

Region IV ESF8 Unified Planning Coalition (UPC)

Alabama Florida Georgia Kentucky Mississippi North Carolina South Carolina Tennessee

***Interstate Collaboration & Partnerships Enhance
State's Response Capabilities for
Kentucky Ice Storms***

Presentation Objectives

- Understand the benefits of interstate collaboration and partnerships during response activities, using the Kentucky ice storm response as a case example.
- Discuss how a UPC task force model builds on the foundations of EMAC without supplanting the existing system.
- Discuss the role of the federal HHS Regional Emergency Coordinators in task force operations.

Region IV ESF8 Unified Planning Coalition Overview

Samantha Cooksey Strickland

Mission of the Region IV UPC

- Through collaborative all-hazards planning and the development of partnerships, the Region IV ESF8 Unified Planning Coalition will enhance the member states' abilities to prepare for public health and medical response to incidents/events.

Region IV UPC Membership

States Represented:

- Alabama
- Florida
- Georgia
- Kentucky
- Mississippi
- North Carolina
- South Carolina
- Tennessee

Federal Agencies Represented:

- Health and Human Services
- Centers for Disease Control and Prevention
- Veterans Affairs
- Federal Emergency Management Agency
- Department of Defense

Other Public, Private and Non-governmental Partners

Guiding Objectives

- Institutionalize an effective system for interstate collaboration on preparedness and response issues among state and federal ESF8 leaders within Region IV.
- Strengthen and improve communication between Region IV states and federal partners.
- **Establish and maintain an operational Resource Coordinating Task Force to facilitate resource identification and maintain regional situational awareness regarding incidents/events through the Emergency Management Assistance Compact (EMAC).**

Guiding Objectives

- Convene multi-disciplinary workgroups with representation from Region IV states to conduct interstate planning on key ESF8 issues.
- Develop comprehensive state profiles that outline the scope, structure, and capabilities of the ESF8 systems in Region IV.
- Share best practices among ESF8 (public health & medical) systems.

What the UPC Is Not

- Is NOT a replacement for EMAC. All response operations work through the established EMAC system.
- Is NOT a master plan for the region. It's a way to better coordinate operations and planning.
- Is NOT mandated or required. Region IV states decided this was a priority on their own.

Resource Coordinating Task Force

Serves two major functions:

1. Public health & medical resource support through EMAC.
2. Planning and situational awareness coordination.

Resource Support

- Identifying public health and medical assets available within Region IV to assist in a disaster response.
- Assisting states in developing federal action request forms (ARF) and EMAC Requisition-A's for operational resource needs.
- Brokering resources.
- Assisting in forecasting resource needs.
- Providing a channel for non-impacted states to offer assistance to impacted states and reduce redundancy in the deployment of resources.
- Documenting offers of assistance in response to a specific request.

Planning Coordination

- Providing regional communications on situation status as related to incidents/events.
- Developing an interstate incident action plan (IAP).
- Gathering and communicating intelligence regarding health impacts, medical facilities, medical beds, and patient movements.
- Coordinating with state and federal ESF8 entities.

What We Don't Do...

- Allocate resources.
- Obligate or allocate state funds.

How We Operate

- “Virtual Activations”
- Regional coordinator serves as primary POC.
- Daily Conference Calls.
- Serve at the pleasure of the impacted states.
- Develop Regional Sit Reports.
- Centralized WebEOC – using Georgia’s network.

Real-World Response Coordination

- Florida/Georgia Wildfires – May 2007
- Tennessee Tornado – February 2008
- Midwest Flooding – June 2008
- North Carolina Wildfires – June 2008
- Tropical Storm Fay – August 2008
- Hurricane Gustav – August 2008
- Tropical Storm Hanna – August 2008
- Hurricane Ike – September 2008
- Kentucky Ice Storms - January 2009
- Florida/Georgia Flooding – April 2009
- Novel H1N1 Influenza – April 2009 – February 2010
- Haiti Patient Coordination – January/February 2010

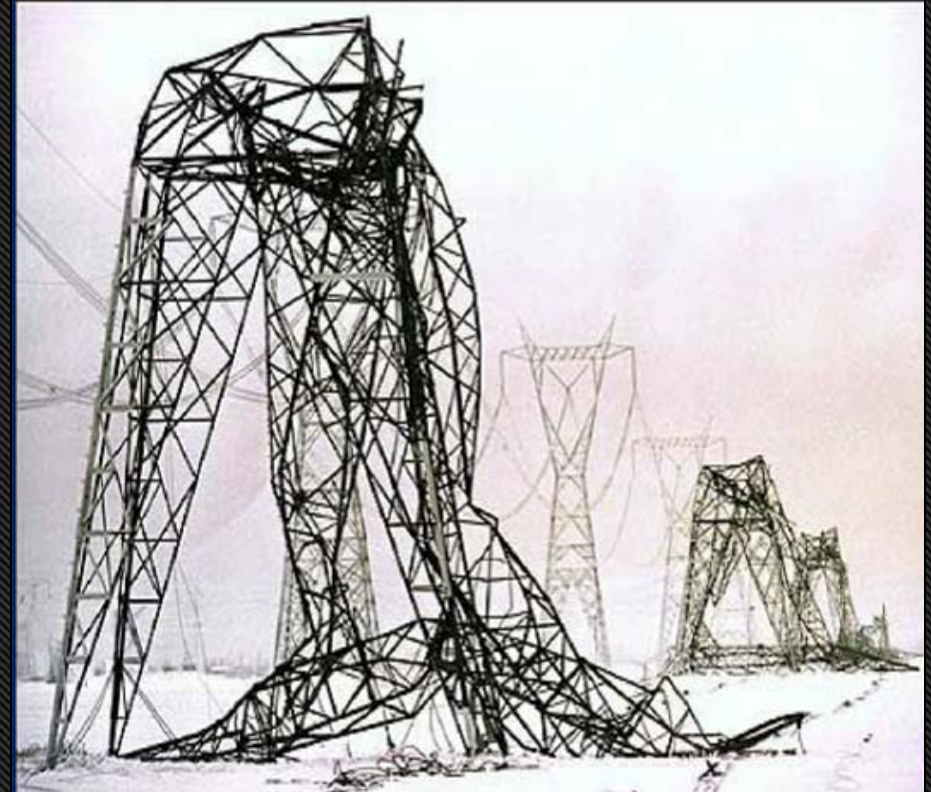
2009 Kentucky Ice Storm Response & UPC Integration

Brad Learn

Storm Impacts

Massive infrastructure damage:

- Power grid: Almost 800,000 units without power (36% of the state), including hospitals and nursing homes



Storm Impacts

- Communications: simultaneous cell and land lines out for days
- Roadways: many impassable
- Water: over 100 public water systems down
- Temperatures: single digits to 50's



Storm Impacts

- **202** shelters; peak population of **7,884**
- **378,163** meals and snacks served by the ARC, Southern Baptists, Salvation Army and the United Methodist
- **9,158** comfort kits handed out by the American Red Cross and The Salvation Army



Beautiful, but Deadly



36 storm-related deaths, 11 from CO poisoning

Kentucky Ice Storm Response

**FEMA-1818-DR, Kentucky
Disaster Declaration as of 04/02/2009**



Public Health Concerns

- Health needs assessments.
- Hospital and nursing home capacity and capability.
- Preventing and tracking disease in shelters.
- “Special medical needs” population in shelters.
- Clean water and safe food.
- Acute mental health interventions.
- Consequences of improperly sheltering at home.



Key Activities

- UPC activated at the request of Kentucky on 1/28/09.
- Conducted daily conference calls for two weeks.
- Coordinated the deployment of 13 teams through EMAC.
- Developed a shelter assessment plan to support Kentucky's consolidation of shelters.
- Identified areas for federal support.

After the Storm Hit

- 202 shelters in 2/3 of the state's counties, most ---but not all--- with special needs persons.
- Each shelter requires daily environmental inspection and communicable disease surveillance.



KDPH Department Operations Center

- KDPH DOC Operational from January 27 to February 11, 2009
 - 24 hour operations
- KDPH provided support and coordination statewide
 - Requests for Assistance
 - Shelter Operations
 - KHELPS
 - Communications
 - Public Health Surveillance
 - Public Information
 - State ESF 8 Partners
 - KHA, KPhA, KCCRB



Requests for Assistance



- Logistics (Material)
 - Generators, Cots, etc...
 - Medical Supplies
 - Pharmaceuticals
 - Medical equipment



14 HPP Medical Surge Units



ESAR-VHP: KHELPS

- System used to manage MRC volunteers and PH staff
- 161 ESF-8 staff utilized in DOC and/or field response
 - 21 LHDs and KDPH
- WebEOC Board used for mission/tracking



K HELPS: MRC Volunteers

- MRC Volunteers
Deployed from 9 MRC
units
 - 204 Volunteers
 - 2436.75 Hours
 - \$40,466.51 FEMA
value



Public Health Surveillance

- Reports
 - Aggregate Morbidity
 - Shelters
 - Hospitals/EMS
 - Environmental Shelter Surveillance
 - Community Need Assessment (CDC)



Ice Storm 2009: Community Health Assessment Team Findings

Survey done in 10 counties in Western KY:

- About 50% of families used a generator at some time after the ice storm.
- 10-20% of generators being operated in a manner that put family at risk for carbon monoxide poisoning.
- 10-15% of families using an outdoor grill or camp stove inside for cooking or heating.
- Only 30% of families had a working CO detector.

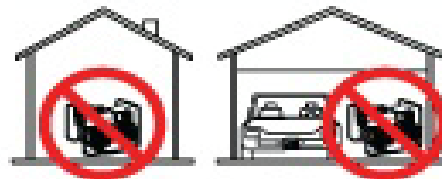
Appropriate Generator Use

WHAT TO KNOW: GENERATORS AND CO

Portable generators can be of vital assistance when the power goes out. But a generator can also be dangerous. A generator's exhaust contains poisonous carbon monoxide (CO) which can kill you and your family in minutes. You cannot see or smell CO. That's why it's called an "invisible killer."

⚠ DANGER

Using a generator indoors **CAN KILL YOU IN MINUTES.**
Generator exhaust contains carbon monoxide. This is a poison you cannot see or smell.



NEVER use inside a home or garage, **EVEN IF** doors and windows are open.



Only use **OUTSIDE** and far away from windows, doors, and vents.

UPC Resources Sent to KY

- 4 Ambulance Strike Teams from Tennessee
- 1 Environmental Health Team from Mississippi
- 3 Special Needs Sheltering Teams from Alabama
- 1 Shelter Surveillance Team from Tennessee
- 2 Shelter Surveillance Teams from Mississippi
- 1 Hospital Augmentation Team (Medical Strike Team) from North Carolina
- 1 Recovery Team from Florida (filled by the State Emergency Management Agency)

UPC Support Benefits to Kentucky

- Knowledge of other state's systems allowed for rapid identification and movement of resources.
- Developed missions as a region and tailored them to the states involved – eliminated questions.
- Allowed immediate access to the experience of other states and federal partners.
- Provided additional planning support.

“The relationships we have built with our Region IV UPC partners were essential to our response to the recent ice storm. Thanks to the group, we understood the resources that were available to us from other southeastern states and were able to expedite EMAC requests to meet our needs. The teams that were deployed to Kentucky were invaluable to the local communities and to the state as a whole. I am deeply appreciative of the support provided by the Region IV UPC and am thankful Kentucky is part of such a valuable group.”

~ Dr. William Hacker, Commissioner of the
Kentucky Department for Public Health

UPC Coordination Benefits to Other Member States

- A coordinated response
- Better understanding of resource needs, not left up to individual interpretation
- Ability to better prepare the responders they are sending through EMAC and more lead time
- Maintain situational awareness and identify impacts to their states
- Opportunity to learn from others experiences
- Reinforce partnerships

“By using the Region IV ESF8 UPC, we were able to quickly respond to Kentucky’s needs and even offer assistance in determining future needs. The UPC gives the affected state immediate access to seven other states ESF8 training and experience. The coalition’s pre-existing relationship and familiarity with one another’s response systems blended seamlessly with Emergency Management and made the EMAC process easier than ever before. We are always happy to assist our partners and the coalition makes that help more efficient and easier to access.”

~Drexdal Pratt, Chief of the North Carolina Office
of Emergency Medical Services and
State ESF8 Lead

Federal Integration

CAPT Patti Pettis

Regional Emergency Coordinator
(REC) Region IV

Federal Support to KY

- Received call for Federal ESF 8 Liaison from KY DPH and within 24 hrs of request; Region IV REC deployed to KY DPH EOC Frankfurt.
- Served as ESF 8 Advisor between KY DPH and HHS/ASPR and providing support to KY and FEMA IV once federal declaration was declared.
- As response efforts grew, so did federal ESF 8 presence – but only as requested by state and FEMA IV.

Federal Involvement in UPC

- Region IV HHS RECs are members of the UPC Executive committee and serve in an advisory and support role during response.
- During KY Ice Storm, REC's participated in daily UPC calls
- Most requests for ESF 8 support were fulfilled by other Region IV states; except one...
- Upon request, HHS/ASPR sent a Community Health Assessment Team – 25 CDC EIS Officers to determine health needs of representative community in affected population
- Incident Response Coordination Team deployed to support team in the field.

Integrated Planning

- HHS/ASPR Region IV REC's are members of UPC and provide federal guidance and support to needs of UPC.
- RECs participate in quarterly meetings, workgroups and upon request.
- Federal response plans for ESF 8 support state and local plans.
- Federal and state partners know each other – before response efforts begin!

UPC Coordination Benefits to Federal Partners

- By participating in UPC; allows Federal partners to better understand state's plans and preparedness for ESF 8 response
- Colleague relationships exist and are sustained through UPC membership and regular participation with states in preparedness and planning

Since the Ice Storms

Samantha Cooksey

Operation Haiti Relief

- Patients evacuated from Haiti transported to Florida & Georgia by various methods
- Activated the UPC for coordination
- Activated Southeastern burn plan and used it to place burn patients that couldn't be

UPC Keys to Success

- Foundation on partnerships & relationships facilitated trust and understanding.
- Knowledge of other state's systems allow for rapid identification and movement of resources.
- Developing missions as a region and tailor them to the states involved – eliminated questions.
- Allows immediate access to the experience of other states and federal partners.

Questions



For More Information Contact

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