



After Action Review
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Incident Time Frame:

Beginning Sunday October 29th 2012 thru present due to the long-term recovery period.

Incident Location:

The storm started in southern Atlantic Ocean and produced high winds and storms affecting most of the eastern coastal states to include Delaware, Washington DC, New York, Maryland, Virginia, Pennsylvania, Connecticut, Rhode Island and Massachusetts. The following outlines the timeframe when the storm hit the eastern coast.

- Sandy becomes a Category 1 hurricane as it moves across the Caribbean and Jamaica with winds as high as 80 mph.
- October 27 Sandy moves from the Bahamas and makes a turn off the coast of Florida.
- October 28th Sandy continues to move northeast and parallel to the coasts of Georgia, South Carolina and North Carolina but the storm centers stays well offshore of these states.
- October 29th Sandy makes a sharp turn toward the northwest heading towards the coast of New Jersey. The storm also interacts with another weather systems and dumps heavy snow in the Appalachian Mountains of Virginia, West Virginia and North Carolina. The storm continues to bring high winds and rain from Washington DC northward along the eastern seaboard. By evening Sandy is considered a post-tropical nor'easter coming ashore between Atlantic City New Jersey and New York.
- October 30th the storm, although slightly weakened moves inland over Pennsylvania.

Incident Overview:

Strom Sandy wreaked havoc with coastal storm surge, rain and flooding. The winds reached 80 mph and killed at least 16 people in seven states, cut power to more than 8.9 million homes and businesses and caused 13 foot surge of seawater (3 feet above the previous record) and casqued subways, closed airports and tunnels between Brooklyn and Manhattan as well as many bridges along the east coast. Airlines cancelled approximately 12,500 flights. The storm was the most destructive in the 108-year history of New York City's subway system. Businesses and schools were closed in many states and the rail system between Boston to Washington was shut down. Many hospitals and long term care facilities had to be evacuated transferring many patients both within the state and out of state to include New York Bellevue Hospital, NYU Langone Medical Center, Coney Island Hospital and Hoboken University Medical Center in New Jersey to name a few. New Jersey received EMS resources thru Emergency Management

Assistance Compact (EMAC) and New York received EMS resources thru the National Ambulance Contract (NAC). Both EMS Offices felt that these programs were excellent and met the needs for EMS.

New York Overview:

N.Y., as a result of Storm Sandy evacuated approximately 40 health care facilities. This included 2 large hospitals, skilled LTC facilities and adult care facilities. They estimated that between 6,000-7,500 people were evacuated and/or relocated to appropriately designated shelters. In addition, they had estimated that 75 health related facilities (including renal dialysis centers) were on emergency generator power for some or the entire event.

New Jersey Overview:

N.J., as a result of Storm Sandy evacuated 2 hospitals and 15 long-term care facilities. In addition, 39 acute care hospitals and 196 health care facilities lost power. N.J. evacuated a total of 1,746 residents. Thru EMAC, N.J. received 136 ambulances to include ambulances from the following states: Indiana-22, Vermont-7, Maryland-19 and Pennsylvania-91. N.J. also reported that 23 EMS agencies reported either damage to their buildings, equipment/supplies as well as damage to their vehicles.

The following is the timeline for NASEMSO participation/communications with each other:

Thursday October 25th

Joe Schimder sends an email out to the eastern states about the pending storm. He identifies that it will probably hit the Atlantic coast sometime next week and that he will keep in touch with them all. DP staff identifies that a conference call can be set up immediately when there is a need.

Saturday October 27th

Joe sends out an email to states stating that there are rumors that the National Ambulance Contract (NAC) has been activated. PA is planning on supporting NJ with ambulances if evacuation occurs.

DP staff contacts FEMA about the NAC and was informed that no specific requests from any states had been made and that the only pending potential is from NY.

By Saturday afternoon Joe informs the Atlantic states that there is an EMAC request from NJ and that to continue to check your email for updates and status reports.

Late Saturday afternoon DP staff was notified by FEMA that there were deploying 165 ambulances (approx. 70% ALS and 30% BLS) to the Joint Base McGuire-Dix Lakerhurst, NJ and held under federal control.

Sunday October 28th

FEMA stated that ambulances have not been deployed based on activation of the NAC and yet Vermont is reporting that they have ambulances that are being deployed.

Monday October 29th

FEMA informs the DP staff that the following states have had emergency declarations: Conn., Mass., R.I., N.J., D.C., Maryland and Penn approved as of the 28th.

FEMA also informs staff that ambulances may have been deployed thru the night and that they will let us know if any have been deployed from impacted states. In addition FEMA has deployed 139 ambulances to NYC and Republic Air Port on Long Island,

They have an additional 26 units waiting for deployment and have added another 185 ambulances to the NAC request bringing a total of 350 thus far.

Both Joe and DP staff continue to receive notification that ambulances are being deployed thru the NAC and that EMS Directors are not being kept informed.

Sunday November 4th

The International Emergency Managers with representation from all major EMS groups/organizations including NASEMSO participated in a conference call. The purpose of the call was that there was considerable damage to some of our EMS colleagues operations in both NY and NJ and that there appeared to be a disconnect between what EMS organizations was saying concerning what is needed vs. what was available through the information provided by command in NY and NJ. There was no clear-cut idea on ways to assist EMS organizations in those states but to leave it to each individual organization to do what they could by working through Command in each state.

November 6th

There were more than 1000 HHS personnel deployed to provide public health and medical assistance to N.Y. and N.J., 15 DMATs from the NDMS system with caches of medical supplies and 2 teams from the US Public Health Service commissioned corps officers to NY and NJ to provide care in medical shelters and to augment hospital staff. The HHS medical teams were from all over the country to include R.I., Washington State, Miss., Mass., N.C., Calif., Texas, Conn, Penn, S.C., Ohio, Va., Tenn., and Florida. In addition, at the request of NJ, HHS also established a Federal Medical Station to serve as a medical shelter, which was one of 7 deployed and made available. Also, available were 2 mental health teams that were deployed by HHS.

Analysis of Actions by NASEMSO:

- Joe Schmider as Chair of the DP committee and staff from NASEMSO maintained communications with the Atlantic Region states as part of their ongoing committee objectives and goals.
- Staff communicated on a regular basis with FEMA staff that was responsible for the NAC.
- PA was just one state that sent EMS resources on 10/30/12 6:00 am: 25 ALS and 50 BLS (totaling 75) ambulances and 163 personnel to New Jersey.
- An EMS Strike Team was deployed to the New Jersey Airport on Friday, November 2, 2012 from PA.
- 11/5/12 4:00 PM: 300 EMS providers and 70 ambulances that were deployed to New Jersey, half were demobilized 11-05-2012 and the remaining 150 EMS providers and 35 ambulances stayed in service through Thursday, 11-08-2012. The EMS Strike Teams are supporting 911 calls, provided a Command Unit and support vehicles moved up from the southern operation.

Many emails were sent by impacted and non-impacted states offering assistance and moral support to impacted EMS state offices.

December 27th, a conference call was held to identify best practices and lessons learned with the EMS Director from New York and New Jersey as the two hardest hit states.

Best Practices:

- EMAC request from NJ
- NAC in NY
- Implementing lessons learned/best practices from Hurricane Irene to include identification of a state EMS office EMAC coordinator to work with EMA EMAC coordinator.
- America Medical Response (AMR) thru the NAC was able to meet EMS request without any difficulty and in a timely manner.
- In NY, over 10,000 people were evacuated without injury, death or victims being lost within the system.

- Enhanced relationships and assistance with state EMS Offices from surrounding Atlantic Region states to included emails and calls from States EMS officials to EMS Offices in the impacted states.
- Daily conference calls that NJ did with their counties to identify EMS resources needed.
- IMT from Maryland send to assist with EMS in NJ.
- NASEMSO providing “big picture” information for impacted states.
- Two Strike Teams from Maryland were deployed to NJ as well as an Incident Management Team (IMT) to support EMS Operations.

NY, as part of their learning process from Hurricane Irene, developed a “branch” to the NYC OEM called Healthcare Evacuation Coordination (HEC). The NYS Department of Health, together with the NYC Health Department and their associations developed this cooperative plan. This plan includes informatics, legal, environmental health resource procurement and distribution, EMS and transportation (to include ambulances, paratransit/ambulettes and school buses). The reason behind this plan is should any facility need to be evacuated; having all the right players in one room streamlines the process.

Lessons Learned/Improvement Plan:

The following is identified as Lessons Learned/ Best Practices and responses that NASEMSO should consider when a major incident occurs effecting deployed EMS resources:

- NASEMSO should draft a press release of actions taken and response in order to identify EMS as a critical component of a disaster. Examples of other agencies that due this include NEMA, IAFF and the National Sheriffs Association.
- Each state should review their laws to identify a mechanism in which EMS resources could be deployed to a neighboring state for 24 hours prior to an EMAC request or activation of the National Ambulance Contract.
- Each state should develop a “strike team” of EMS resources to be deployed to a neighboring state when a need is identified.
- NASEMSO should continue to hold conference calls/communicate with the EMS Director of those states affected by a disaster and support states.
- NASEMSO’s emergency contact list should be updated on a regular basis and cell phone numbers of EMS Directors should be included or the phone number that the EMS Director will answer during off hours. This proved to be a critical need during Storm Sandy.
- DP Chair and staff need to meet with FEMA to identify issues from this storm to include deployment of ambulances from impacted states, notification of EMS Directors when ambulance services and providers are being deployed and pre-storm costs for ALS and BLS responses.
- There should be one point of contact from NASEMSO with FEMA for the National Ambulance Contract and Emergency Management Assistance Compact during a national response.
- State EMS offices should develop an “exceptional relationship” with an adjacent state(s) to rely on for assistance and to be able to share EMS resources on a moment’s notice
- Sharing of patient information and location is a priority for EMS offices and any HIPAA restrictions need to be identified prior to an event and dealt with.
- State EMS Offices were still not notified of those ambulances/ambulance providers that were deployed and left their state thru the NAC.
- An electronic patient tracking system needs to be implemented whether for an EMAC or a NAC response. Currently the NAC uses paper records and this makes data collection and retrieval of information difficult.
- Reception centers need to be pre-identified for use for EMAC and NAC responders.

- NY Health Commissioner acted as medical oversight for medical direction for responding ambulances thru the NAC. NY found this as a way to deal with out-of-state EMS providers and scope of practice.
- While required by regulation, NY knew that all the health care facilities did not have adequate evacuation plans. They also found that many of the ones who did have plans, found that they did not work as many used the same resources as their neighboring facilities.
- NY found that they had to deal with many people who were outside the healthcare system, living at home who were very ill and unable to generally help themselves. This needs to be identified in their future planning process.
- For large-scale events in NY metro area, the NAC needs to be activated.
- The NAC requires renewal every two weeks with a spending cap of approximately \$50 million. Past the \$50 million, an Act of Congress is required to reallocate money. THE NAC was used to evacuate facilities and then subsequently went door to door to assess folks unable to leave. For door-to-door assignments, the National Guard had to provide escorts’.
- States should develop a plan for equipment and supply stocking/restocking for EMS.
- Written plans for demobilization thresholds need to be in place.
- States should consider assigning field staff on sight to liaison with your OEM structures at the local and state levels.
- State EMS Office should identify an “EMAC liaison/coordinator” to communicate with the state EMA EMAC Coordinator prior to an incident. This relationship is important to have.
- Local EMS providers need to be trained and educated on what EMAC is what resources EMAC can bring to the table and what EMS providers can or cannot do when responding thru an EMAC request.
- There needs to be an Ethics/Code of Conduct policy for responding EMS providers. This should include posting of information on Facebook.
- NASEMSO should work with NEMA-EMAC to allow state EMS Offices to monitor an EMAC request (not to put a request in, but to monitor the status of the request).
- Identify a dispatch number of “non-emergency” calls and transports during the incident.
- State EMS Offices in coordination with EMA should pre identify vans/buses to be utilized for non-emergency transports and wheelchair victims.
- Senior leaders need to be educated on what EMAC and the NAC can bring to the table and the benefits of identifying EMS resources needed.
- Fuel was made a priority for doctors and nurses but initially EMS was forgotten. EMS needs to be identified as a priority as a responder.
- A support system needs to be in place for responders who are on duty and need assistance with their own personnel impact from the disaster.
- States should fill out “Mission Ready Packages” for EMAC prior to an event occurring. This should be reviewed and updated n a regular basis.
- State EMS offices should have a process in place for notification of EMS people and EMS resources.
- EMS Strike Teams should be pre-determined and formalized to include training, MOU’s and agreed upon prices.
- LTC facilities should be included in “HaveBed” information. Currently LTC facilities do not routinely report bed status information.

Next Steps:

- Emergency Contact List will be given to Regional Reps and have them encourage the EMS Directors in their Region to share their cell phone numbers for off hours communications.

- Conduct an annually communication drill off hours to test communication systems and cell phones.
- Encourage state EMS Offices to develop a “buddy system”/“excellent buddy relationship” with a neighboring state EMS office. This system would allow one state EMS Office to provide specific assistance to that impacted state. Assistance could include: providing input and ideas to mitigate a situation, assist with state duties, on scene assistance with out-of-state EMS providers, phone support etc.
- DP committee to identify and define state EMS Strike teams for immediate deployment for no more than 24 hours for an impacted state involved in a major incident and prior to activation of the NAC or an EMAC request.
- DP Chair and DP staff to meet with FEMA staff in charge of the NAC to discuss and resolve NAC issues identified from Storm Sandy.
- NASEMSO should identify a staff person responsible for press release to share what NASESMO accomplished during a major incident. This will be coordinated through DP staff and approved by EC.
- DP committee will develop a sample job description for a state staff person to act as a liaison with the EMA EMACNAC coordinator from their state.
- As part of NASEMSO’s notification process, information should be shared with states that an impacted state has requested EMS resources thru EMAC.