

COMMONWEALTH HEALTHCARE CORPORATION

PUBLIC HEALTH / HOSPITAL EMERGENCY PREPAREDNESS PROGRAM AND EPIDEMIOLOGY LABORATORY CAPACITY PROGRAM

“Marianas Strong”

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WHO WE ARE

Commonwealth Healthcare Corporation

- Acute Care Facility
- Public Health
- Mental Health
- Bureau of Environmental (BEH)
- Ambulatory/Outpatient Clinics
- Health Centers – Semi Acute Healthcare Facilities
 - Rota Health Center
 - Tinian Health Center
- PHEP Program
- HPP Program
- ELC Program



Commonwealth Healthcare Corporation
Commonwealth of the Northern Mariana Islands

OVERVIEW OF PROGRAM ALIGNMENTS

PHEP Domains

- Community Resilience
- Incident Management
- Information Management
- Countermeasures and Mitigation
- Surge Management
- Biosurveillance

HPP Capabilities

- Foundation of Health Care and Medical Readiness
- Health Care and Medical Response Coordination
- Continuity of Health Care Service Delivery
- Medical Surge

ELC Projects

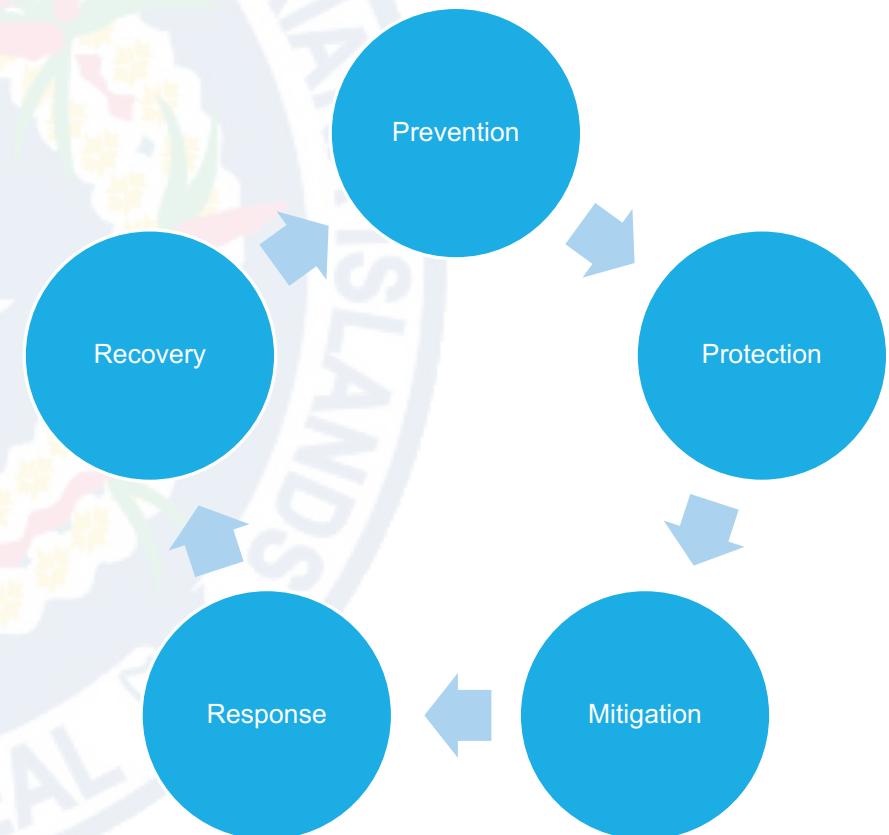
- A: Cross-Cutting Epidemiology Capacity
- B: Cross-Cutting Laboratory Capacity
- C: Health Information Systems Capacity
- M1: West Nile Virus and Other Arboviral Diseases
- P2: Influenza Outbreak Response

BACKGROUND

- CNMI adapts the National Response Framework as part of the National Response System.
- An All-Hazard Emergency Plan was developed based on capabilities that follows National Incident Management System (NIMS) Incident Command System (ICS) principles.
- Our Organization works collaboratively with our Local, State, Federal Agencies and NGO partners alongside our Healthcare Coalition members during an emergency of great significance.

ORGANIZATION GOAL

- To save and sustain lives;
- Support the restoration of critical lifeline infrastructure;
- Assist in re-establishing economic stability, health and safety in the community;
- Leverage capabilities and cooperation within our internal and external Partners alongside our Health Care Coalition Members;
- Strengthen collaboration through joint response, by engagement, coordination and participation with Federal Partners.



CNMI STATUTES

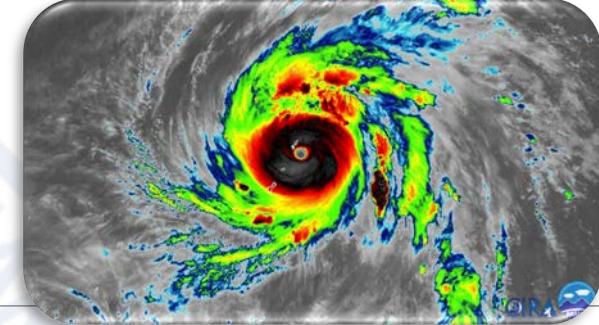
- CNMI Homeland Security and Emergency Management Act of 2013 (CNMI Public Law 18-04)
- Commonwealth of the Northern Mariana Islands Disaster Relief Act of 1979 Public Law 1-40 (repealed)
- Homeland Security Act of 2004 (Public Law 14-63)
- CNMI Governor Executive Order 94-3 – Re-Organization Plan affecting EMO
- CNMI All Hazards Emergency Operations Plan (Draft 2015)
- CNMI Emergency Operations Plan (2000)
- Administrative Leave for Disaster Volunteers Act of 1994 (Public Law 9-63)
- Comprehensive Readiness and Response System for Emergency Health Threats (Public Law 13-63)

CNMI THREATS AND HAZARDS - 2016

TYPE	CATEGORY
Earthquake	Natural
Hurricane/Typhoon	Natural
Tsunami	Natural
Volcanic Eruption	Natural
Transportation Accident	Technological
Utility Interruption	Technological
Water Contamination	Technological

MOST RECENT REAL INCIDENT

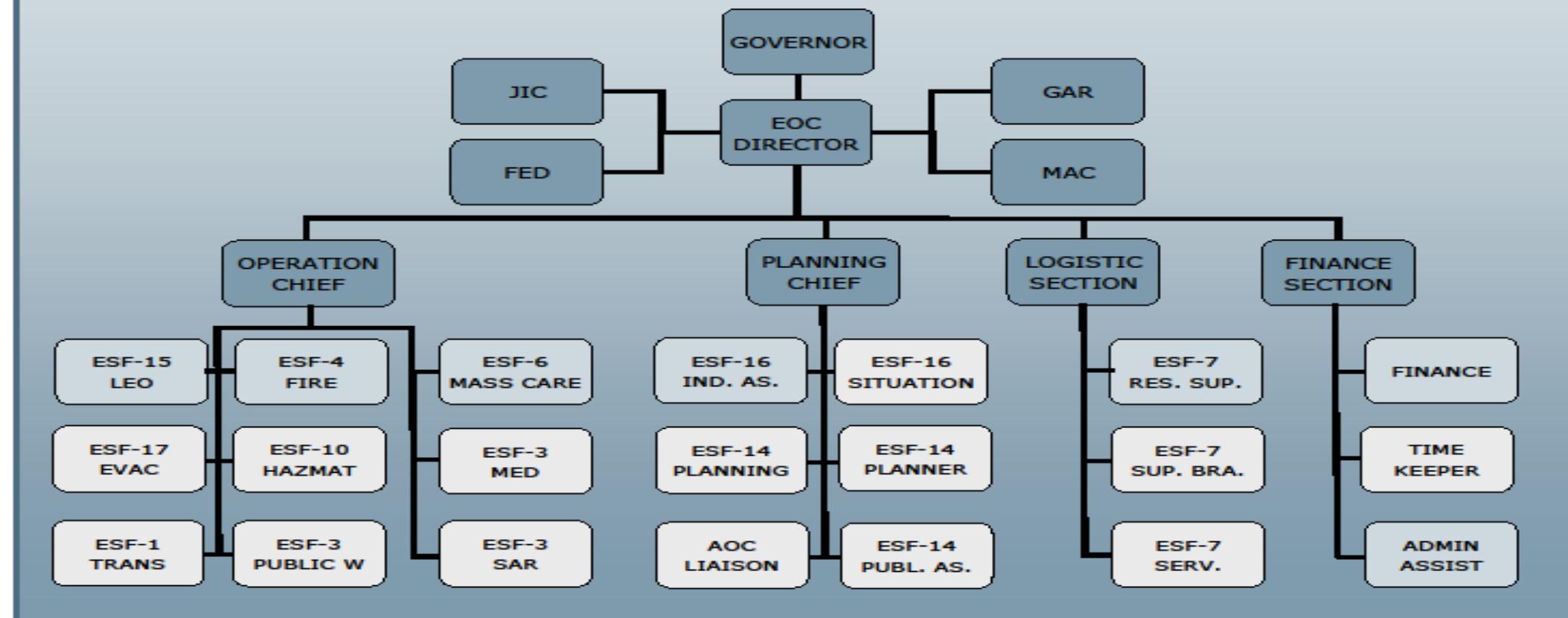
Super Typhoon Yutu (31W)



- Initially developed as a Tropical Depression turned into Category 5 Super Typhoon.
- The storm made a landfall in the CNMI on the evening of October 24th, 2018 with the eye passing over the island of Tinian and Southern Part of Saipan.
- JTWC (Joint Typhoon Warning Center) recorded sustained winds of 180mph, making Typhoon Yutu as the most powerful cyclone to hit U.S. Soil since 1935.
- There was significant structural damage to both islands, leaving the majority of residents without electricity or running water, and many without homes.
- Shelters on the island quickly filled to capacity, with many individuals and families remaining in the shelters for several weeks.
- Response and recovery efforts lasted through November 24th, after which the CHCC AOC ceased operations.

RESPONSE AND RECOVERY OPERATION

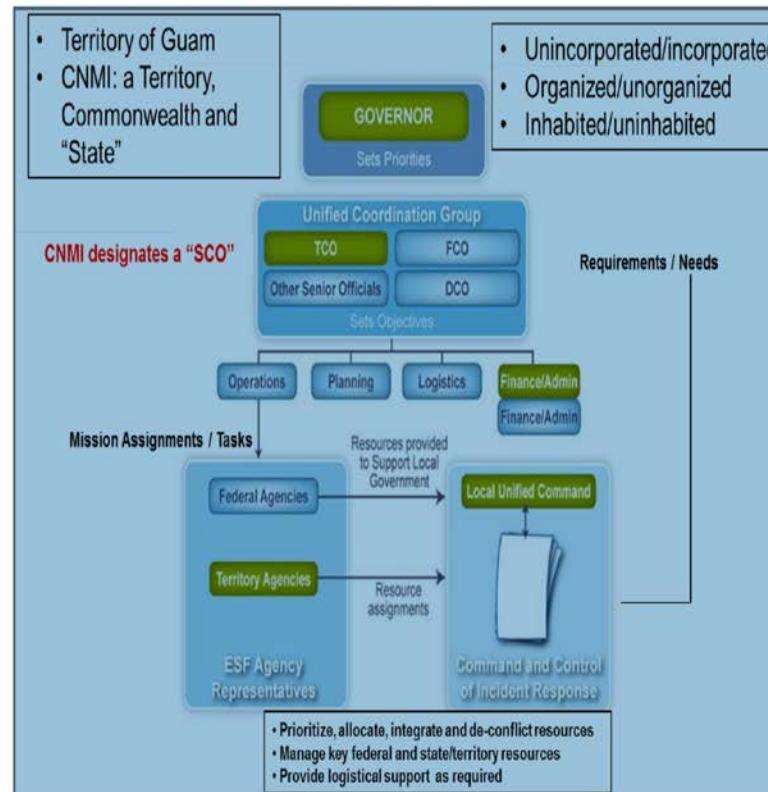
Commonwealth of the Northern Mariana Islands
EMERGENCY OPERATION CENTER
Functional Organization



Coastal Resources Management	S		S	S	
DLNR Division of Fish and Wildlife		S		S	S
American Red Cross	P	S	S		

P = Primary Agency S = Support Agency

Figure 28: JFO Task Organization



III. FACTS

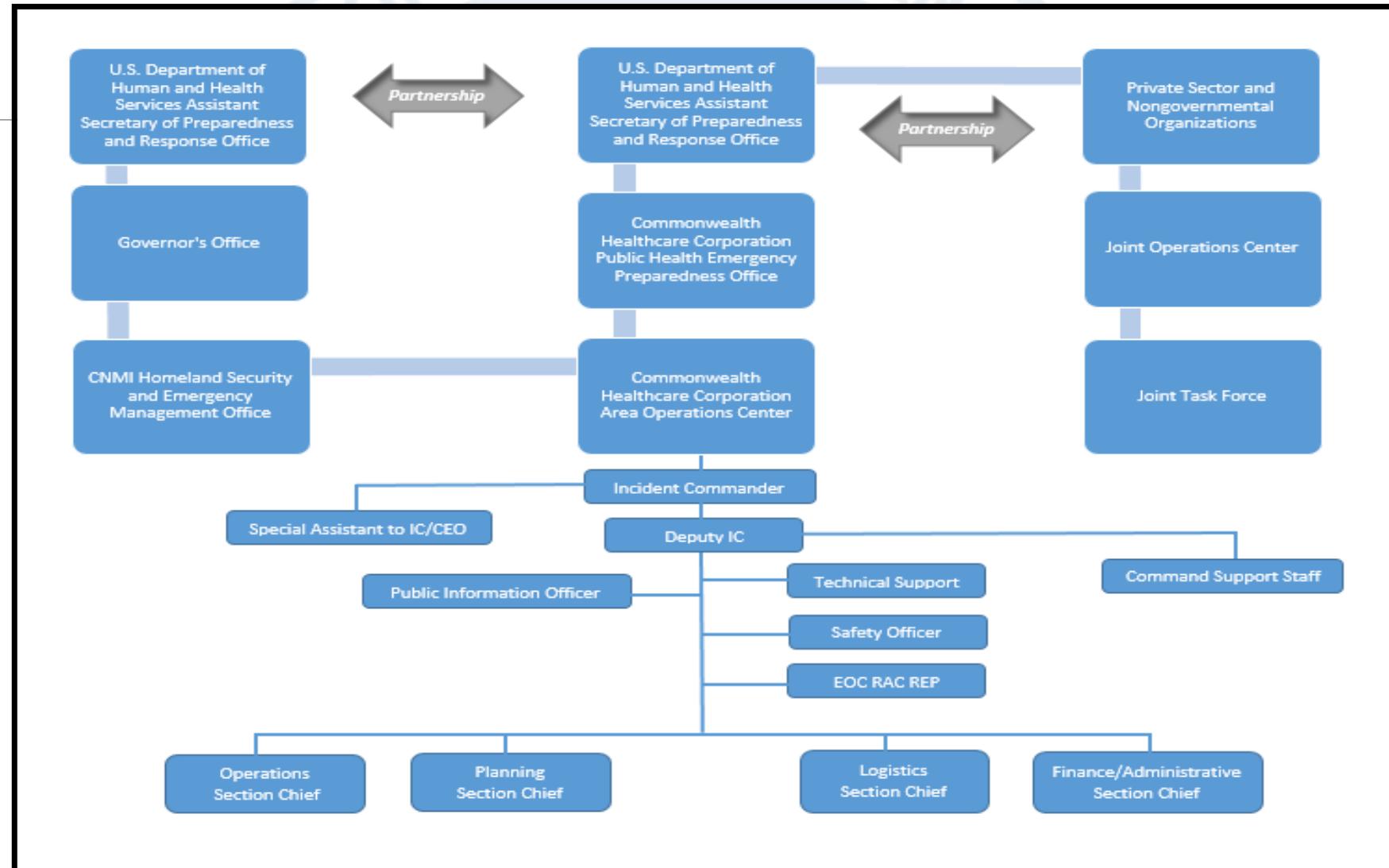
Strategic

- National Operations Center (NOC). In the event of an act of terrorism, natural disaster, or

This JFO Task Organization was activated during the recovery.



JOINT FIELD OFFICE (JFO) UNIFIED STRUCTURE

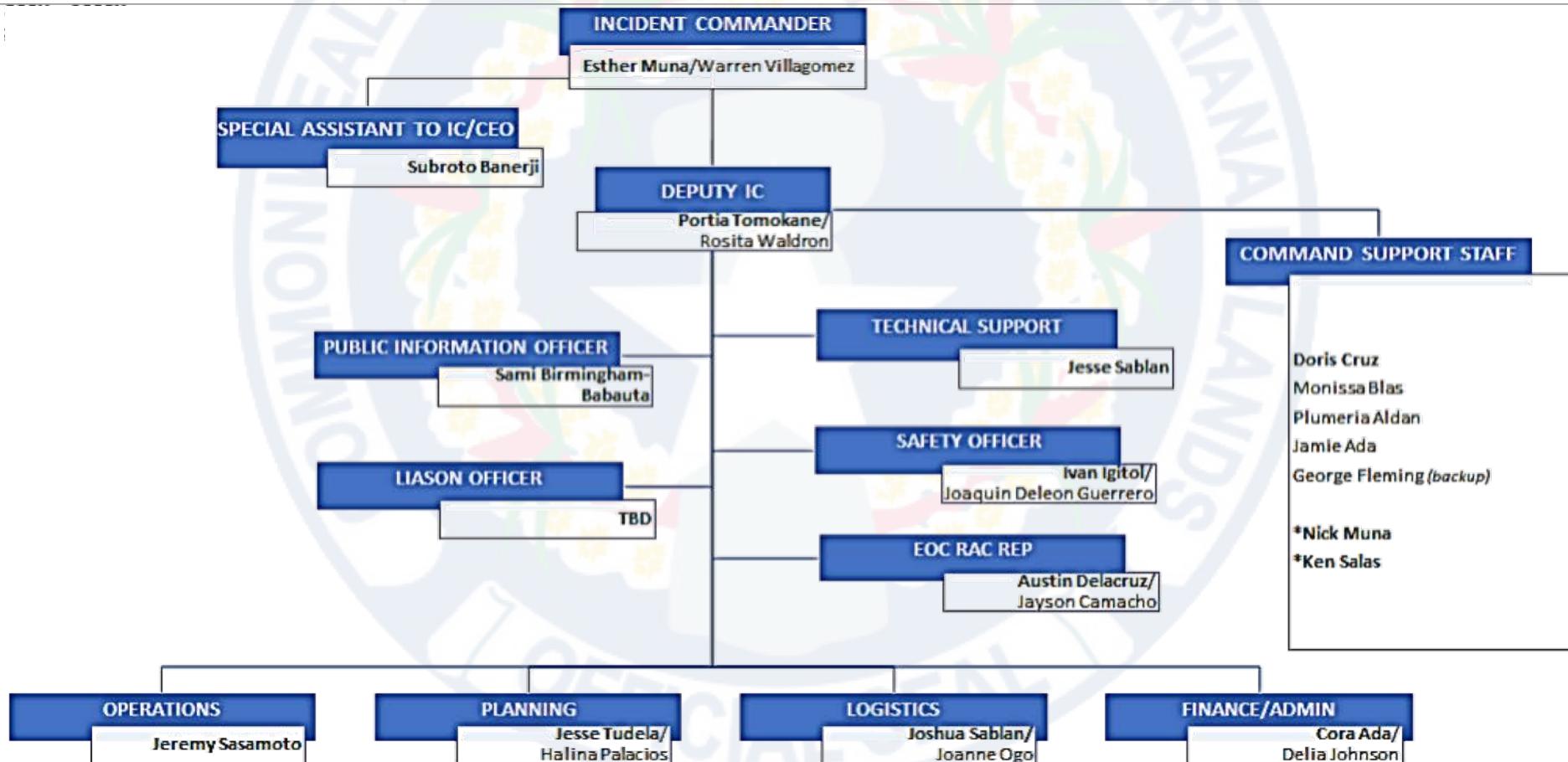


ORGANIZATION'S EMERGENCY SUPPORT FUNCTION

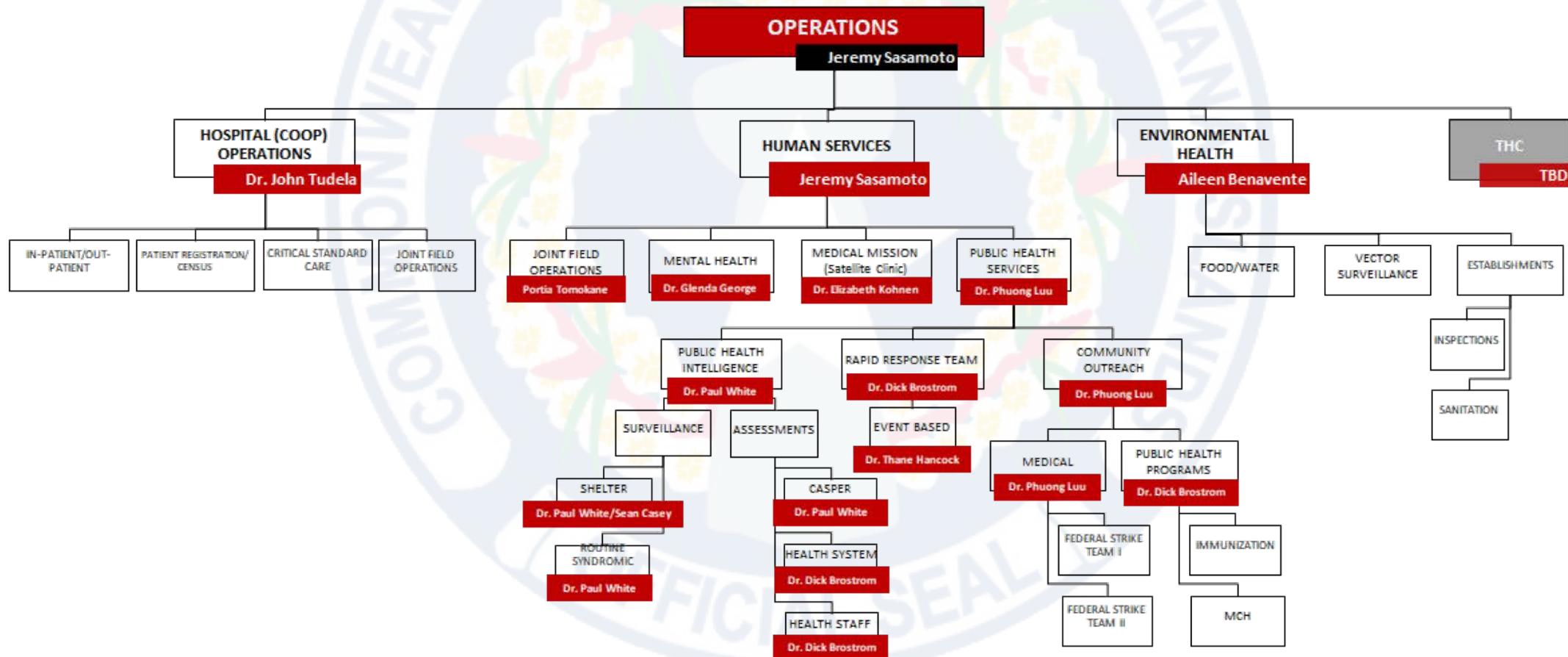
Department	Emergency Support Function
Hospital and Public Health	# 6, 8, 10, 11
	<i>P, P, S, S</i>
Bureau of Environmental Protection	6, 8, 11
	<i>S, S, P</i>
Behavioral and Mental Health	6, 8
	<i>P, P</i>

CHCC AGENCY OPERATIONS CENTER (AOC)

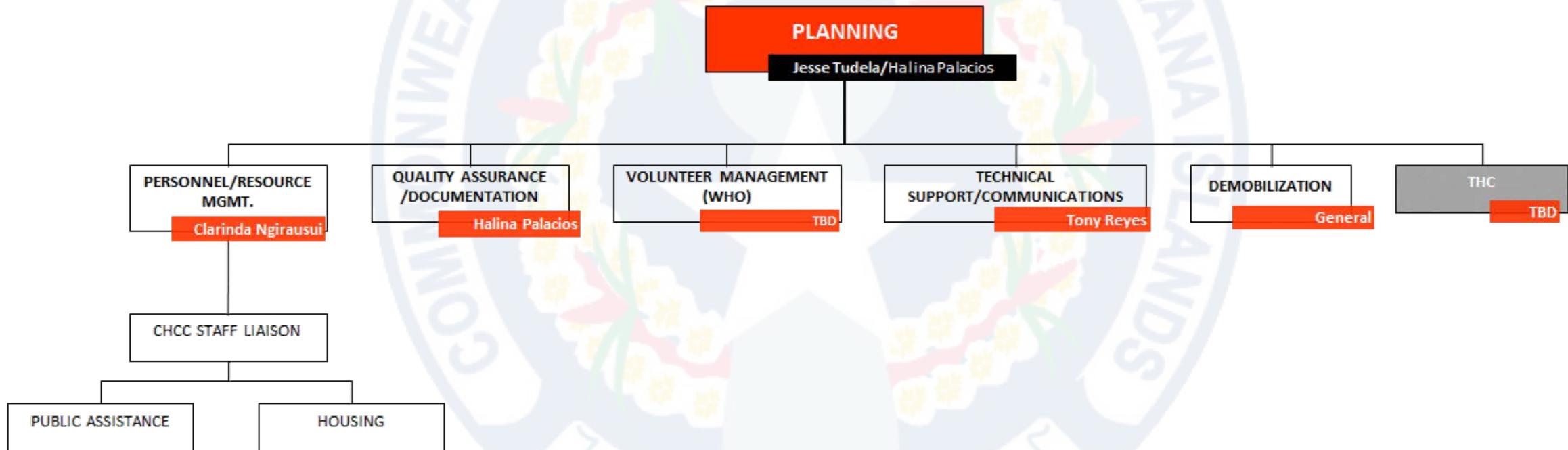
ICS STRUCTURE



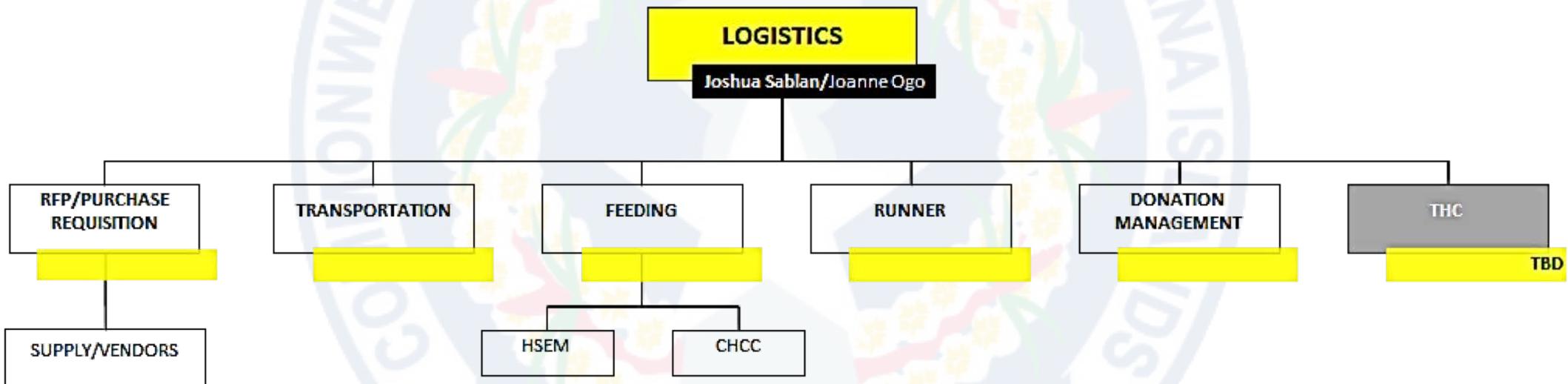
OPERATIONS SECTION



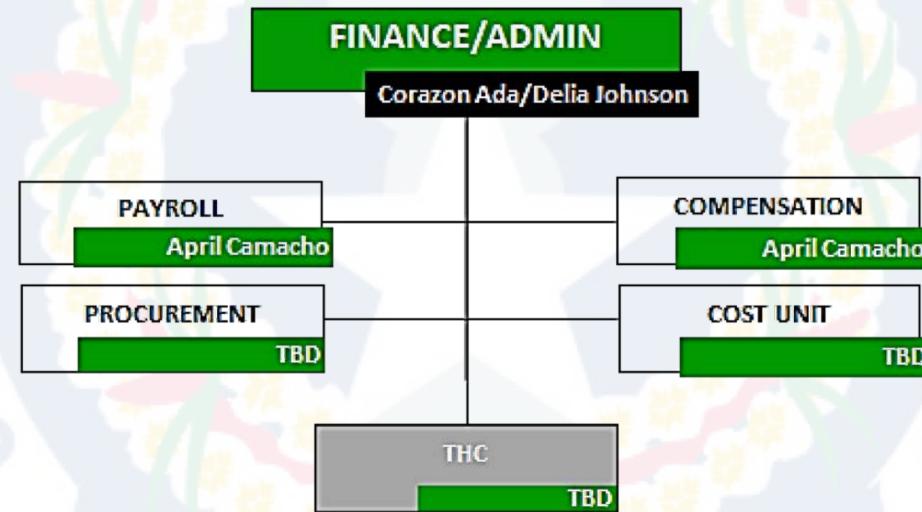
PLANNING SECTION



LOGISTICS SECTION



FINANCE/ADMIN SECTION



Response & Recovery Efforts

SUPER TYPHOON YUTU - 2018



ENGAGEMENTS AND COLLABORATION



Information Sharing – CNMI Gov.

(Multidisciplinary sharing of information and providing situational awareness)



Meeting with Region IX – CEO/IC



Briefing with our Partners in the Field

EXTERNAL PARTNER SUPPORT

- US Department of Health and Human Services
 - Pre-positioning assets
 - USPHS/ASPR
 - Disaster Medical Assistance Teams (DMATs)
- World Health Organization/Western Pacific Regional Office
- Team Rubicon
- Americares
 - USAccess



Community Assessment for Public Health Emergency Response CASPER Survey

Key findings:

- Access to electrical power and water for sanitation and hygiene use (non-potable) were the greatest reported needs
- Mental health was a major concern, especially for children
- Pre-existing chronic health conditions, led by hypertension and diabetes, were more prominent than acute health care needs
- A third of homes in the most affected areas were unlivable, with nearly a half of individuals in households not sleeping in their homes since the Typhoon.



SHELTER SURVEILLANCE AND WASH

Monitoring the health conditions in public shelters

- Daily surveillance - 26 sitreps produced
- Event-based surveillance
- Indicator-based surveillance

WASH - Water, Sanitation, and Hygiene

- Surveillance
- Hygiene and hygiene kits
 - Access to washing facilities
- Waste management and sanitation



MEDICAL OUTREACH

Total Patients Served = 6,625

Shelter Outreach

- Total patients seen: 545
- Total flu shots administered: 430 (86%)

Village Outreach

- Total patients seen: 1,367
- Total flu shots administered: 1,129 (84%)

San Antonio Satellite Clinic

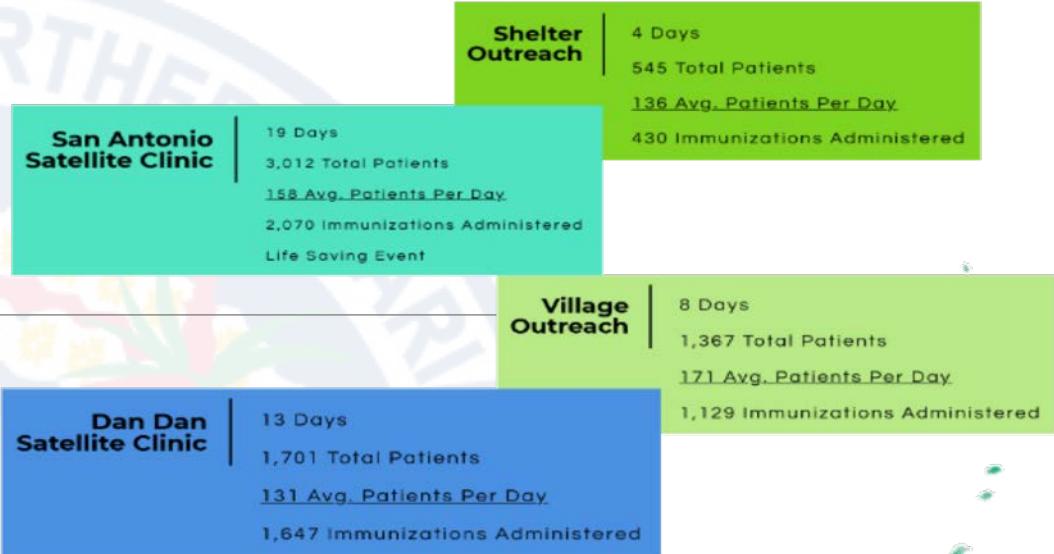
- Total patients seen: 3,012
- Total immunizations: 2,070 (60%)
- Life saving event

Dan Dan Satellite Clinic

- Total patients seen: 1,701
- Total flu shots administered: 1,264 (74%)
- Total tetanus shots administered: 383 (24%)

Kagman Community Health Center (KCHC)

- The CHCC supported the KCHC by sharing resources



MHPSS SERVICES - Mental Health Outreach / Crisis Counseling

Conducted by the Community Guidance Center (CGC)

- 24 hour crisis counseling and hotline
- Rapid training for the community response team
- Shelter outreach
- Satellite clinic outreach
- Assistance from external partners:
 - Americares
 - HHS
 - Red Cross
 - FEMA



ENVIRONMENTAL HEALTH

- Bureau of Environmental Health (BEH) inspected various food establishments and shelters to ensure sanitation compliance.
- Timely integration of US Public Health Service team to complement and augment EH services
 - Greatly enhanced response to food caterer concerns, shelter sanitary conditions, and potential water issues



BEST PRACTICES

- Pre-position of Federal Resources
- Deployment of Subject Matter Experts
- Good Engagement, coordination, participation and collaboration with Federal and DOD Partners
- Development of AAR/IP
- Proper documentation – FEMA Reimbursement



Si Yu'as Ma'ase, Olomuaay

Thank You!

