



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Cape Cod Emergency Traffic Plan (CCETP)

John Grieb, MPH
Department of Public Health

Bryan K. Pillai
Task Force for Emergency Readiness

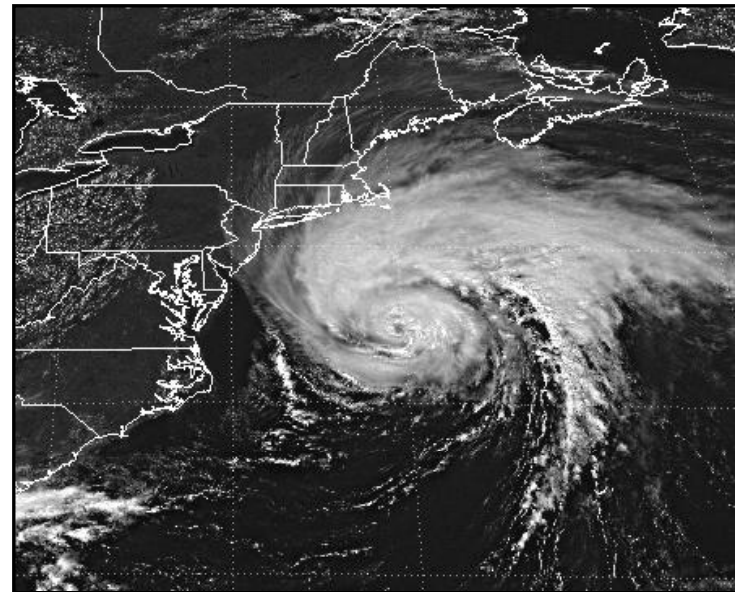
Agenda

- CCETP Background
- Shelter Assets
- Organizational Responsibilities
- Medical Services

CCETP Background

Hurricane Edouard (September 1-3, 1996)

- Labor Day Weekend
- September 1st:
 - 2pm: State of Emergency
 - 2pm: 8 Mile Backup
 - 4pm: 15 Mile Backup
 - 8pm: 25 Mile Backup
- No Formal Traffic Plan



CCETP Background

Plan Development

- 1996-1998: Initial Coordination
- December 1998: Group presentation to EOPSS
- 1998-2000: Action plans developed; MOAs
- March 2000: Massachusetts Military Reservation (MMR) becomes involved
- 2000-2004: Signage and Traffic Patterns Incorporated
- 2008: Most recent CCETP adopted

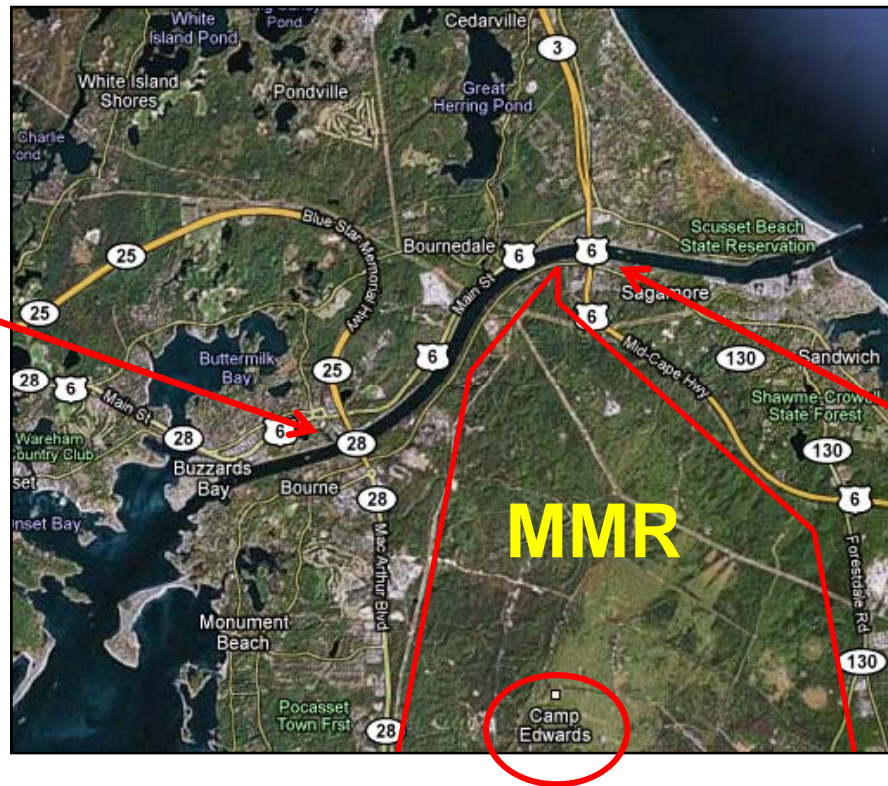
CCETP Background

Plan Overview:

- Traffic Management Plan; *Not* an Evacuation Plan
- 5 Phases:
 1. Preparedness
 2. Stand-By (State of Emergency 24 hours out)
 3. Decision Making
 4. Execution
 1. Establish Traffic Control Points (4 hour notice)
 2. Bridge Closures: 70mph Wind Gusts
 5. Re-Entry

CCETP Background

Bourne Bridge



Sagamore Bridge



MMR Shelter Assets

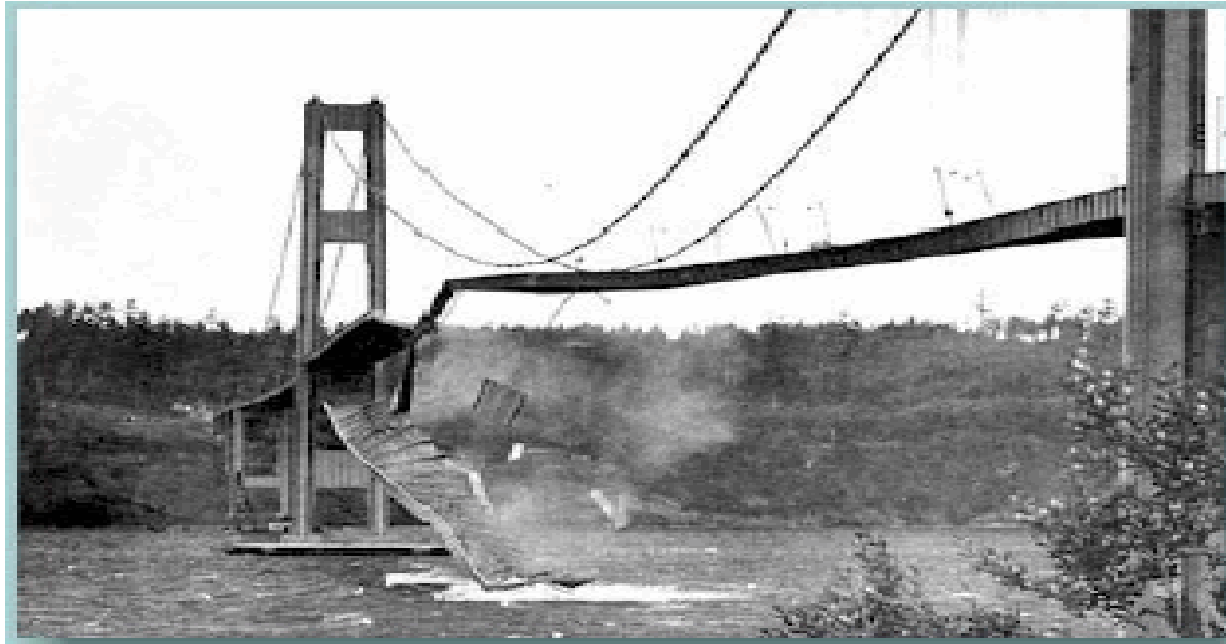
- Barracks Buildings
 - 10 Barracks Buildings
 - 1 Designated for Pets
- Troop Medical Clinic
- Dining Facility
- Staff Housing



Organizational Responsibilities

- **Command:**
 - Incident Command rests with the Incident Management Team
 - Shelter operations will follow all base orders issued by the Camp Edwards Commander, who is responsible for the maintenance of good order and discipline.
- **Shelter Management: American Red Cross**
- **Logistics: MEMA and MANG**
- **Animal Care: SMART**
- **Law Enforcement: MSP and MANG**
- **Medical Support: DPH, DMH, and MRCs**

CCETP Shelter Medical Services



Decision is Made to Open Shelter

Planning Assumptions Medical Services

- 24 Hour Capability
- 48-72 Hours of Operations
- 10-15% of Shelter Residents Will Need Some Level of Medical Support

Patient Population



2008 ICE STORM: MRC VOLUNTEERS MAKE
THEIR WAY TO EMERGENCY SHELTER

Patient Population

- Residents who need medications or vital sign readings who are unable to receive such services without professional assistance;
- Residents with physical or cognitive disabilities and;
- Residents with other disabilities who cannot be sheltered at a General Population Shelter.

Patient Population

- Residents with minor health or medical conditions that require professional observation, assessment and maintenance who can not be served solely by the general population shelter.
- Residents with chronic conditions who require assistance with activities of daily living or more skilled nursing care but do not require hospitalization;

Scope of Service

- Activities of Daily Living
- Wound Care and Other Related Needs
- Medications
- Respiratory Care
- Triage & Evaluation
- Basic First Aid
- Mental Health Services

Levels of Care

Non-Emergent Medical Care

Supervised Medical Care

Levels of Care: Non-Emergent Medical Clinic

Scope

- Triage and Evaluation
- Medication Support
- First Aid
- Wound Care
- Ostomy Care
- Other

Levels of Care: Non-Emergent Medical Clinic

Logistics

- Site: Troop Medical Clinic
- Staff: Clinical Duty Medical Officer
Clinical & Support Staff
Liaison to Unified Central Command
- Stuff: To Be Pre-positioned on site in Trailer

Levels of Care: Supervised Medical Care

Scope

- Provide care for residents needing assisted care
- Patients in need of bed-rest

Levels of Care: Supervised Medical Care

Logistics

- Site: MMR Gymnasium
- Staff: Clinical Duty Medical Officer
Clinical & Support Staff
Liaison to Unified Central Command
- Staff: Federal Medical Station

Levels of Care: Supervised Medical Care

Federal Medical Station



MRC Role

- Participate in Planning Process
- Provide Staff for Medical Function



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John Grieb, MPH
Department of Public Health
617-624-5720
john.grieb@state.ma.us

Bryan K. Pillai
Task Force for Emergency Readiness
508-233-6807
bryan.pillai@state.ma.us