



There are three.....

major factors that contributed to the chaos associated with Katrina and other similar disasters.

- ▶ Not prepared
- ▶ No defined leadership
- ▶ Failure of communications infrastructure

The incredible fact is that these same factors apply even in small localized situations such as the recent school bus accident in Huntsville, AL involving only thirty people that overwhelmed a major trauma center. We thought it might be worthwhile to review these factors with an objective of offering some possible solutions.

PREPARATION

It may be over simplistic to state the need for a disaster plan based on utilization of all available resources. The school busses that could have been used for evacuation during Katrina remained parked through the whole event. An effective plan must involve public safety first responders, all forms of mass transportation, all forms of communications, transportation support services (ambulances, road maintenance, wreckers), media, utilities and most importantly **EMERGENCY HEALTHCARE SERVICES!**

COORDINATION

Someone has to be in charge. The American National Red Cross has been designated by the Office of Homeland Security as a primary event coordinator. That is well and good, but in many areas there are no Red Cross Chapters or available resources. The command and control in rural areas (and even some metro areas), in our opinion, relating to emergency healthcare would logically be the local hospital!

COMMUNICATIONS INFRASTRUCTURE

The **FIRST** communications component that failed with Katrina and other disaster situations was the public cellular network, in particular Nextel/Sprint and SouthernLINC for reasons of tower/site failure, but not so surprisingly – system overload! Clearly, there is a need for a dedicated wireless network that is not dependant on remote switching, limited range, and overload in an emergency situation. We believe the solution is a private digital wireless communications system providing both voice and data capability.

For your consideration, we offer our suggestions for improvement.

Burch H. Falkner

At your service!

A BIT OF HISTORY

One of the first acts of the Federal Emergency Management Agency (FEMA) after 9-11 was to provide funding for fire departments through a grant process known as the Assistance to Firefighters program. FEMA, now a part of the Office of Homeland Security, quickly recognized that fires were not the major factor in emergency services. The typical “fire department” spends more than 80% of their time in RESCUE related activities (i.e. emergency healthcare).

As a result, the term “firefighter” slowly was replaced with the newer term of FIRST RESPONDER. Over time, the grant was opened first to departments that provided both fire and rescue services, and later even to those who were not involved in fire fighting activities (i.e. rescue squads and ambulance services). This opened the door for the American National Red Cross to request (and be granted) the authority to act as the incident command coordinator. This opened the grant eligibility for application by the Red Cross for money that had been originally designated for “firefighter” use.

We believe this change in focus from “firefighter”, to “first responder”, to “incident command” expands the eligibility to include not only the American National Red Cross, but regional trauma care centers as well. This reasoning is based on the fact that the hospital is the central point of contact with the flow from the field to the hospital. By definition, the hospital’s ability to respond to incoming wounded becomes the determining factor for directing field activities. In essence, the hospital becomes the PRIMARY RESPONDER.

THE CURRENT SITUATION

The Fire Protection and Safety Grant application period typically opens in November. Typically, these grants can involve amounts of up to one million dollars with matching shares typically on the order of 10% in rural areas. We believe a local hospital can apply for a communications grant of up to two hundred fifty thousand dollars with a fair chance of an award. The time to begin planning for preparation and submission of a grant is NOW!

The application would be based on the hospital serving as the center of an emergency response network consisting of the local EMA, fire departments, law enforcement agencies, public transportation, the media, utilities, and support services. To accomplish this objective, we propose to build a dedicated private digital communications network capable of interconnecting all associated participants capable of supporting both voice and data communications in a highly secure digital format.

At the hospital, we propose a mini-command center associated with the Emergency Room with the capability of communicating on the private network as well as aircraft, amateur, marine, and military channels.

Internally, we propose to provide Code Blue internal communicators for Level 1 trauma treatment personnel as well as support services (facilities, transportation, etc.). Key ER personnel will have the ability to communicate both on the internal communications system as well as the external digital network.

GETTING STARTED

Participation begins with the establishing compliance with current State Health and HIPPA regulations, then filing of the grant application. We can assist you in current compliance issues. We will then require a designated person with the hospital to assist us with preparing local information, Federal ID numbers, and other information required for preparing a winning narrative. It’s called a plan – We are ready, are YOU?