



Health Capsules

Metropolitan Washington Council of Governments

Regional Emergency Coordination Plan Includes Health Emergency Plan

On September 11, 2002, COG's Board of Directors unanimously adopted the final version of a comprehensive plan to improve communication and coordination during major emergencies in the National Capital Region. The Regional Emergency Coordination Plan (RECP) is the first in the nation in the wake of the terrorist attacks of 2001 designed to strengthen communication links between local, state, federal and private sector organizations, according to the National Association of Regional Councils (NARC).

Prepared under the leadership of the Board's Homeland Security Task Force, the RECP allows regional officials and all other stakeholders to collaborate before, during and after an emergency. It addresses a broad spectrum of potential hazards, ranging from natural to human induced hazards.



The RECP was developed to ensure a coordinated regional response to future incidents.

The heart of the RECP is a communications capability called the Regional Incident Communications and Coordination System

(RICCS). The system can be activated at any time 24 hours -a-day, seven days -a-week. It will utilize the Internet, cell phones and paging systems to ensure seamless communication among key officials in the event of an emergency. By using the RICCS, local, state and federal officials can be linked and share information within 30 minutes of an emergency.

The section of the RECP that addresses Health, Mental Health and Medical Services incorporates plans for state, local and federal public health services as well as private sector organizations such as hospitals, social workers and the American Red Cross. The coordination plan for this segment describes four levels of risk assessment, the highest being a confirmed bioterrorist attack.

To download the RECP, please log on to http://www.mwcog.org/homeland_plan/plan.htm

Join the RICCS!

COG would like to thank the over 200 members of the Health Work Group who developed the Health, Mental Health & Medical Services portion (R-ESF #8) of the RECP! R-ESF #8 facilitates communication, cooperation and coordination among local and state jurisdictions concerning regional health, mental health and medical services issues and activities in relation to a regional emergency.

Agencies involved in operations and key organizations that would need to communicate with other agencies across the region in the event of an emergency need to sign up for the RICCS, the official 24/7 notification system of the RECP. This would include, for example, public health officials, infection control specialists, morticians and directors of

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Welcome to Health Capsules!

Welcome to the first issue of *Health Capsules!* *Health Capsules* is published periodically by the COG's Health Section in conjunction with COG's Health Officials Committee. We encourage you to share this new resource with your colleagues. To subscribe to *Health Capsules* or to share information on regional health issues, please contact Sandra Adomako-Bempong at 202-962-3275 or sabempong@mwkog.org.

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The RICCS helps R-ESF members to discuss the regional impacts of an incident related to mobility, public health and /or safety.

Join the RICCS! Continued from page 1

direct service provider associations. The RICCS allows health officials and emergency management personnel to send alerts to the health community within the Washington Metropolitan region.

The RICCS would be activated if a regional incident or emergency occurs, a smallpox attack, cases of the West Nile Virus or an act of bioterrorism. The alert can be sent to all R-ESF members or select sub-groups. Users will receive a text message in their e-mail, pagers, and text-compatible phones. A conference call can be convened among

these individuals to assess the situation, coordinate decision making and create common messages for the public.

Police chiefs, CAO's and school officials communicated frequently using the RICCS during the recent sniper attacks. Other incidents where officials used the RICCS include the chemical spill on the Capitol Beltway and the ice storm that occurred in early December 2002.

To sign up for the RICCS or for more information, please call 202-962-3275.

Regional Leaders Seminar Tests Emergency Preparedness

Nearly 400 area leaders participated in the Regional Leaders Seminar (RLS) co-sponsored by COG and a number of state and local emergency management agencies on October 29th - 30th. The RLS was a hands-on exercise of the Regional Emergency Coordination Plan for government agencies and private and community stakeholders across the National Capitol Region. Participants had the opportunity to participate in real time emergency scenarios in order to learn what critical measures must be taken immediately following a large scale regional emergency.

The exercise scenarios were based on natural disaster and human-caused events not unlike recent terrorist events and focused on regional communication and coordination during response and recovery efforts. During each game period of the exercise, participants took part in plenary discussions and then broke out into smaller caucuses organized by R-ESF (Regional Emergency Support Function) of the RECP. Participants previewed E-Team, emergency alert and communication software, and iMap, a web-based, geographic platform that enables businesses and government agencies to create maps and reports.

During the R-ESF #8 Session (Health Mental Health and Medical Services) several critical recommendations were made:

- Create pre-packaged emergency messages for the public and the media before an emergency ;
- Continue to develop the mental health portion of R-ESF #8 to clearly define the mental health role during an incident;
- Develop an evacuation plan for the prison population; and
- Increase coordination with other R-ESF's concerning resources, capabilities and needs.

In 2003, COG plans to conduct a scenario-based tabletop exercise for members of R-ESF #8, area health industry leaders and providers. Participants will continue to test the RECP, become more familiar with the disaster management process and strengthen their relationships with their counterparts in other jurisdictions. For more information or to participate in future exercises, please contact Nancy Rea at nrea@mwco.org or 202-962-3266.



The plenary and caucus sessions of the RLS facilitated the building and strengthening of partnerships among seminar participants.



Members of R-ESF #8 (Health, Mental Health & Medical Services) discuss regional health implications of an emergency, including how local and state health assets would be allocated.

New Faces in COG's Health Section

COG's Department of Human Services, Planning, and Public Policy has two new staff members in its Health Section. Sean O'Donnell and Sandra Adomako-Bempong joined COG in September 2002 as health planners. They will provide research, analysis and policy and program support for COG's regional health programs and assist in advancing the health-related and technical issues associated with the Regional Emergency Coordination Plan.

Before joining COG, Sean worked with clinical and epidemiological studies on aging,

dementia and addictions. Most recently, he work at the Johns Hopkins Alzheimer's Disease Research Center in East Baltimore. Sean received his B.A. from Johns Hopkins University in 1994.

Sandra was the coordinator of State & Local Action at the National Campaign to Prevent Teen Pregnancy where she served as the liaison between the campaign and states and communities. She received a B.S. from the University of Maryland at College Park in 1997 and a M.P.H from the George Washington University in 2000.



District Hospital Bioterrorism Response

The District of Columbia Hospital Association (DCHA) conducted a comprehensive emergency readiness survey of the hospitals in the District of Columbia and military hospitals in Maryland. Dr. Elting is DCHA's new medical director for Bioterrorism Response Coordination and he is charged with directing the hospital biodefense program.

"The National Capital Region has a wealth of clinical assets," says Dr. Elting, "This survey demonstrated the early emphasis of the hospitals on leadership, communications and planning."

All of the acute care and psychiatric hospitals participated in this citywide assessment completed this past summer. Results were shared with regional departments of health and hospital associations, and similar surveys are being conducted in Maryland and Virginia.

The long-term goal of this assessment is to establish a synchronized, regional emergency management health care system that is capable of accommodating biological, chemical or radiological casualties. The survey instrument consisted of nearly 5000 questions and answers about hospitals' physical capacity and their emergency

management functions. The survey results serve as a solid foundation for improving hospital preparedness in the event of a bioevent.

An analysis of the data collected from the survey yielded 15 top healthcare facility activity priorities, which include patient isolation, decontamination, evacuation and facility integrity. Currently, hospitals are in the process of submitting facility-specific proposals to improve their biodefense capabilities. A comprehensive formula for allocating funds also has been developed to facilitate equitable disbursement of the funds to the hospitals. The D.C. Department of Health has earmarked \$8 million for hospital containment. These dollars will be used to help hospitals contain infections or respond to bioterrorism.

According to Dr. Elting, once the hospital containment funds are disbursed, the next step will be to implement the improvement plans and track the hospitals' progress. He anticipates that the hospitals will be resurveyed after they have completed their improvements and that the next survey will need to be expanded to include an assessment of other health care facilities, such as clinics and private practices. Dr. Elting may be contacted at jelting@dcha.org.

"There are a wealth of clinical assets here in the National Capitol Region."

- Jeffrey A. Elting, MD, MPH



100+ Killed by Drunk Drivers in COG Region

“It appears that attention to and priority of efforts to address drunk and drugged driving have been declining over the past several years. At the same time, fatalities and crashes are on the rise,” according to the Washington Regional Alcohol Program’s (WRAP) recently-released annual report. *How Safe Are Our Roads* was prepared by the Center for the Advancement of Public Health at the George Mason University.

The report states that alcohol and drug related fatalities increased for the third consecutive year in 2001. Other highlights include:

- The Washington metropolitan region reported an 11% increase in the number of alcohol and drug-related traffic fatalities in 2001;
- The region had the lowest percent of alcohol and drug-related crashes in six years, in 2001;
- During the last year, alcohol and drug-related crashes increased 15.2% for the Metropolitan region;
- The Maryland sub-region experienced a 27.5% decrease in drunk and drugged driving arrests from 2000 to 2001;

- The percentages of fatalities that are alcohol and drug related have been on the decline in the District and Maryland since 1999, whereas the percentage for Virginia has been on the rise since 1998; and
- The Metropolitan region has experienced an 11.8% decrease in arrest during the past year and a 30% decrease in arrests since 1996.

However, the news is not all bad:

- In 2001, the Metropolitan region had the lowest percentage of alcohol and drug related crashes in six years; and
- Maryland, Virginia and the metropolitan region as a whole experienced the lowest number of alcohol- and drug- related injuries in the past three years.

How Safe Are Our Roads concluded that budget restraints and personnel shortages seem to be the driving factors in jurisdictions placing impaired driving efforts on the back burner.

To view *How Safe Are Our Roads*, visit <http://www.wrap.org>.



Jurisdictions that were interviewed stated that activities addressing impaired driving are in place and that budget and personnel constraints are impediments to increasing their efforts.

The Metropolitan Washington Council of Governments is the association of 18 local governments working together for a better metropolitan region. COG provides a focus for action and develops sound regional responses to such issues as the environment, affordable housing, economic development, health and family concerns, human services, population growth, public safety and transportation.



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