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Use of EMAC for Public Health & Medical Emergency Response



2005 Hurricane Season

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Presentation Objectives



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

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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

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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.

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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



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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!

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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

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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)



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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



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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



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What Did They Do?



Provided assistance to
various agencies in and around New Orleans!

**Food Safety
Inspections**



Sanitation



**Damage
Assessment
Surveys**



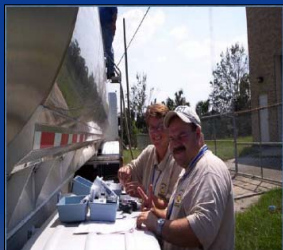
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What Did They Do? (continued)



Water Quality Testing



Sewage



Shelters



...and a whole lot more!

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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

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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

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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)

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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.)

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For more information...



www.bt.cdc.gov/planning/emac

The screenshot shows the CDC website's 'Emergency Preparedness & Response' section. The main heading is 'CDC Support for the Emergency Management Assistance Compact (EMAC)'. Below this, it states that EMAC is an interstate mutual aid agreement that provides a mechanism for sharing personnel, resources, equipment and assets among states during emergencies and disasters. It mentions that EMAC has been used by states for National Guard and emergency management assistance, and more recently, for public health assistance during the 2005 hurricane season. A list of benefits includes increased collaboration, better awareness, increased access to resources, and consideration of legal issues. A small photo shows two people, one in a white lab coat and one in a green shirt, looking at a document. At the bottom, it notes that all 50 states, two territories, and the District of Columbia are signatories to EMAC, and encourages health departments to collaborate with their emergency management agencies (EMAs) and other response partners.

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Questions?

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