparedness (OPHP) established to coordinate public health and health care emergencies and oversee grants requiring cross cutting activities.
- 2003-2009  
Continued Funding through CDC and ASPR

# Cooperative Agreement

- Office of the Assistant Secretary of Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP)
- Centers for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program



# Cooperative Agreement (CA) Funding

ASPR CA



Regional Initiative  
Medical Control Authorities  
Hospital/Prehospital



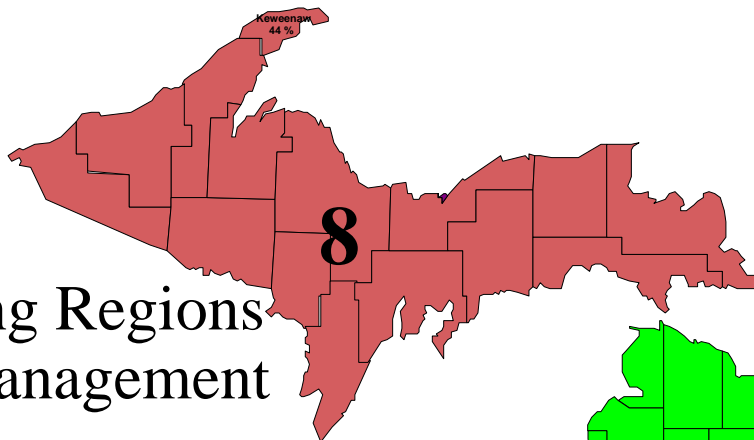
Coordinated State/Local/Regional  
Planning

CDC CA



Local Health Departments  
Other Local/Regional Partners

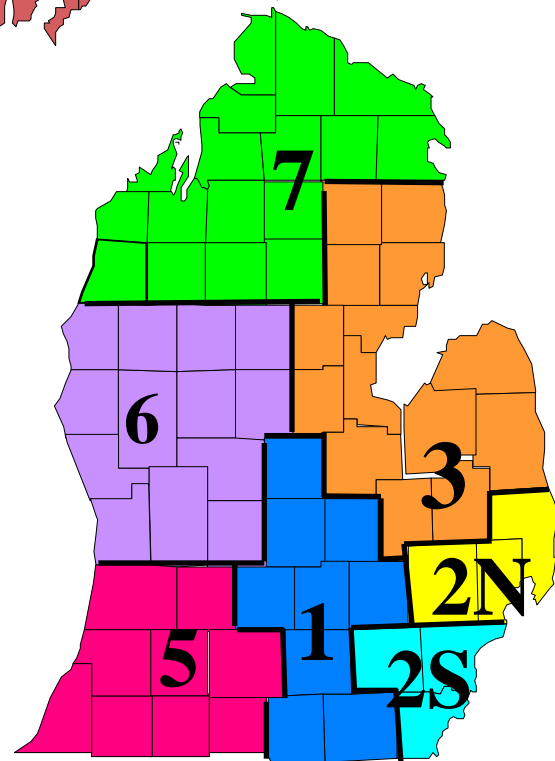




Established 8 Medical Planning Regions consistent with Emergency Management

## Preparedness Regions

- Emergency Management District Coordinators
- Regional Epidemiologists
- Regional Bioterrorism Coordinators
- Regional Medical Directors



# Regional BT. Coordinators

## Region 1:

John Glandon  
Region 1 BT. Coordinator  
4990 Northwind Ste. 240  
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Fax: 517-324-4406  
D1RMRC-ABTC@sbcglobal.net

## Region 2N:

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Region 2N BT. Coordinator  
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region2north@sbcglobal.net

## Region 2S:

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Region 2S BT. Coordinator  
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## Region 3:

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Region 3 BT. Coordinator  
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btdregion3@gmail.com

## Region 5:

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dievendorf@kcms.msu.edu

## Region 6:

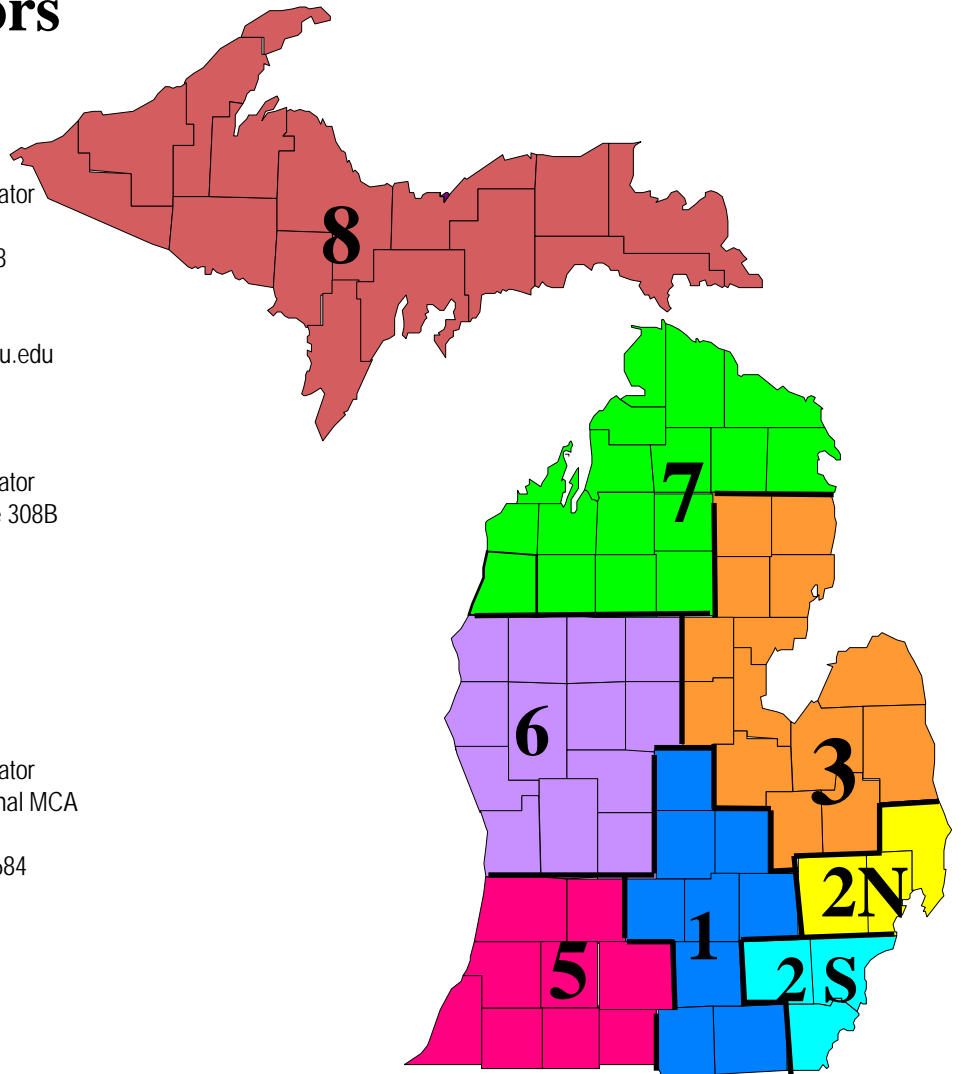
Jamie Crouch  
Region 6 BT. Coordinator  
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## Region 7:

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## Region 8:

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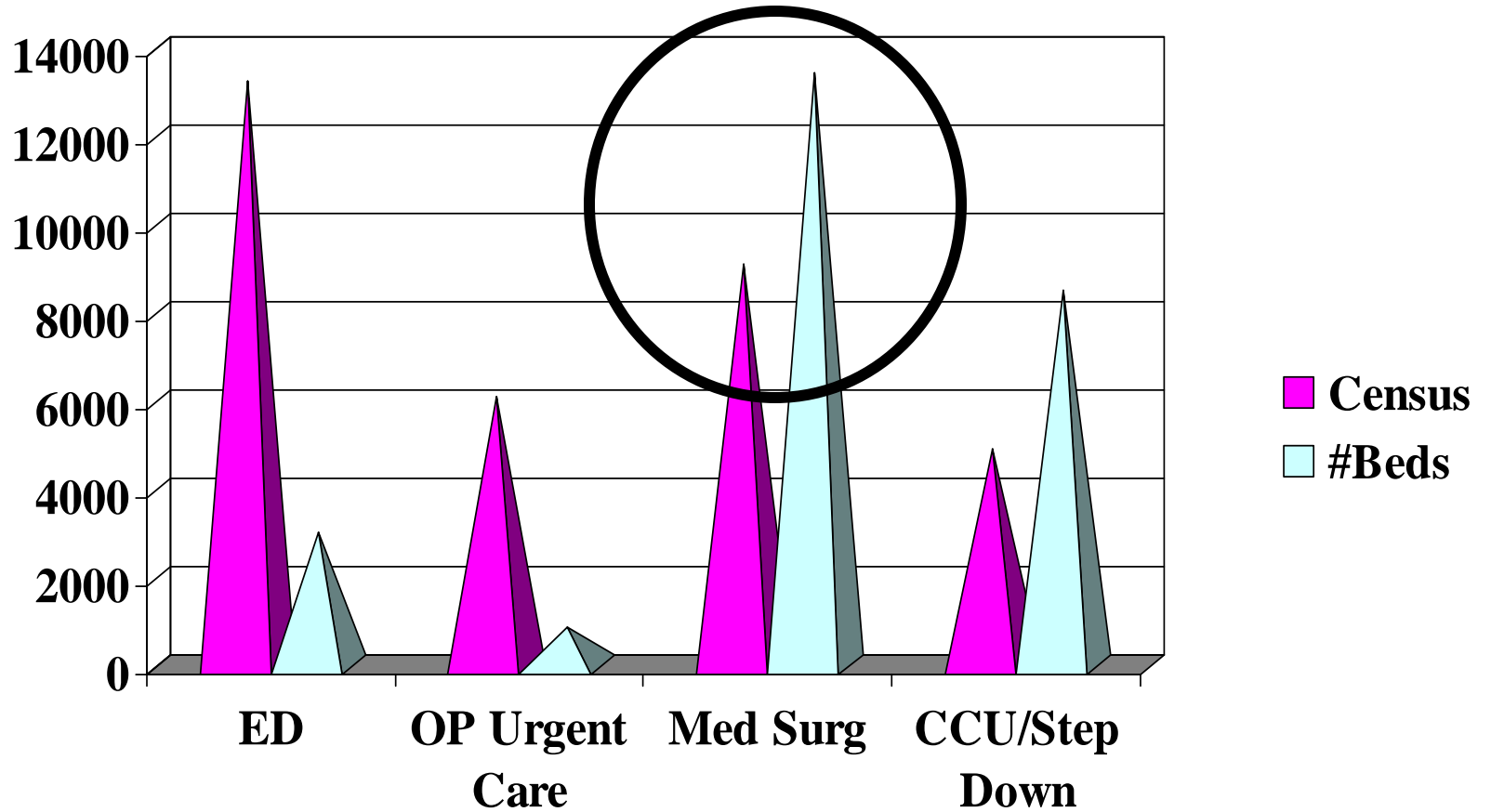




# Medical Surge in Michigan

- Hospitals in Michigan have incorporated activities in their emergency preparedness plans to surge 20% above the average daily census.
- The number of hospital beds in Michigan that would be needed if an outbreak of a moderately severe pandemic flu occurred would be exceeded by 109% within the first two weeks.
- MEMS remains the first method to address Medical Surge Capacity and Capability (MSCC) when traditional healthcare system structures can no longer meet their needs.

# Capacity



# Michigan Bed Tracking

Event Status														refresh
Daily HAVBed Reporting for Region 2N Hospitals										Daily HAVBED Reporting for Region 3 Hospitals				
Created By: EMSysAdmin Admin @ 10/08/07 11:59 Please update your HAVBed information on a daily basis.														
Region 2N: Oakland	01 ED Bed Availability	02 ICU	03 MedSurg	04 Burn Care	05 Peds ICU	06 Peds	07 Psychiatric	08 NegPressiso	09 OR	10 Vents	11 Decon Cap	Comment	Last Update	By User
Botsford General Hospital	16	9	16	0	0	4	2	2	2	0	Yes	NO VENTS	15 Jul 01:34	Botsford General Hospital
Crittenton Hospital	32	28	26	0	0	10	4	0	0	0	Yes	We are open and our amount of available ER beds changes throughout the day.	11 Feb 08:46	Crittenton Hospital Medic...
Henry Ford West Bloomfield Hospital	18	0	7	0	0	0	0	1	0	6	Yes		05 Aug 07:17	Henry Ford West Bloomfiel...
Huron Valley - Sinai Hospital	28	4	20	0	0	4	0	0	0	0	Yes		11 May 06:25	Huron Valley - Sinai Hosp...
Michigan Orthopedic Specialty Hospital	5	3	21	0	0	0	2	2	2	2	Yes	AMBULANCES USE BACK DOOR EMERGENCY ENTRANCE	08 Aug 08:44	MI Orthopedic Specialty H...
North Oakland Med Center	17	0	10	0	0	0	0	11	10	11	Yes	11   11 available   0 available   0   0   10 available   0	31 Jul 11:32	North Oakland Medical Cen...
POH Med Center - Main	30	64	15	0	0	2	0	4	0	0	No		11 Jul 09:16	POH Medical Center 1
Providence Hospital - Novi	9	0	3	0	0	0	0	1	0	0	No		12 Aug 07:11	Providence Hospital 2
Providence Hospital - Southfield	15	2	0	0	2	2	0	3	0	0	Yes		08 Aug 16:52	Rosemary M Lowry
St. Joseph Mercy Oakland	40	3	20	0	0	10	10	2	10	20	Yes		31 Jul 07:48	St. Joseph Mercy Oakland
St. John Macomb-Oakland Hosp Oakland Camp	14	4	47	0	0	0	4	5	0	16	Yes	2 available in ED   NO Peds UNIT HERE   NO Peds ICU UNIT HERE   NO BURN UNIT HERE   10 telemetry bed...	09 Aug 06:37	St. John Oakland Hospital

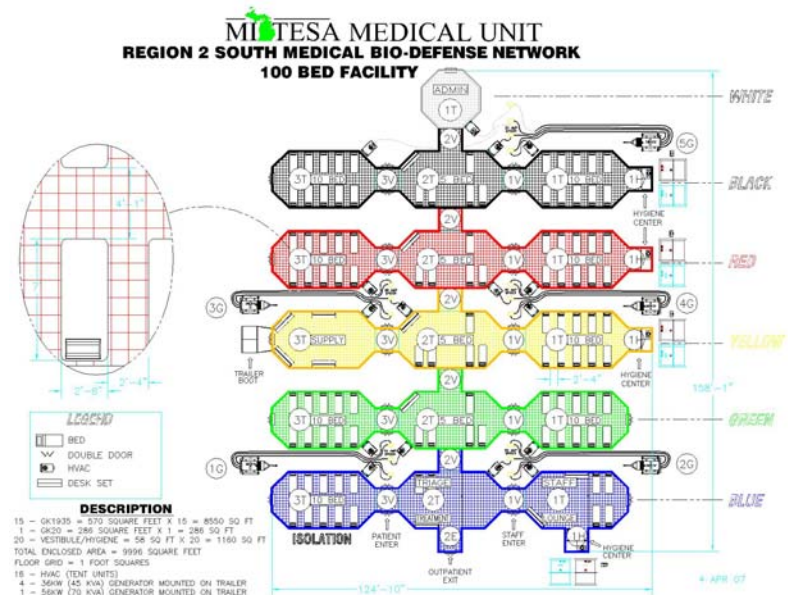
# Modular Emergency Medical System (MEMS)

MEMS establishes a framework to facilitate augmentation of local response efforts through the rapid organization of outside medical resources and available assets into expandable patient care modules:

- Neighborhood Emergency Help Center (NEHC)  
Entry point into MEMS. Non-critical, potentially exposed patients diverted to NEHC, to allow hospitals to focus on treatment of critical and seriously ill patients.
- Alternate Care Center (ACC)  
Temporary site, set up inside an existing facility, used to treat both mass casualty incident patients requiring in-patient treatment and casualties expected to die.
- Michigan Transportable Emergency Surge Assistance Medical Unit  
Two interoperable mobile medical facilities from Western Shelter Systems that have the capability to join as a statewide 140-bed facility.

# Michigan Transportable Emergency Surge Assistance (MI-TESA) Medical Unit

## 40-bed MI-TESA Medical Unit



## 100-bed MI-TESA Medical Unit

# National Incident Management System (NIMS)

- Completion of NIMS required training
- Remain knowledgeable of the Incident Command System (ICS)
- Dissemination of all other pertinent information related to NIMS requirements and changes



<http://www.training.fema.gov/IS/NIMS.asp>

# Ventilator Capacity

- Working to get accurate capacity data to allocate current and future ventilators based upon population
  - 2004 assessment/current status
  - 2008 assessment/future planning
- There is a cache stockpiled at the state level.



# Pharmaceutical Caches

- Local/Regional Caches  
Antibiotics, antivirals, nerve agent antidotes, burn supplies, etc.
- Michigan Emergency Preparedness Pharmaceutical Plan (MEPPP)  
A comprehensive guide for pharmaceutical resources available at the local, state, regional and national levels to assist emergency responders and citizens during a CBRNE event or large scale natural disaster within Michigan.
  - MEDDRUN/CHEMPACK  
Standardized caches of medications and supplies to treat casualties, focusing on nerve agent antidotes and other biological or radiological events.
- Strategic National Stockpile  
Comprised of pharmaceuticals, vaccines, medical supplies, and medical equipment to augment exhausted state and local resources.



# Michigan Volunteer Registry



[Sign In](#) >> [Administration Home](#) >> [Reports](#) >> [User Profile](#)

[Help](#) | [Sign Out](#) |

- Volunteers**
- Manage**
- Alerts**
- Settings**
- Reports**
  - > User Profile
  - > User Inactivity
  - > Application Status
  - > Removed Volunteers
  - > Audit Log
  - > Credential History
- My Account**
- My Groups**

Use this page to generate a report of profile information for all volunteers you can manage.  
Enter the information you want to search for in one or more fields, then click "Search".  
To clear the form, click "Clear".  
To return to the administration home page, click "Back".  
Note: Only panels that are expanded will be included in the search criteria.

## Volunteer Groups

### Volunteer Groups

CTRL-CLICK to select multiple volunteer groups. SHIFT-CLICK to select a block.

Community Emergency Response Team (C.E.R.T.)	<input type="button" value="Add →"/>	
Fire Corps		
Food Industry Alert	<input type="button" value="Add All ⇔"/>	
General Support Volunteers		
Licensed Health Professions	<input type="button" value="← Remove"/>	
Medical Reserve Corps (M.R.C.)		
Neighborhood Watch	<input type="button" value="⇐ Remove All"/>	
Unlicensed Health Volunteers		
Volunteers in Police Service (V.I.P.S.)		

## Personal Information

## Healthcare Provider Types

## Custom Fields

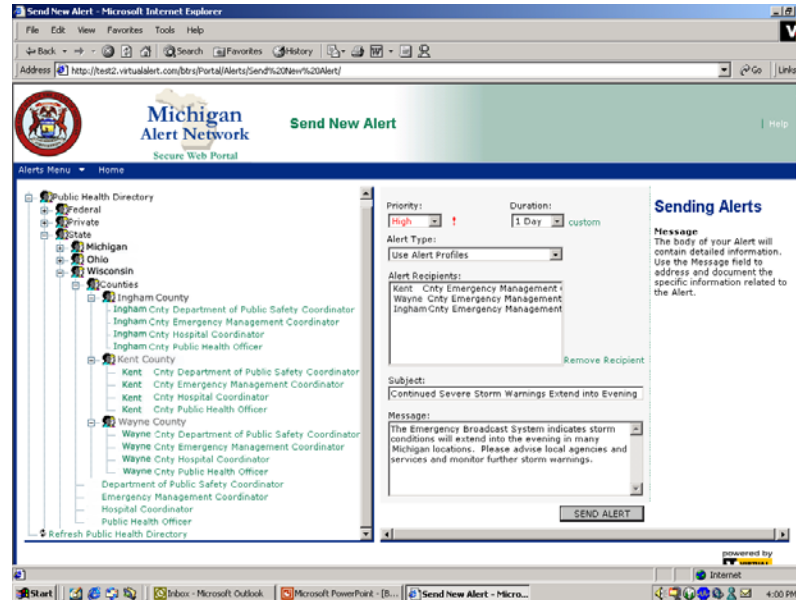
# Michigan Volunteer Registry



- Licensed Health Professions
- Unlicensed Health Professions
- General Support Volunteers
- Food Industry
- Citizen Corps Programs:
  - Community Emergency Response Team (CERT)
  - Medical Reserve Corps (MRC)
  - Fire Corps
  - Neighborhood Watch
  - Volunteers in Police Service (VIPS)



# Michigan Health Alert Network



Enhancing connectivity of Local Health Departments, Hospitals, EMS Agencies, Long Term Care, Rural, Migrant, Federally Qualified and Tribal Health Centers. Professional health organizations and other partners. Over 400 licensed users on the system.



# Mass Fatality Planning

- Michigan Mortuary Response Team (MI-MORT)
  - Provides a mass fatality resource that can be readily deployed to any location in the State in response to an incident in which the number of fatalities has exceeded local or regional resources.
  - The MI-MORT team works to support the local Medical Examiner and ultimately the local, regional and state response by providing technical assistance and personnel to recover, identify and process deceased victims in a dignified manner.
- Disaster Portable Morgue Unit (DPMU)
  - Contains the equipment and supplies for a fully functional morgue, necessary to initiate operations.



# Medical Evacuation – Shelter in Place

- Incorporate shelter in place planning within hospital evacuation plans
- Exercise evacuation equipment previously obtained
- Create and post corrective action plans
- Determine gaps and purchase additional necessary equipment for successful evacuation



# Long Term Care Initiatives

Statewide LTC Workgroup

First met in March 2007

Representatives from

- o Health Care Association of Michigan
- o Michigan Association of Homes and Services for the Aging
- o Michigan County Medical Care Council
- o Long-Term Care Commission
- o Michigan Office of Services to the Aging
- o NADONA
- o TEACH
- o Region 2 South
- o OPHP

# Michigan LTC Preparedness Toolkit

- Continuity of Operations Plan (COOP) Planning Template
- Local, Regional, & State Contact Information
- Hazard Vulnerability Assessment
- Sample MOAs
- Guidelines for Employees
- Pandemic Influenza Q & A
- Pandemic Influenza Planning Checklist
- Evacuation Checklist

# Michigan LTC - DVD Project

- Facility Emergency Plan
- Sheltering in Place
- State Resources
- Exercises
- Emergency Kits for Residents
- Community Health Emergency Coordination Center (CHECC)
- Finalize and mailed to LTC - 10/1/08



# Mather Lifeways - PREPARE

## **PREPARE Learning Module Topics (Train-the-Trainer)**

Module 1 – Special Considerations of Older Adults in a Disaster

Module 2 – Psychological Needs of Older Adults in a Disaster

Module 3 – What Providers Need to Know About Biological/Chemical Agents

Module 4 – Leading and Communicating in LTC During a Disaster

Module 5 – Surveillance and Infection Control

Module 6 – Tabletop Exercises

Module 7 – Participating in Local, State-Wide, or Federal Response

Module 8 – Effective Disaster Planning for LTC

**Funded project complete, and now available for a fee.**

**For more information, contact:**

**[http://www.matherlifeways.com/re\\_prepare.asp](http://www.matherlifeways.com/re_prepare.asp)**

# New 08-09 Initiatives

- Plans and Supplies for 72 hours sheltering in place
- Evacuation Templates and Plans
- Adapt a Hazard Vulnerability Assessment (HVA) for LTC facilities to utilize, there are 3 examples in the LTC Toolkit distributed to all facilities. Ensure they are being utilized by LTC within your region. Help LTC facilities connect with local health departments and/or local emergency management to get HVA info.

# New 08-09 Initiatives cont.

- Include all regional LTC facilities that participate on the MI-HAN. Provide technical assistance to those not responding or in need of assistance. Get LTC not enrolled on MI-HAN to participate. Conduct a MI-HAN training for new partners such as LTC, Homecare and Health clinics.
- Meet face to face with individual LTC facilities to stress the importance of their participation.
- Attend LTC conference, set up a display board and network with new partners.
- Involve LTC in exercises, even if they are just observers to begin with.
- Develop a tabletop exercise to include new partners such as LTC, home health, and health clinics.
- Identify resources that LTC can provide specific to medical surge. Include in planning strategies.
- Help LTC facilities with evacuation and SIP (keep burden off hospitals).

# Closing Thoughts

- Does your Facility have an Emergency Plan?
- In the event you have to evacuate or receive clients, do you know what that plan is?
- What is the best option?
  - Keep your facility open?
  - Relocate to an alternate care site?

# Questions?



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