



Department of Health and Human Services
Office of Emergency Preparedness

Metropolitan Medical Response System

What is a MMRS?

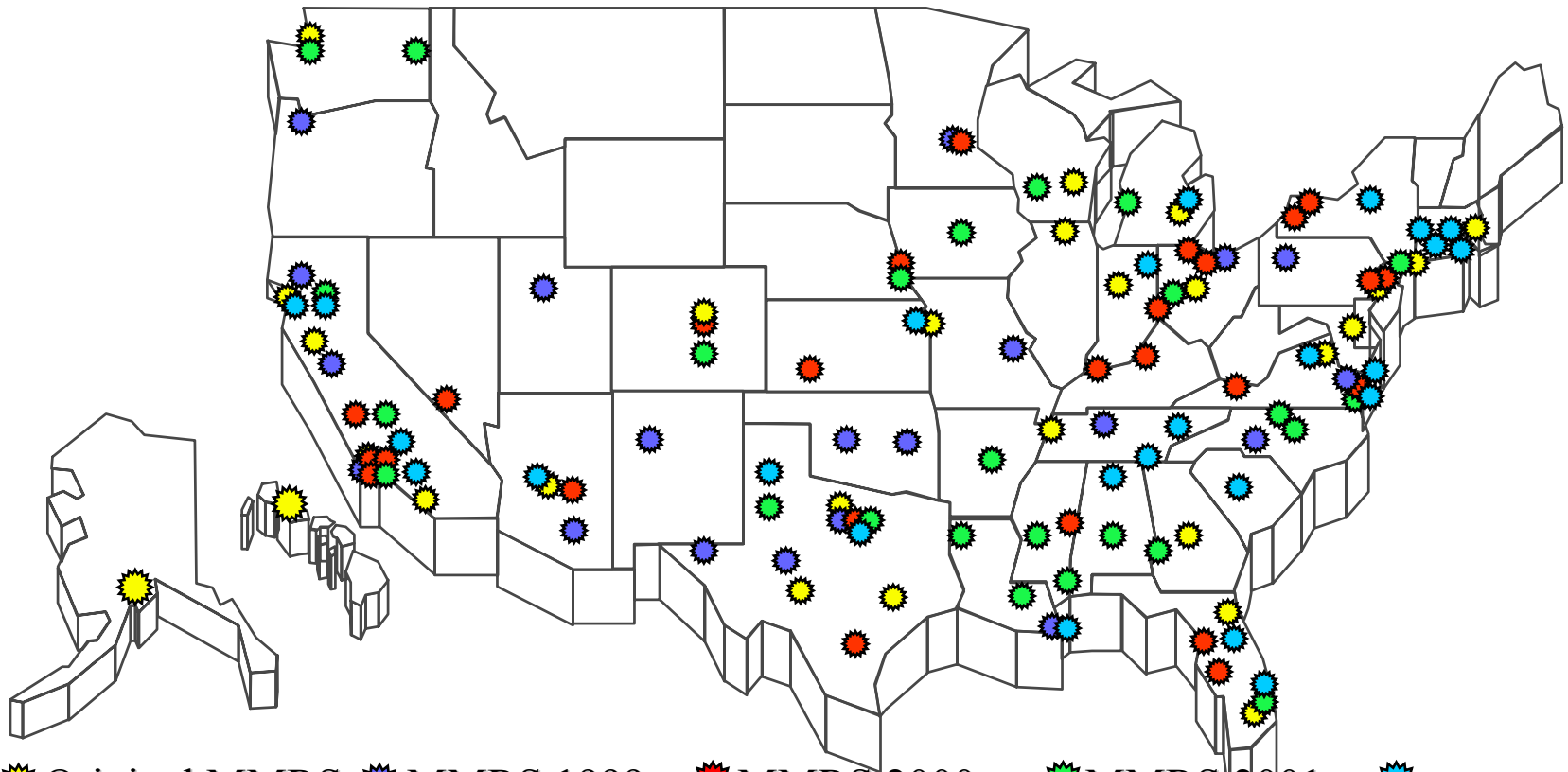
An operational system at the local level to respond to a terrorist incident and other public health emergencies that create mass casualties or casualties requiring unique care capabilities

- **This system enables a Metropolitan Area to manage the event until State or Federal response resources are mobilized**
- **MMRS is a locally developed, owned, and operated mass casualty response system**

What is a MMRS?

- An enhanced local health and medical response to victims of terrorist incidents and other public health emergencies
- **MMRS Characteristics:**
 - **Integrated medical response system**
 - **Detailed system response & operations plans**
 - **Specially trained responders at all levels**
 - **Specialized response equipment**
 - **Specialized medical equipment and pharmaceutical cache**
 - **Enhanced medical transport and treatment capabilities**

Metropolitan Medical Response Systems



Original MMRS

Boston, New York, Baltimore, Philadelphia, Washington DC, Atlanta, Miami, Memphis, Jacksonville, Detroit, Chicago, Milwaukee, Indianapolis, Columbus, San Antonio, Houston, Dallas, Kansas City, Denver, Phoenix, San Jose, Honolulu, Los Angeles, San Diego, San Francisco, Anchorage, Seattle

MMRS 1999

Hampton Roads (Virginia Beach)Area, Pittsburgh, Nashville, Charlotte, Cleveland, El Paso, New Orleans, Austin, Fort Worth, Oklahoma City, Albuquerque, St. Louis, Salt Lake City, Long Beach, Tucson, Oakland, Portland (OR), Twin Cities (Minneapolis), Tulsa, Sacramento

MMRS 2000

Twin Cities (St. Paul), Hampton Roads (Norfolk), Cincinnati, Fresno, Omaha, Toledo, Buffalo, Wichita, Santa Ana, Mesa, Aurora, Tampa, Newark, Louisville, Anaheim, Birmingham, Arlington, Las Vegas, Corpus Christi, St. Petersburg, Rochester, Jersey City, Riverside, Lexington-Fayette, Akron

MMRS 2001

Colorado Springs, Baton Rouge, Raleigh, Stockton, Richmond (VA), Shreveport, Jackson, Mobile, Des Moines, Lincoln, Madison, Grand Rapids, Yonkers, Hialeah, Montgomery, Lubbock, Greensboro, Dayton, Huntington Beach, Garland, Glendale (CA), Columbus (GA), Spokane, Tacoma, Little Rock

MMRS 2002

Bakersfield, Fremont, Ft. Wayne, Hampton Roads (Newport News, Chesapeake), Arlington, Worcester, Knoxville, Modesto, Orlando, San Bernardino, Syracuse, Providence, Huntsville, Amarillo, Springfield, Irving, Chattanooga, Kansas City, Jefferson Parish, Ft. Lauderdale, Glendale, Warren, Hartford, Columbia

MMRS Myths

- **MMRS:**
 - ... is a fire/HazMat program
 - ... does not strengthen health/medical/hospital involvement
 - ... is not integrated into an “overall” disaster response
 - ... ignores State planning
- **No MMRS has been completed**

MMRS Reality

MMRS contract requirements mandate:

- Extensive local, health, medical and interagency integration
- Coordination with State epidemiological programs, CDC and State EMA programs
- Hospital and healthcare provider participation has been challenging, requiring new strategies

(Hospital Preparedness for Mass Casualties - American Hospital Association; A National Strategy for Hospital Response to Bioterrorism - Johns Hopkins; Hawaii Medical Professionals Assessment – Honolulu MMRS)

- Institute of Medicine study validates actual systems integration
- 28 systems totally complete - validated by program review

Linking of Response Systems

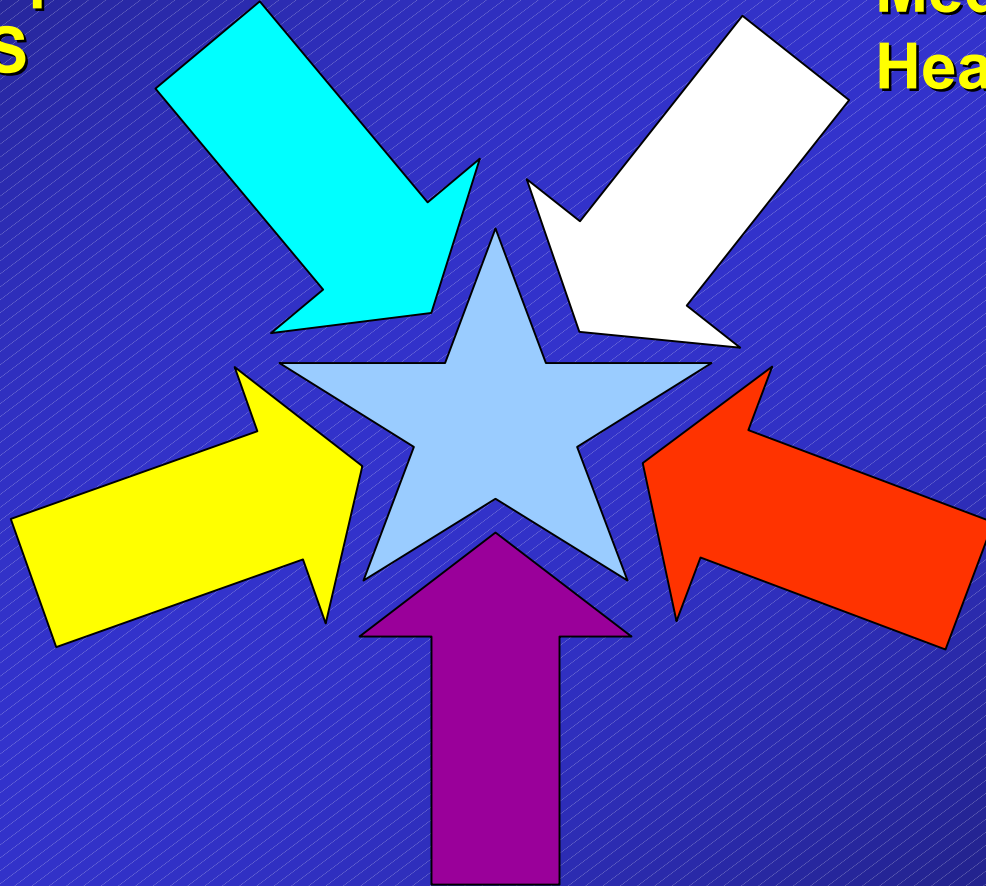
**First Responders
Fire/EMS**

**Medical & Mental
Health Services**

**Public
Health**

**Law
Enforcement**

**Emergency
Management**



The MMRS Concept

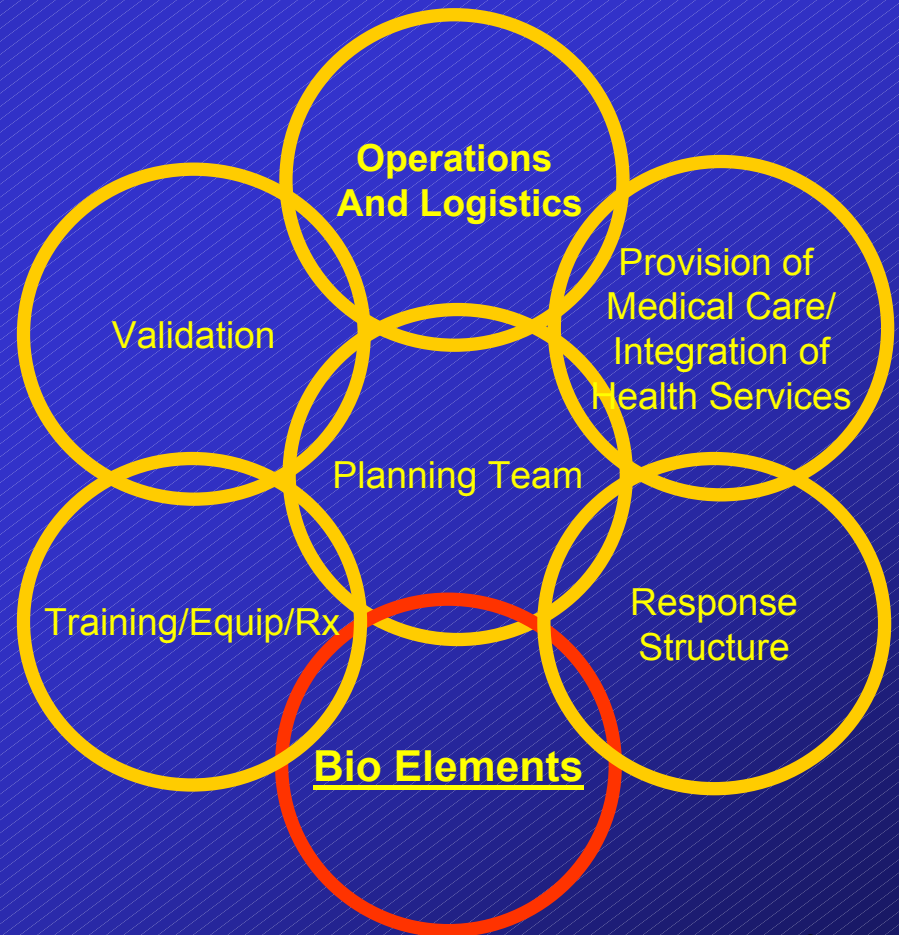
Program Overview

- Planning Team
- Logistics
- Forward Movement
- Provision of Medical Care
- Integration of Health Services
- Response Structure
- Biological Elements
- Training
- Equipment/Pharmaceuticals
- Operational Capability



MMRS Biological Elements

- Early Recognition
- Mass Immunization/
Prophylaxis
- Mass Patient Care
- Mass Fatality
Management
- Environmental Surety



MMRS Coordinates With HHS Program Goals

HRSA - (Regional) Hospital

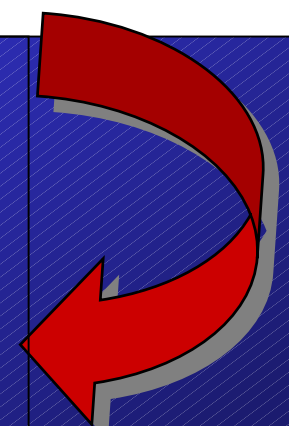
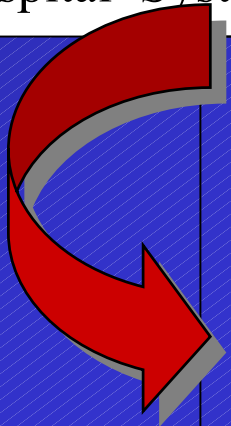
- Medication Availability
- Surge, triage, treatment and transport
- Communication Systems
- Decontamination and Quarantine
- Hospital Staff Training
- Hospital System Coordination

CDC – (State)Health

- Detection
- Surveillance
- Epidemiological Services
- Mass immunization / prophylaxis
- Laboratory capacity

MMRS –(Local) Health & Medical

- Pharmaceutical cache & distribution plans
- Early warning plans and notification system
- Incident response management/coordination
- Mass/surge patient care/fatality management
- Development of communications systems
- Planning and preparedness training
- Victim transportation



MMRS Coordination with HHS Critical Benchmarks

MMRS:

- **Designate a POC (can be a Public Health Official)**
- **Establish a Steering Committee**
- **Prepare a regional assessment and MMRS development plan to manage the health consequences**

CDC:

- **Designate a Senior Public Health Official as Executive Director**
- **Establish an Advisory Committee**
- **Prepare a timeline for assessment of emergency preparedness and response capabilities related to terrorism**

MMRS Coordination with HHS

Critical Benchmarks

MMRS:

- **Integrates neighboring MOU/MOA plans into the MMRS response plan**
- **Integrates the concept of State-wide bioterrorism planning and preparedness (including outbreaks of infectious disease)**
- **Integrates into regional planning efforts for a response to a biological terrorism**

CDC:

- **Coordination with adjacent States**
- **State-wide plan for responding to bioterrorism, and other public health emergencies**
- **Development of regional plans for responding to bioterrorism**

MMRS Coordination with HHS

Critical Benchmarks

MMRS:

- **Plans for local hospitals and health care systems to ensure surge capacity for 500 victims specifically plans include:**
 - Triage, communication, self protection, security, staffing, equipment needs, ability of staff to recognize and treat, staff recall procedures, and logistic support**
- **Integration of these plans with regional/State plans**

HRSA:

- **Develop Regional Hospital Plans to include surrounding counties**
- **Describe a plan for hospital bed capacity, isolation, quarantine, surge capacity for 500 victims, hospital diversion status, the movement of equipment, and the provision for special needs (e.g., food/water/electricity, special needs populations, and the disposal of medical waste).**

MMRS Coordination with HHS

Critical Benchmarks

MMRS:

- **Develop a training plan for hospital clinicians and other first responders integrating other State and Federal training programs (DOD, FEMA, DOJ).**
- **The training plan shall address initial and continuing education and refresher requirements**

HRSA:

- **Encourage the training of hospital and pre-hospital clinicians**

MMRS Development Phase

(The MMRS is a **CONTRACT**)

- Funding over two Fiscal Years
 - \$400,000 FY 2002
 - \$200,000 FY 2003
- Request for proposal – Sent to Mayor’s office
 - Must be coordinated with surrounding jurisdictions
- 18 month proposal
- Proposal sent to the Governor’s office for MMRS proposal endorsement / comments

MMRS Development Phase

(The MMRS is a CONTRACT)

- A Steering Committee is created
 - Inviting all appropriate MMRS stake - holders (State, local, hospitals, etc.)
- Continued close communication is required -
 - Monthly progress reports are submitted, including program obstacles, special planning needs and program achievements, to the Governor's office and OEP

MMRS Contract Deliverables

- **Project Officer meeting**

- **Development Plan**

 - Development Team and Steering Committee Creation**

- **Basic MMRS concept of operations plan**

- **Plan for managing the consequences of a biological event**

- **Plan for responding to a chemical, radiological, nuclear event**

MMRS Contract Deliverables

- **Plan for forward movement of patients**
- **Plan for integration of local hospitals and regional healthcare systems**
- **Plan for training of hospital and first responder personnel**
- **Plan for equipment acquisition, and maintenance**
- **Final report verifying operational readiness**

Technical Assistance

Department of Health and
Human Services Regional
Emergency Coordinators
(EC's)

[www.mmrs.hhs.
gov](http://www.mmrs.hhs.gov)

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Summary

- MMRS development is a dynamic process
- MMRS development requires cooperative efforts between Federal agencies, State and local governments, and local response communities
- Jurisdictions engaged in MMRS development have experienced the benefits of increased coordination during all hazards emergency response



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