Use of EMAC for Public Health & Medical Emergency Response

2005 Hurricane Season
Presentation Objectives

- Discuss how public health and medical can use EMAC
- Discuss benefits and challenges of using EMAC
- Highlight other mutual-aid agreements

Total Estimated EMAC Responses 2004 Hurricanes
(Florida & Alabama)

- 787 civilian personnel deployed*
  - Military support #s not captured
  - 331 Health/Medical/Nurses
- $15 million estimated cost

* All numbers are approximate values
Total Estimated EMAC Responses to Hurricanes Katrina and Rita
(FL, LA, MS, AL, TX, NCT, RCT)

- 65,929 personnel deployed*
  - 19,426 Civilian
  - 46,503 National Guard
  - 2,075 Health/Medical/EMT

- $830 million estimated cost*

* Pending missions awaiting signatures – Have 30 days from verbal agreement to signature. Costs and personnel numbers are finalized in reimbursement.

Newborn Screenings: An Iowa-Louisiana Story

- Louisiana Public Health Laboratory incapacitated following Hurricane Katrina
- Loss of telecommunications, H₂O, and electricity (both main lab in New Orleans and regional lab in Amite)
- Forced evacuation of 90% of staff
**Newborn Screenings (continued)**

- EMAC REQ-A issued for newborn screening assistance
- Resulted in agreement with Iowa to screen LA newborn specimens
- Over 51,000 tests (9/05 – 5/06)
- 304 presumptive positive
- Testing still ongoing

There were challenges to making this happen!

**SAFER • HEALTHIER • PEOPLE™**

---

**Mobile Field Hospital**

**Waveland, Mississippi**

- Hancock Memorial Hospital inoperable following Hurricane Katrina
- Approximately 7,000 people in Waveland and surrounding area

- Mobile field hospital deployed from NC to Waveland via EMAC

**SAFER • HEALTHIER • PEOPLE™**
Mobile Field Hospital
(continued)

- Staffed by two rotations of 65 to 70 nurses, physicians, paramedics, pharmacists, logisticians, and command staff
- Staff injury/illness during first week of operation
  - Gastrointestinal (11 cases)
  - Heat exhaustion (several cases)
  - “Katrina Rash” (numerous cases)
  - Fall-related head injury (1 case)

SAFER • HEALTHIER • PEOPLE™

Mobile Field Hospital
(continued)

- NC Public Health Strike Team deployed to support mobile field hospital staff
  - Physician/epidemiologist
  - Nurse/epidemiologist
  - 2 industrial hygienists/EH specialists
  - 2 admin/data management staff
  - Team leader
- Primary objectives were to
  - Establish electronic surveillance & injury/illness reporting systems
  - Investigate & mitigate environmental hazards/risks

SAFER • HEALTHIER • PEOPLE™
Environmental Health: Another Iowa-Louisiana Story

- Following Hurricane Katrina, 6 EHRT members sent from IA to LA
- First state to send EH professionals to LA via EMAC

What Did They Do?

Provided assistance to various agencies in and around New Orleans!

- Food Safety Inspections
- Sanitation
- Damage Assessment Surveys
What Did They Do? (continued)

Water Quality Testing  Sewage  Shelters

...and a whole lot more!

SAFER • HEALTHIER • PEOPLE™

Benefits of Using EMAC

- Increased collaboration among states in planning, preparedness, and response
- Better awareness and understanding of state and local needs and interests
- Increased access to personnel, equipment, and resources
- Addresses legal issues related to worker’s compensation, reimbursement, liability, immunity, and credentialing/licensure

SAFER • HEALTHIER • PEOPLE™
Key Issues & Challenges

- Education, awareness, and training on EMAC for public health and medical
- Resource typing/categorization
- Credentialing/licensure/privileging
- Redundancy/duplication of resources, assets, and efforts between EMAC, other mutual aid agreements, and federal response system
- Clarity/specificity in requests for assistance and mission assignments
- Deployment under state authority – depletion of local resources and assets

Other Mutual-Aid Agreements

- Mid-America Alliance – PH Preparedness (CO, IA, KS, MO, MT, NE, ND, SD, UT & WY)
  www.unmc.edu/dept/midamerica
- Great Lakes Border Health Initiative (MI, MN, NY, WI & Ontario)
  www.michigan.gov/borderhealth
- Pacific Northwest Emergency Management Arrangement (AK, ID, OR, WA, BC & Yukon)
Other Mutual-Aid Agreements (continued)

- International Emergency Management Assistance Memorandum of Understanding (ME, NH, VT, MA, RI, CT, Quebec, New Brunswick, Prince Edward Island, Nova Scotia & Newfoundland)
- Other interstate mutual-aid agreements (bilateral, trilateral, multilateral, regional)
- Intrastate mutual-aid agreements (city-to-city, county-to-county, regional, etc.)
- Other (cross-border, international, etc.)

For more information...
www.bt.cdc.gov/planning/emac
Questions?

Martin A. Kalis
Public Health Advisor
CDC/NCEH/EEHS/EHSB
(770) 488-4568
mkalis@cdc.gov