Intersecting Missions:  
Public Health and Public Safety in the post-9/11 World

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**Abstract**

See also ADM001576, The original document contains color images.
Overview

• Intersecting Missions - Public Health, Public Safety, and Medical: Implications for Disaster Medicine

• Informed Planning and “Lessons learned”

• Partnerships, Collaboration, and Working Together: Foundations for Unified Command
Traditional Roles & Functions

Medical
- Provision of Clinical Care
- Community Health
- Healthcare Management
- Research & Development

Public Safety
- Law Enforcement
- Criminal Investigations
- Fire Service

Public Health
- Communicable Disease Control
- Prevention
- Health Promotion
- Epidemiology
Intersection: Disaster Medicine

Medical Consequence Management
Criminal Investigations
Mass Vaccinations
Asset and Force Protection
Quarantine and Isolation
Mass Care
Much more!

Medical
Public Safety
Public Health
Boston EMS

Where Public Health...

...Meets Public Safety
Where do Public Health, Public Safety and Medical Intersect?

Where *don’t* they intersect!

- Bioterrorism will require a unified response
- Unified response requires integrated planning
  - Must bring together public health, public safety, and medical stakeholders in order to effectively prepare
  - Must ensure commonality of cause in responding to bioterrorism incidents
- Agencies must understand their own mission and the mission of collaborative agencies
- Agencies must understand their integral role in successfully achieving the mission **and**
- Must understand their role in helping collaborative agencies in achieve theirs
Informed Planning

• Planning must be “Evidence-based”
  – We must understand “Disaster Epidemiology”
  – Examine and understand the patterns of past responses

• What are the findings?
  – Most casualties are in hospitals within 1-1.5 hours
  – Few critically injured casualties are rescued alive after the first day or two
  – There is typically little need for outside medical teams to provide critical care or trauma surgery
  – A large demand for family medicine may exist

Excerpts - Dr. Erik Auf der Heide, CDC Atlanta
“Lessons Learned”

The same “lessons” are being learned again and again in disaster after disaster.

• Myth: Dispatcher will send units to the scene
  – Reality: Atypical dispatch – many units self dispatch

• Myth: First unit on scene will assume command
  – Reality: Command and coordination is typically lacking

• Myth: Patients will be triaged, stabilized, distributed
  – Reality: Little first aid is given in the field; most patients are not triaged; most transports are not by ambulance; the closest hospitals get the most patients

Excerpts - Dr. Erik Auf der Heide, CDC Atlanta
• Disaster planning focused on *community medical capacity* is likely to save the most lives
  - Agencies must draw on community-based resources in planning for bioterrorism response
  - Many casualties can be treated in a non-hospital setting, yet most disaster medical planning is aimed at major trauma care at hospitals

• Outside medical teams are more likely to end up treating family practice type patients, rather than those with life-threatening injuries

Excerpts - Dr. Erik Auf der Heide, CDC Atlanta
Planning Partnerships

• Unified planning is imperative
  - Establish protocols and procedures in advance

• Partnerships enable interagency pre-planning
  - MMRS Interagency Management Team
  - Boston Emergency Management Agency
  - US Attorney’s Anti-Terrorism Task Force
Collaboration in Advance

- Coordination with local stakeholders and emergency response officials saves time when an incident occurs.

- Use previous incidents as a reference point in planning.

- Know names and faces of counterparts – before an incident!
What are we doing in Boston?

Boston MMRS
• Public Health, Public Safety, Medical, Academic
  – State and local law enforcement, fire, private and other cooperating EMS agencies
  – Hospitals
  – Community Health Centers
  – Schools of medicine, schools of public health

Medical Reserve Corps
• Medical volunteer coordination
  – Recruit, train, track, credential, deploy

Regional SNS Coordination
• Address SNS logistics needs
• Prepare potential mass-care and mass-prophylaxis sites
Boston MMRS Partners

Some of the organizations and agencies we collaborate with:

- Massachusetts Department of Public Health
- Conference of Boston Teaching Hospitals
- Massachusetts League of Community Health Centers
- Massachusetts College of Pharmacy
- Massachusetts Ambulance Association
- US Department of Homeland Security (FBI, NDMS)
- US Department of Health and Human Services
- Boston Police Department
- Boston Municipal Police
- Boston Fire Department
- Massport Fire Department
- MBTA Police
- Department of Veterans’ Affairs
- Massachusetts State Police
- Massachusetts National Guard 1st Civil Support Team
DelValle Institute for Emergency Preparedness

• Integrate and coordinate terrorism preparedness and response training
  - Employ same or similar curricula for entire region
  - Allow for standards-setting and interoperability
  - Broad ICS acceptance and implementation

• Audience
  - Public health professionals
  - Hospital staff
  - Health center staff
  - EMS professionals
  - Public safety professionals
  - Pharmacy, medical, and nursing students
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Questions? Comments?

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