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## Alabama Department of Public Health

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### Lead Agency for Health Care Preparedness and Response

- Developing Awareness
- Coordinating Planning
- Coordinating Resources
- Providing Resources
- Liaison Between Local and Federal Partners
- Liaison With Other States (Region IV Coordinating Cell)

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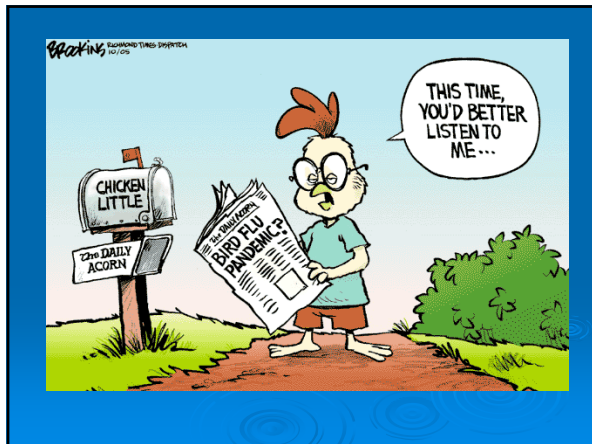
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**Forecasted Impact of Pandemic Influenza**

Characteristic	Alabama	
	Moderate (1958/68-like)	Severe (1918-like)
Illness (30%)	1.35 million	1.35 million
Outpatient Medical Care (50%)	675,000	675,000
Hospitalization	12,975	148,500
ICU care	1,931	22,275
Mechanical ventilation	973	11,183
Deaths	3,135	28,545

Based upon Table 1 of HHS Planning Assumptions  
Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenario

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## Patient Transfer Center

- Cooperative effort between the Alabama Hospital Association, Alabama Nursing Home Association and ADPH
- Monitors bed availability and type at hospitals, nursing homes, medical needs shelters and other facilities during public health emergencies
- Provides resource information on EMS units
- Provides information to appropriate agencies regarding need and availability of medical resources.

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# AIMS

- Tracks bed availability in hospitals, nursing homes, medical needs shelters and other locations as well as capacity within the EMS system
- Tracks resources at facilities including staff and supplies.
- Allows for immediate requests for assistance or offers of assistance.

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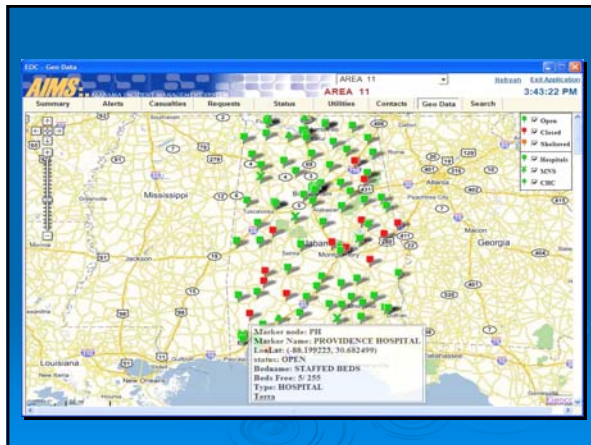
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## Medical Needs Shelters



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### ***MISSION***

The mission of a Medical Needs Shelter is to provide a shelter of last resort during emergency conditions for persons with conditions requiring medical/nursing oversight and who cannot be accommodated in a general population shelter. The MNS *is* housed in a *secure* facility with sustainable power, water, sanitation, and limited food service.

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A “Secure” facility is:

1. Structurally appropriate
2. Staffed by security personnel
3. Not in mandatory evacuation zone or high risk area

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## Who Will Be Seeking Care in the Medical Needs Shelter?

- People with minor health/medical conditions who require professional observation, assessment, and maintenance but who do not require institutional care.
- People with chronic stable conditions who may require assistance with the activities of daily living but who do not require institutional care.

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## Medical Needs Shelters State Agency Responsibilities

Medical Needs Shelters require a multi-agency effort.

Task	Agency
Facility Selection	EMA/DHR/ADPH
Facility Management	DHR
Food Service	DHR
Medical Supplies	ADPH
Medical Cots/Beds	ADPH
Staff Cots	EMA
Medical Staff	ADPH
Mental Health Issues	DMH/MR
Safety	ADPH
Security	EMA
Social Service Issues	ADPH/DHR
Backup Power	EMA

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## Patient Cots with disposable linens




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## Medical Surge Units



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## Mobile Medical Stations



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## Mobile Medical Stations



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## ADPH Achieves “Green” Status on SNS Readiness



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## Volunteer Network



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# Spontaneous Unsolicited Volunteers

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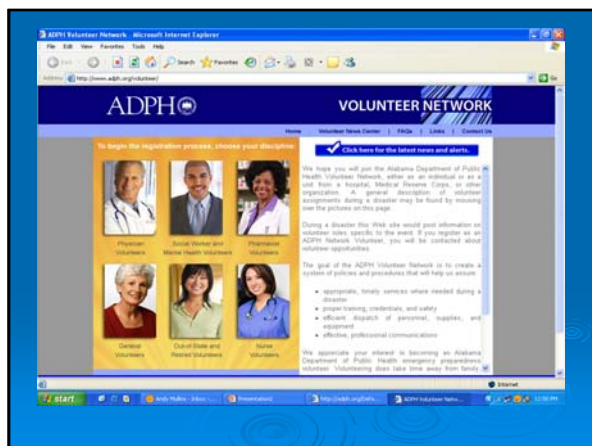
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ADPH  
Volunteer Network assures:

- appropriate, timely services where needed during a disaster
- proper training, credentials, and safety
- efficient dispatch of personnel, supplies, and equipment
- effective, professional communications
- Limited liability protection for volunteers

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Keeping Volunteers Engaged



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## Volunteer Symposium



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## Volunteer Teams:

- Medical Reserve Corps
- Medical Needs Shelter Teams
- Administrative Response Teams
- Hospital Response Teams

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## Regional ESF-8 Coordinating Cell

- Coordinates Regional Assets
- Does not replace EMAC
- Allows for a smoother, more effective ESF-8 regional response

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Questions???



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## Contact Information

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