

(DRAFT v10)

Region 6

Regional Response Team (RRT)/Joint Response Team (JRT)

Interim Activation Guidance

For

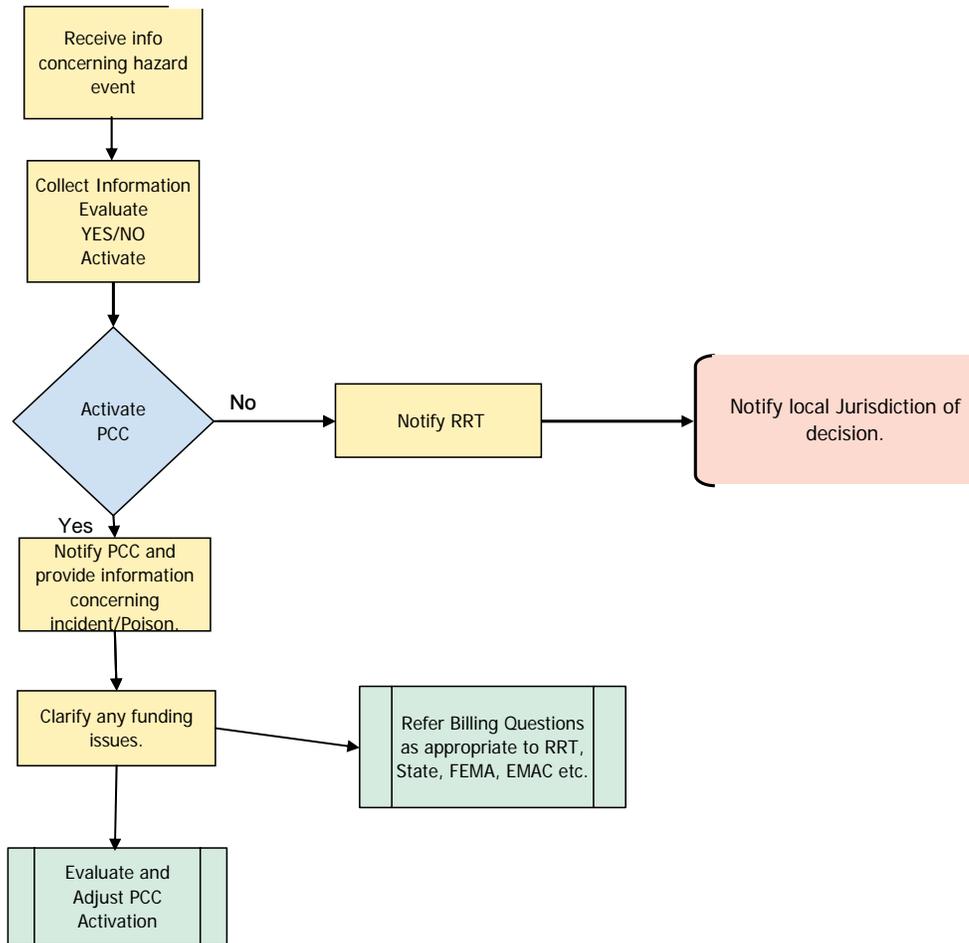
Poison Control Centers (Region 6)



February 2009

Poison Control Center Activation (PCC)

Activation #: 1-800-222-1222



Introduction:

Poison Centers (PCC), often called “poison control centers”, has historically been unrecognized in the preparedness and response community as a major player in the role of protecting the health of our population during hazardous materials incidents or terrorist events. Functioning on a very limited patchwork of local, state and federal funding, Poison Control Centers have provided vital health services to the general public and health care professionals for over 30 plus years. The PCC’s provision of **direct 24 hour patient care services** to residential callers, health care professionals and institutions adds value to the services provided by many government public health entities, health care providers and commercial insurance carriers. Not only can the PCCs provide medical evaluation and consultation, they also save the states substantial money by reducing the number of hospital ER visits because they can diagnose and often treat cases at home, saving States hundreds of thousands of dollars each year.

The Region 6 Regional Response Team (RRT6), Co-Chaired by the US Environmental Protection Agency (EPA) and the US Coast Guard is the federal component of the National Response System for the states of Arkansas, Louisiana, New Mexico, Oklahoma, and Texas. RRT6 is composed of representatives from sixteen (16) federal departments and agencies and each of the five States. In addition, Region 6 shares its southern border with the country of Mexico. Similar to the RRT, a Joint Response Team (JRT) is established along the US/Mexico border consisting of federal, state and local agencies involved in chemical emergency prevention, preparedness and response on both land and water.

RRT6 has recognized the potential value and contributions that PCC's offer to the National Response System and drafted this interim guidance document for use of PCC's within its jurisdiction, and for consideration as a national guidance document by the National Response Team (NRT).

What are PCC's?

In the United States, PCC's provide immediate treatment advice for poison emergencies. PCC's are staffed 24-hours a day by nurses, physicians, pharmacists and other highly trained healthcare professionals. PCC staff offer expertise in the areas of chemical, environmental, radiological, biological, and agricultural hazardous materials to all public health entities, environmental agencies, hospitals, on-scene responders, and the general public. PCC's also have skilled linguists that can overcome multiple language barriers. PCC's in Region 6 have staff to handle Spanish speaking callers to reflect the communication and collaboration efforts between the PCC's and the Hispanic population, to include bi-national collaboration with Mexico.

Which PCC can be used?

There are ten (10) PCC's in Region 6; one (1) each in New Mexico, Oklahoma, Arkansas and Louisiana and a network of six (6) inter-connected centers in Texas. The PCC's in Region 6 can be contacted to assist the RRT and its member stakeholders address public health issues within their respective states or even in the event of a national disaster.

To contact a PCC just call the toll free national number 1-800-222-1222 from a land line phone system within the State in which the disaster has occurred. Or

contact the PCC directly through the non-emergency office phone number listed at the end of this document. Note: Cell phones can be used. However, the cell phone area code might route a caller to a Poison Control Center based on the area code the cell phone or Black Berry device is registered. Regardless, calls can be re-routed back to the state in which the event has occurred.

When can PCC's be used?

PCC's are available to receive calls 24 hours a day, 7 days a week; thus, PCC's are available to receive telephone calls during all phases of a disaster. PCC's are accessible to anyone calling from within their state. PCC's can receive calls from the public, 911 operator/dispatcher, impacted citizens, the media, receiving hospitals, private industry, physicians, state/county health departments', state/county environmental agencies, federal environmental and health agencies, and emergency managers from local, state and federal agencies.

How can the PCC's assist the RRT and JRT?

PCC's have legally designated authority to address and to provide treatment recommendations to the people exposed to all types of poisons; this includes occupational exposures to hazardous materials. They also are available to serve as a vehicle for communicating information to callers during disaster events. This communication system also provides a broader approach to addressing the general public not impacted by

the event and may include concerned citizens, politicians and the media. Both the RRT and JRT, and their member agencies, can utilize the expertise of the PCC's to address human exposures due to any and all hazardous materials emergency events. In addition, the poison centers have the ability to track calls received and can provide valuable epidemiological data on types of calls received.

What types of incidents would involve a PCC's?

PCC's are available to assist local, state, and federal agencies by providing a public telephone-based service for any type of incident where hazardous materials may threaten public health. These incidents might include only localized impacts that are managed by local fire, police, and EMS. Or even larger events that involve State emergency response programs and disasters that require Federal assistance. Hazards addressed could be anything from a toxic industrial chemical release resulting from a chemical facility fire, to household hazardous waste such as pesticides, mercury thermometers, or oily residues that might be encountered by residents re-entering flooded neighborhoods caused by natural disasters, or a Chemical/Biological/Radiological/Nuclear (CBRN) event.

How Can PCC's function within Incident Command Systems?

The Incident Command System (ICS) is the response management structure used by all emergency response organizations, as described in the National Response Framework (NRF). The ICS establishes positions that accomplish the key functions of incident management, including command, operations, planning, logistics, and finance. PCC's may interact with many of these positions during the course of an incident. The initial

decision to activate a PCC would probably be made by the Incident Commander (IC). The activation of a PCC may be publicly announced by a Public Information Officer (PIO), and/or a Liaison Officer (LNO). Once activated, a PCC would need information on the nature and extent of potential hazards involved, which could be provided by the Planning Section, and particularly, the Situation Unit. In turn, the PCC could then offer advice on safety and treatment of potential exposures to the Safety Officer and Operations Section. If the event generates news media or political interest, it may be necessary to involve a Joint Information Center (JIC) in developing public statements for PCC to use during calls from the public. PCC's should familiarize their staffs with ICS principles so that they can interact appropriately within the Incident Command System. To determine what level of training an individual needs according to their level of responsibility during a multi-jurisdiction, multi-agency, multi-discipline incident, please review the FEMA web site: www.fema.gov/pdf/emergency/nims/TrainingGdlMatrix.pdf

What information would a PCC need from emergency response agencies?

PCC's can be used to provide treatment recommendations to callers at home, in a hospital setting or shelters. Seeking help from a PCC by phone can help alleviate patient surges to local healthcare facilities. In order to make informative decisions, the agency(s) that activate the PCC should provide the PCC's any data that can assist them to better respond to public inquiries.

The following information might become available through ICS liaisons and may include:

- notification from spill reports
- exact location of spill and/or releases
- amount of material spilled and type
- potential health/environment impacts
- plume maps
- weather conditions
- fact sheets
- sensitive populations (children, elderly, child bearing, etc)
- contamination maps/zone of contamination
- site photos
- sensitive issue (terrorism events, national disasters, political, etc)

What information can PCC's provide to incident command staff during and after an incident?

In addition to providing toxicology advice, PCC's generate certain data as a routine course of their duties that can be very useful to incident command staff. As PCC's begin to respond to calls from the public, they record information on the identities, numbers of callers, location where exposures may have occurred, and symptoms observed/reported. They also track the progress of persons they refer for medical treatment through the treatment process. This information can assist incident management staff in identifying potentially exposed populations and areas of contamination, which are necessary for developing effective response and mitigation strategies.

How are funding issues addressed when PCC respond to a disaster?

- **RRT/JRT Response Team Activation Guidance for Poison Control Centers**
 1. Incident Commanders request resources first at the local level
 2. If resources are not available at the local level, mayors/county judges may request assistance from the Governor
 3. If resources are not available at the state level, the Governor may request assistance from other states, or
 4. If resources are not available at the state level, the Governor may request assistance from the President
 5. In order for a state to provide resources to another state, an Emergency Management Assistance Compact (EMAC) is required

- **EMERGENCY MANAGEMENT ASSISTANCE COMPACTS (EMAC)**
 1. All states in FEMA Region VI have legislatively enacted the EMAC agreement
 2. EMAC's provide form and structure for interstate mutual aid
 3. EMAC's quickly/efficiently resolve two key issues upfront: **liability and reimbursement**
 4. Only authorized representatives (Governor or designee) may request assistance from another state
 - a. Disaster impacted state can request and receive assistance from other member states
 - b. States rendering aid shall be reimbursed by the state receiving aid
 - c. States rendering aid may withhold resources to provide reasonable protection of their state resources

- **REIMBURSEMENT**
 1. In accordance with the EMAC's, states rendering aid shall be reimbursed for all costs by the state receiving aid
 2. In presidential declared disasters, FEMA reimburses impacted states on a cost-reimbursable basis

- Pursuant to the Stafford Act, division of costs among Federal, State, and local governments is a negotiable item
- The minimum federal share under the Stafford Act is 75%.
- However, depending on the circumstances, the Federal government may assume a larger percentage of the costs
- No dollars are sent directly from the impacted state to Poison Control

Answering Points

Additional Information/Resources:

- **National Response Framework (NRF)** - <http://www.fema.gov/emergency/nrf/>
- **National Response Center (NRC)** - <http://www.nrc.uscg.mil/nrchp.html>
- **Federal Emergency Management Agency (FEMA) NIMS ICS Courses:**
http://www.fema.gov/emergency/nims/nims_training.shtm
- **Environmental Protection Agency (EPA)** -
<http://www.epa.gov/superfund/programs/er/index.htm>
- **Regional Response Team (RRT) 6** - <http://www.epa.gov/Region6//6sf/respprev/rrt/rrt6.htm>
- **Joint Response Team (JRT)** - <http://www.epa.gov/Border2012/indicators/response.html>
- **Local Emergency Planning Committee (LEPC)** -
http://www.epa.gov/emergencies/content/epcra/epcra_plan.htm#LEPC
- **American Association of Poison Control Centers (AAPCC)** - www.aapcc.org
- **Agency for Toxic Substances and Disease Registry (ATSDR)** - <http://www.atsdr.cdc.gov/2p-emergency-response.html>
- **Centers for Disease Control (CDC)** - <http://www.bt.cdc.gov/>
- **National Centers for Environmental Health (NCEH)** -
<http://www.cdc.gov/nceh/emergency.htm>
- **National Association of County and City Health Officials (NACCHO)** -
<http://www.naccho.org/topics/emergency/>
- **Emergency Management Assistance Compact (EMAC)** - <http://www.emacweb.org/>

PCC Contacts by State (Non-emergencies):

Oklahoma PCC: 405-271-5062 New Mexico PCC: 505 272-4261

Arkansas PCC: 501-686-5532 Louisiana PCC: 318-813-3317

North Texas PCC, (Dallas) 817-372-4348; South Texas PCC, (San Antonio) 214-590-9010

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Region 6 Poison Control Centers (Draft for RRT/JRT Region 6)
May 13, 2008 to January 27, 2009**

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