
Total Eclipse of the Sun

August 21, 2017

Statewide Planning
June 5, 2017

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(Enter) DEPARTMENT (ALL CAPS)
(Enter) Division or Office (Mixed Case)



Goals

- Share our understanding, plans, and garner feedback
- Share innovations across state
- Assess gaps and communicate to leadership

Situation assessment



Planning assumption:

1 MILLION

visitors to Oregon



Response opportunity

- Practice for unplanned population displacements
 - In disasters, population displacement is sudden, unexpected, involuntary, and poorly planned.
- The eclipse is a scheduled opportunity to practice major components of operations and coordination

Public health effects



Traffic congestion

- Emergency services impeded
- Community unprepared for viewers' activities
 - Trying to carry out regular daily activities they rely on, such as medical appointments, shopping for food, caring for others that depend on them.
- Cars run out of fuel:
 - Stranded travelers exposed to high heat/cold, lack food, water, regular medications. Emergency services impeded. Stress/fear, dehydration, heat stroke, more serious health consequences for vulnerable (infants, elderly, medical conditions).

Large gatherings

- Communicable diseases, food storage and handling issues, management of human and other waste, mass casualty incidents
- Injury, intoxication, high risk behaviors
- Inexperienced operators and unusual locations:
 - Inadequate or unregulated fire safety, foodborne disease control, sanitation
- Simultaneous gatherings across state:
 - Limited public health, medical, law enforcements, emergency resources available to a particular mass gathering because they are in use at other gatherings.

Seasonal hazards

Large crowds exposed to:

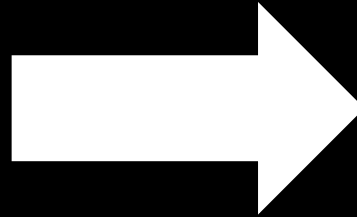
- High heat, dehydration, sun exposure, high elevation (Cascades, central and eastern)
- Visitors may be unprepared for limited access to fuel, food, water, medical care in rural areas.
- Wildlife interface and vector-borne diseases
- Water and other outdoor recreation risks

Surge in demand for medical resources may cause:

- Delays in EMS services for emergency calls, patient transfers; for locals and visitors; for regular medical conditions and event-related injuries.
- Delays in clinical/hospital care
- Regular stocks of medical supplies may not be adequate.
- Increased need for language interpretation in order to access services

Combinations of these hazards

- Traffic congestions leaving unprepared travelers stranded and at even greater risk of heat and other risks.
- Traffic congestion combined with spikes in emergency service demands, wild fire evacuations or mass casualty event



- Serious health threats for individuals, groups and communities.
- Possible need for emergency mass sheltering

**Oregon's
response?**





Before

During

After



1. Coordinate eclipse-related activities
2. Respond to local and state partners' requests for information, guidance, technical assistance, and resources
3. Provide communication material to local partners on public health safety and language access or translation for international travelers



4. Support EMS planning with local and regional partners

- Planning calls with EMS partners across state
- EMS mobilization plan development underway to assess gaps
 - local capacity to pay for extra EMS service,
 - need for state advocacy/action pre-deploy professional/state/volunteer medical resources



5. Support tracking of scheduled events.

See our growing list of known events:

bit.ly/ohaclipseevents



1. Activate the OHA Agency Operations Center



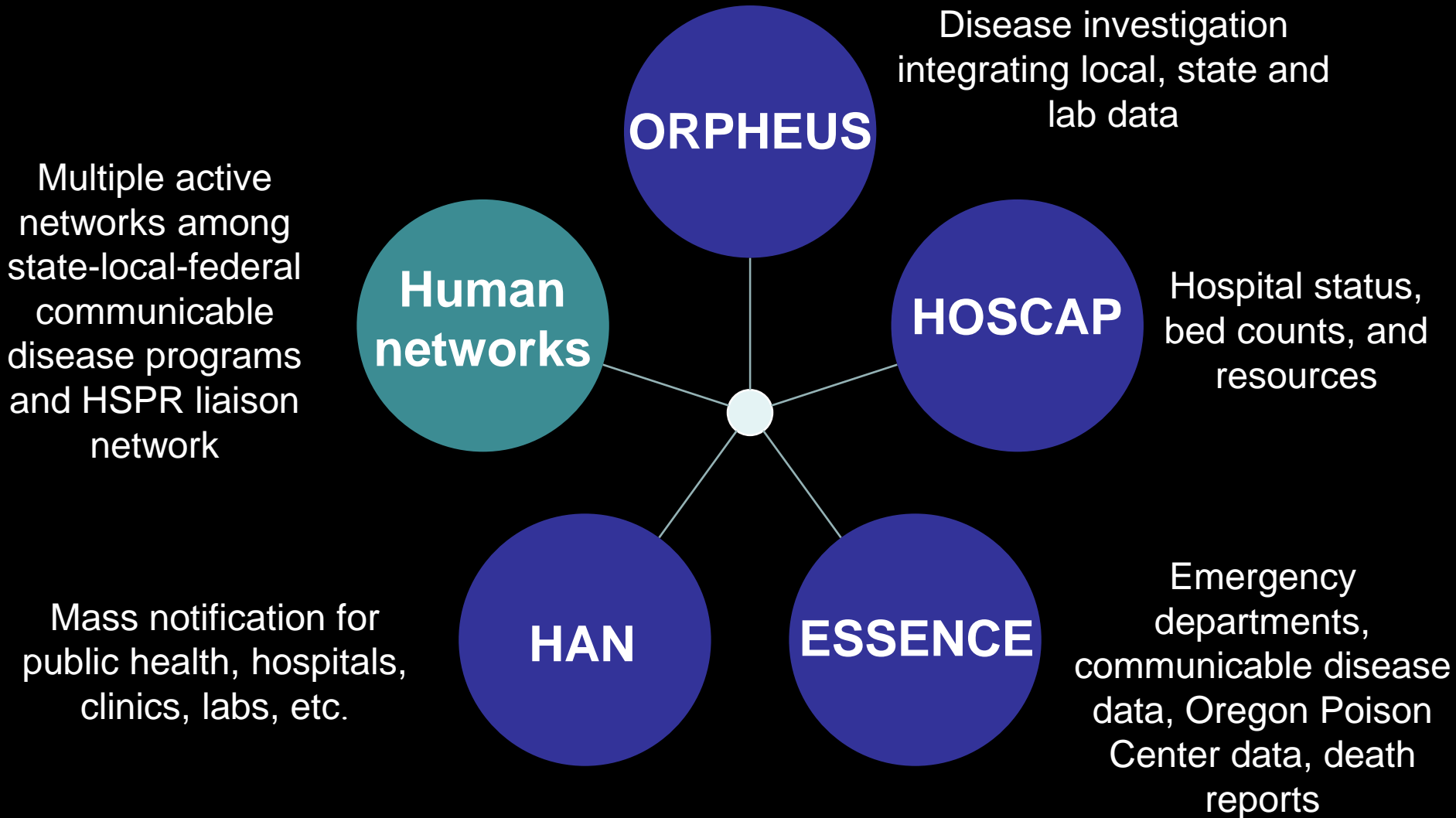
2. Deploy medical volunteers

Medical Reserve Corps volunteer deployments for aid stations, environmental health monitoring, as requested by local partners.



3. Support situational awareness through use of health intelligence systems

Health Intelligence Systems





1. Investigation and control of outbreaks

2. Respond to requests for OHA-managed medical assets

OHA-managed medical assets

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
 - Mostly single resources
 - Some teams
 - Limited gear
- Oregon Disaster Medical Team (ODMT.org)
 - ~100 volunteers, equipped and operational from DMAT experience

Ambulance sources

- Private providers
- Mutual aid
- State Fire Marshal
- National Guard / Oregon Military Department
- Other states via EMAC: Emergency Management Assistance Compact
- National Ambulance Contract: 300 ground, 25 air

Federal assets

- Disaster Medical Assistance Team (DMAT)
 - Primary and acute care, mass casualties triage, initial resuscitation and stabilization, advanced life support, and preparing the sick or injured for evacuation
- Federal Medical Station (FMS): ~200 beds, non-acute care
- National Ambulance Contract: 300 ground, 25 air
- Advanced Logistics Reception Team (ALRT) Push Package
- Behavioral Health Care Team (BHC)

Federal assets/missions (cont'd)

- United States Coast Guard (USCG): transport medical cargo and/or personnel evacuation
- Strategic National Stockpile (SNS): medication and supplies
- Medical/Public Health Assessment Team (MPAT)
- Emergency Prescription Assistance and Medical Equipment Replacement Program (EPAP)
- Disaster Mortuary Operational Response Team (DMORT)
- Disaster Portable Morgue Unit (DPMU)

Questions?

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PUBLIC HEALTH DIVISION