# Public Health and Healthcare Emergency Preparedness and Response: Role of the Virginia Department of Health Joint Subcommittee Studying Liability Protections for Healthcare Providers

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#### Issues to be Addressed

- Virginia's public health emergency response
- Hospital/health system emergency response
- Public health and health system partnership
- Roles of healthcare providers
- Need for liability protection for healthcare providers in emergencies

#### Virginia Department of Health (VDH) Emergency Preparedness and Response Program (EP&R) Since 2002

- Preparedness and response to all emergencies, naturally occurring as well as terrorist related (all hazards approach)
- Rapid response to outbreak situations
- Build public health infrastructure in VA
- Involve all programs in VDH, all VA emergency response programs, all healthcare providers
- Availability to respond to emergencies 24/7

## VDH EP&R Program Since 2002: Federally Funded, CDC and HHS

- Increase/Enhance Local Capacity: Hired planner and epidemiologist for each of 35 District Health Departments
- Establish 5 Regional Teams: Coordinate planning and response
- Recruit key epidemiology, IT positions
- Upgrade information and communications technologies, and systems
- Enhance public information in emergencies

### Emergency Response in Virginia

- Initial response always local
- Governor and VA Dept of Emergency Management responsible for state emergency response, providing assistance to localities, requesting federal assistance
- VA Emergency Operations Center (VEOC) coordinates response through 17 Emergency Support Functions (ESF's)
- Localities have local EOCs, request state assistance through VEOC, which assigns responsibility to one or more ESF's

### VDH Role in Emergency Response

- VDH responsible for ESF 8: Coordination of Public Health/Health/Medical response, with representation in VEOC
- VDH Emergency Coordination Center (ECC)
  - Coordinate Public Health response
  - Communication with healthcare provider systems, providing link to VEOC
  - Coordination of hospital/long term care response
- Same roles at local level, within local EOCs, for local health departments

### Public Health in Emergencies

- Emergency Medical Systems (EMS) response
- Disease/injury monitoring, prevention, control, including infectious disease outbreaks with surveillance, tracking and prevention
- Water and food safety
- Environmental health
- Chemical/radiation exposure
- Mosquito/vector control
- Medical Examiner

### Public Health in Emergencies

- Strategic National Stockpile (SNS) request/management/distribution
- Dispensing clinics: response to outbreaks
  - Mass vaccination: influenza, anthrax, smallpox
  - Antibiotic prophylaxis: anthrax, plague, tularemia
- Healthcare volunteer coordination
- Shelters with special medical needs populations: requires partnership with healthcare system

### Public Health in Emergencies

- Rapid message dissemination
  - Public through media: disease prevention and management messages
  - Healthcare providers through Health Alert Network: phone, FAX, pager, e-mail notification of public health, healthcare and other partners
- Coordinate exchange of information among regions and districts through VDH ECC
- Link health system to state EOC

#### **VDH Planning Initiatives:**

Family of Plans (including disease-specific plans)

- ESF 8 component Virginia Emergency
   Operations Plan (public health and healthcare),
   with link to disease/incident specific plans
- Strategic National Stockpile (SNS):distribution/dispensing of medications, vaccines, supplies, equipment in federal stockpile, once delivered to Virginia: VA rated "green" for > 3 yrs
- District and Regional Plans
- Multiple state/regional/local exercises each yr

### Real Events as Preparedness Exercises: 2003-2007

- Hurricane Isabel: September, 2003
- Hurricanes in Florida, Gulf Coast
- Multiple floods, severe weather
- Drought, water shortage in SW Va
- Anthrax, tularemia episodes in NCR
- Ricin episode in Congress: 2004
- Thousands exposed to TB case in Chesapeake
- Management of other outbreak situations
- Virginia Tech shooting

# Virginia's Approach to Emergency Planning: Hospitals, Health System

- Mission of VDH is public health disease control and prevention - not provision of healthcare
- Partnerships are essential
  - Public health and healthcare
  - Public and private: most healthcare in private sector
- VDH contract/partner with Virginia Hospital and Healthcare Association (VHHA) to manage/coordinate federal funds for health system preparedness
- State planning group: VHHA Hospital Emergency Management Committee (HEMC)

### VDH EP&R Program: Collaboration with Healthcare Community

- Hospitals
- Physicians, nurses, pharmacists, other providers
- Community Health Centers, outpatient clinics
- Mental Health provider community
- Chronic/long term care facilities, home care population, and populations with special medical needs

### Regional Healthcare Planning: Since 2002

- Regional response system approach, beyond individual hospital emergency plans
  - 6 Regions: planning and response
  - Hospitals, EMS, mental health, other providers
  - Each region has Hospital Coordinating Center (RHCC), Hospital Coordinator, planning committee
- Federal funds distributed to regions based on population, hospital beds and vulnerability
  - Planning committee sets region funding priorities
- Surge planning: Ability to expand in emergency

#### Volunteer Efforts

- Roles of healthcare volunteers in emergencies
  - Liability for healthcare volunteers addressed: 2005 General Assembly
  - Local coordination, assignment of roles
- 25 Medical Reserve Corps in Virginia: volunteers
  - Most through District Health Departments or localities
  - 1 through UVA: focus on healthcare students
- Registration and identification system for volunteers: statewide system under development - Emergency
   System for Advanced Registration of Volunteer
   Healthcare Professionals (ESAR VHP)

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### Issues for Physicians, Nurses, Other Healthcare Providers

- Know emergency response role prior to event
- Involvement in facility/institution emergency plan
- Understand emergency response system and incident command
- Liability during emergency when practice environment suboptimal

# Pandemic Influenza: Emergency Planning Challenge

- Gradual onset
- Long term emergency, up to 2 years
- Impact to community in waves of 6-8 weeks
- All communities impacted at same time, severely limiting transfer of resources from one community to another
- 4-6 months until development of vaccine
- Community containment prior to vaccine
- Public communications essential at all stages

# Pandemic Influenza: Emergency Planning Challenge

- Resource shortages over prolonged period
  - Equipment, supplies
  - Medication: antivirals, vaccines, antibiotics
  - Beds, staff
- Resulting altered standards of care
  - Healthcare implications
  - Legal implications
  - Ethical issues

### Planning for Pandemic Influenza

- Extension of local emergency planning for all hazards
- Local government leadership key
- Local plan is a <u>community</u> plan
- Assure involvement of all aspects of healthcare community: hospitals, outpatient treatment centers, long-term care facilities, homecare, pharmacies, physicians, pharmacists, nurses, mental health providers

### Planning for Pandemic Influenza

- Include involvement of:
  - Schools
  - Colleges and universities
  - First responders fire, EMS
  - Law enforcement
  - Business community
  - Media
  - Assisted living and other social services programs
  - Volunteer, non-profit groups
  - Faith community

### Planning for Pandemic Influenza Distribution of Limited Resources

- Includes: anti-virals, vaccines, medical equipment (ventilators), supplies (masks, other PPE)
- Limited healthcare staff
  - High risk of illness
  - Fear
  - Caring for loved ones
- VHHA Study Committee to address resulting altered standards of care
  - Decision process for use of limited resources
  - Legal and ethical implications

### Planning for Pandemic Influenza Healthcare Provider Concerns

- Infection control: protect healthcare workers from illness
- Coordinate activities and identify roles of volunteers
  - Liability protection in place for volunteers working under the supervision of government entity
- Scope of practice issues with limited number of trained healthcare professionals
- Legal liability when difficult decisions need to be made about use of very limited resources, over prolonged period of time

### Summary

- VDH fully engaged in emergency response
- Public health/healthcare collaboration essential
- Healthcare providers concerned about personal and institutional liability in situations of resource limitations
  - personnel, supplies, equipment, medications
- Greatest concern: large scale events, medical surge
- Pandemic influenza and other infectious disease outbreaks present unique challenges: resource limitations, inability to obtain resources from other locations, prolonged impact on public health and healthcare systems

http://www.vdh.virginia.gov/epr

http://www.vdh.virginia.gov/pandemicflu

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