Public Health and Healthcare Emergency Preparedness and Response: Role of the Virginia Department of Health

Joint Subcommittee Studying Liability Protections for Healthcare Providers

Lisa G. Kaplowitz, M.D., M.S.H.A.
Deputy Commissioner for Emergency Preparedness and Response
Virginia Department of Health

August, 2007
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

August, 2007
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

August, 2007
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)
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

August, 2007
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 community 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

August, 2007
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

http://pandemicflu.gov