



Commonwealth of Massachusetts
Department of Public Health

Helping People Lead Healthy Lives In Healthy Communities

Cape Cod Emergency Traffic Plan (CCETP)

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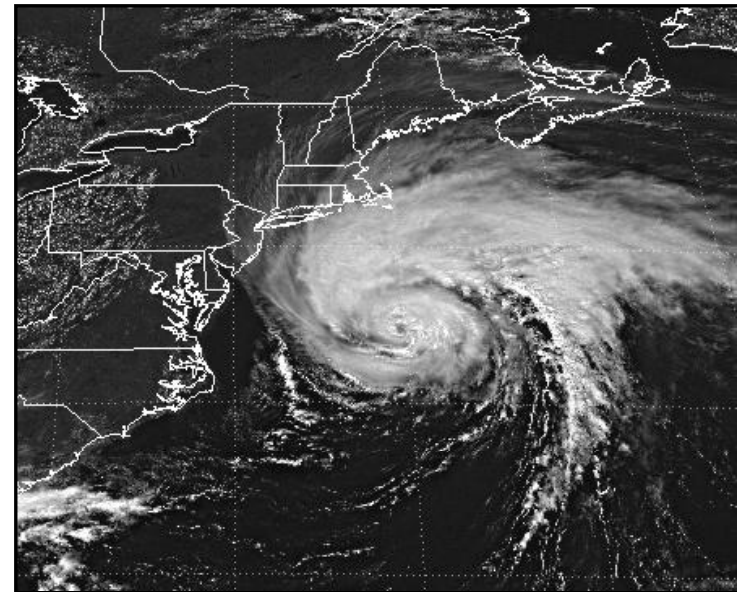
Agenda

- 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

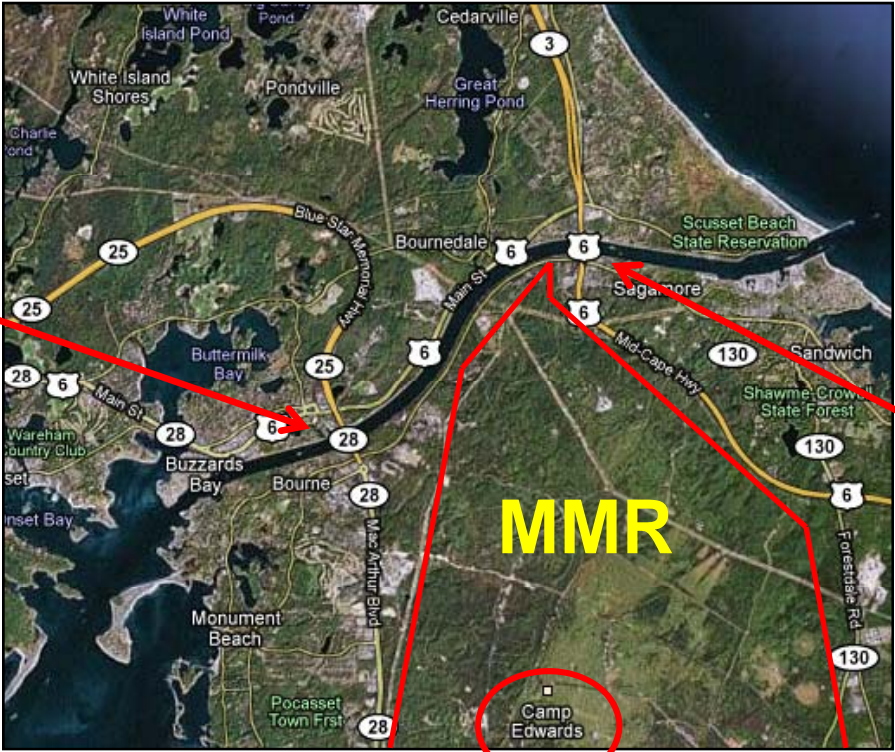
CCETP Background

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

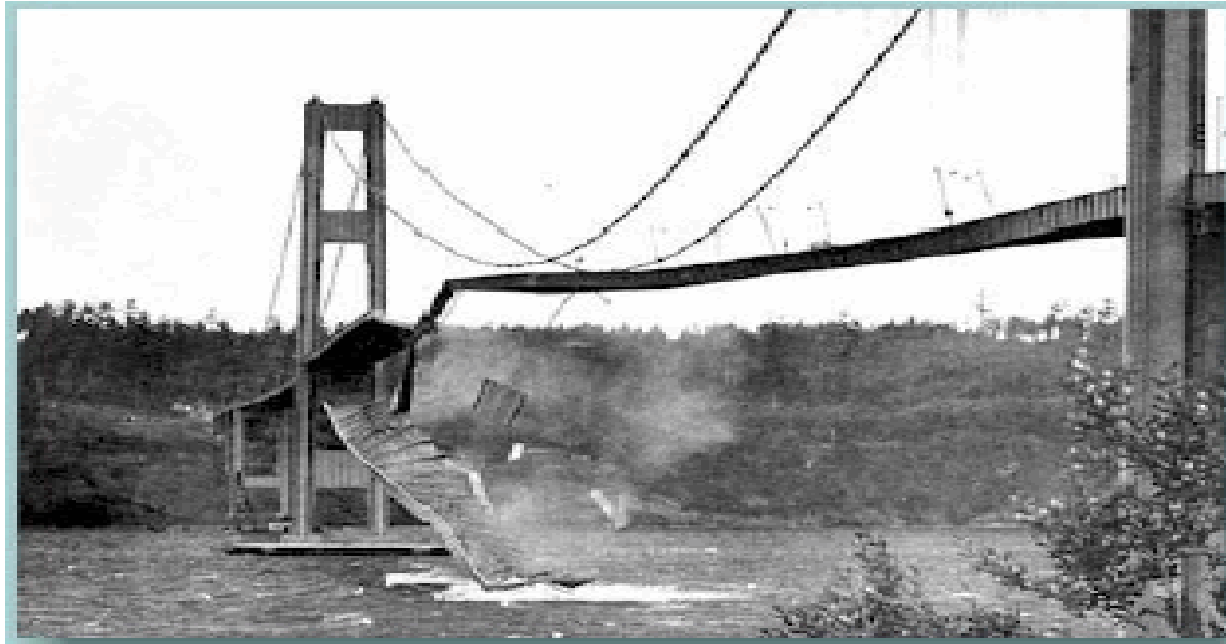
- Barracks Buildings
 - 10 Barracks Buildings
 - 1 Designated for Pets
- Troop Medical Clinic
- Dining Facility
- Staff Housing



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
- Staff: 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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