Total Eclipse of the Sun
Briefing for Hospital Leadership
June 22, 2017

revised 6-26-17 to include additional resources
Welcome

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Agenda

• Situation summary: August 21, 2017
• State plans
• Crisis Care Guidance
• Highlights of hospital activities
• Questions
Situation summary
Planning outlook

- Estimated 1 million visitors
- Easily several hundred thousand attending known events
- Opportunity for collaboration and testing emergency response
- Economic benefit for Oregon
Why Oregon?

- First “landing” of total eclipse in North America
- Best weather and clearest skies in US
Light pollution map & path of totality

Most attractive viewing areas have the least services
Known eclipse gatherings

126 events as of 6/21/17
Public health concerns

- Congested roads and cell networks
- Infectious disease outbreaks: norovirus, Shigellosis or cryptosporidiosis
- Medical issues- heat stroke, wildfires, surge in medical visits for medication refills, asthma, heart attacks, lung problems, heat-related, drug overdoses and injuries
- Crowds exposed to heat, dehydration, elevation, snakes, rabies
- Sanitation, clean drinking water, temporary food vendors
- Surge demand for medical care affecting: 911, patient transfers, ground and air ambulances, EDs, very small rural clinics, etc.
- Potential eye damage
State agency objectives (abbreviated)

1. Unified special event planning- Office of Emergency Management
2. Joint information system
3. Coordinate public safety planning
4. Keep highways safe-ODOT
5. Coordinate health care system plans
6. Redundant communication methods
Public Health Division response (1)

- Coordinate with state agencies and internally (food & lodging, EMS, drinking water, communicable disease)
- Local/regional collaboration and technical assistance via liaisons
- Communication materials for local use
- Public health risk assessments (internal, using local/partner input)
- Support health care and EMS planning with local and regional planners, and draft EMS mobilization plan
• Support tracking of scheduled events
• Activate Incident Management Team and Agency Operations Center for ~7 days
• Support healthcare volunteer deployment
  – Medical Reserve Corps
  – SERV-OR: State Emergency Registry of Volunteers in Oregon
• Disease surveillance and health intelligence systems
• Staff other state, tribal, or local emergency operations centers with OHA liaisons as requested
• Respond to special communicable disease and epidemiology needs, such as detected outbreaks
Health Intelligence Systems

Multiple active networks among state-local-federal communicable disease programs and HSPR liaison network.

- **ORPHEUS**: Disease investigation integrating local, state and lab data.
- **HOSCAP**: Hospital status, bed counts, and resources.
- **ESSENCE**: Emergency departments, communicable disease data, Oregon Poison Center data, death reports.
- **HAN**: Mass notification for public health, hospitals, clinics, labs, etc.

**Human networks**
EMS activities

• Technical assistance
  – State laws and requirements for counties and contracted providers
  – Using private vendors
• Contracts for emergency services (unfunded, unscheduled)
• Air ambulance company collaboration
• Patient transfer center planning
• Trauma Plan project completion
• Collaboration with Idaho-planning call on regional communications to support patient movement

• **Overall, accelerating disaster planning for EMS by a whole year**
Regulatory waivers and Staffing resources

• Federal waivers have strict criteria** that are not met by Eclipse event:
  – EMTALA
  – CMS 1135

• Nurse Staffing Resources
  – Nurse staffing eclipse guidance is available at:
    • www.healthoregon.org/nursestaffing

* *Strict criteria is a Public Health Emergency in Oregon AND a Presidential declared disaster
Webinar: Hospital Burn Care Protocols: Presented by Legacy Oregon Burn Center

- 72-hour Burn Plan: Care of the burn patient in a non-burn hospital
- Ongoing resuscitation and care
- Medical supplies/pharmaceuticals and equipment
- Hospital capacity: Burn Centers closest to Oregon
- Identify transfer protocols in a surge situation

Fri, Jun 30  3:00 PM - 4:00 PM PT
Mon, Jul 17 1:00 PM - 2:00 PM PT
Respond if major event occurs

Most plans require Governor’s or Public Health Director’s declaration

- Coordinate incoming federal health assets: Health and Human Service (HHS) teams, Strategic National Stockpile, National Ambulance Contract
- Medical supplies:
  - PPE and trauma care (Salem)
  - Oregon Medical Station (~200 beds, non-acute care)
- Personnel:
  - SERV-OR/Medical Reserve Corps volunteers: 2,700 volunteers
  - Oregon Disaster Medical Team (ODMT.org): ~100 volunteers, equipped and operational from DMAT experience
- Emergency contracting and procurements
  - Example: EMS contracts under development
Oregon Crisis Care Guidance: A Framework for Health System Disaster Preparedness

www.theoma.org/CrisisCare
Co-Sponsors as of April 2017

Adventist Health
Asante
Assn. of Professionals in Infection Control and Epidemiology – OR/SW WA chapter
CHI St. Anthony Hospital
Coalition of Local Health Officials
CLHO County Health Officers’ Caucus
Grande Ronde Hospital
Infectious Disease Society of Oregon
Kaiser Permanente – Northwest
Lane County Medical Society
Legacy Health
Marion-Polk County Medical Society
Medical Society of Metropolitan Portland
Mid-Columbia Medical Center
Northwest Permanente (Kaiser Physician Grp.)
Oregon Academy of Family Physicians
Oregon Assn. of Hospitals & Health Systems
Oregon Chapter, American Coll. of Emergency Physicians
Oregon Chapter, American Coll. of Surgeons
Oregon Council of Clinical Nurse Specialists
Oregon Emergency Management Assn.
Oregon Fire Chiefs Association
Oregon Health & Science University
Oregon Health Authority
Oregon Medical Association
Oregon Nurses Association
Oregon Soc. of Health-System Pharmacists
Oregon State Pharmacy Association
Oregon Pediatric Society
Oregon Thoracic Society
PeaceHealth
Providence Health and Services
St. Alphonsus Medical Center- Ontario
St. Charles Health System
Samaritan Health Services
Sky Lakes Medical Center
Wallowa Memorial Hospital
Willamette Valley Medical Center
Types of crisis care strategies

- **Surge Capacity Strategies**
  - Help expand the number of people who can receive treatment
  - Consider rescheduling elective procedures

- **Triage Strategies**
  - Help determine how available resources can be used most effectively to save lives
Implementation of Crisis Care Guidance

- Review of Guidance and existing plans
- Decide which strategies would work for hospitals and communities
- Incorporate and refine these strategies through plan revision, training, and exercises
Regional Hospital

Sherrie Forsloff, Emergency Manager, OHSU

- What Regional Hospital Does
- Its Role in Mass Casualty Incidents
- Eclipse Preparations
- Trauma Surge Clinical Advice Line

24/7/365 Burn Clinical Advice Line: **503-413-4232**

Trauma Surge Clinical Advice Line: **Only** operating August 18-24, 2017: **503-494-7551**
Region 2 Hospital Group
(Benton, Lincoln, Linn, Marion, Polk, and Yamhill counties)

Wayne McFarlin, Emergency Preparedness Administrator
Salem Health Hospitals & Clinics
An OHSU Partner
St Charles Health System

Jeff Absalon, MD
Executive Vice President
Chief Physician Executive
Eastern Oregon Region 9 HPP Eclipse Planning

- Increasing staffing throughout the weekend and two days after the event
- Increased anti-venom supplies
- Outpatient transfer issues during surge
- Adding ER physicians
- Filling float pool staff as back-up prior to and after the event
- No elective surgeries Monday and Tuesday
Eastern Oregon
Region 9 HPP Eclipse Planning

- Asking for volunteer staffing
- Increase medical supplies
- Local clinics are extending hours
- Increase linen supplies
- Increase water and health bars
- Inventory check prior to event
- Public messaging starting a couple weeks prior to event
Asks

1. Increase use of HOSCAP
2. Review use of Crisis Care Guidance [www.theoma.org/CrisisCare](http://www.theoma.org/CrisisCare) and the Pharmacy MOU: [http://www.oregon.gov/oha/PH/PREPAREDNESS/PARTNERS/Pages/PharmacyMOU.aspx](http://www.oregon.gov/oha/PH/PREPAREDNESS/PARTNERS/Pages/PharmacyMOU.aspx)
3. Communicate concerns to partners:
   - Community leaders, healthcare preparedness coalitions
Questions
Thank you!

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