

TESTIMONY OF WESTCHESTER COUNTY

DIRECTOR OF PLANNING, MICHAEL KAMINSKI
DEPARTMENT OF HOSPITALS

My name is Michael Kaminski. I am the Director of Planning for the Westchester County Medical Center. My responsibilities include program planning activities for all Westchester County Medical Center facilities, construction and renovation and the development of new services and programs. Additionally, I am responsible for coordinating the Westchester County Medical Center Emergency Medical Services (EMS) responsibilities with the Westchester County EMS Council and the Regional EMS Council. Because of this coordination activity I am also responsible for assisting the Commissioner of Hospital's, Mr. Bernard M. Weinstein, in coordinating the activities of the Westchester County Medical Center in fulfilling its responsibilities and role incorporated in the Westchester County Radiological Emergency Response Plan and Procedures; (the plan) as developed by Parsons and Brinckerhoff for Consolidated Edison and the Power Authority of the State of New York.

The general responsibilities outlined for the Department of Hospitals in the plan, include; 1) the alerting and coordination of ambulances in and around the 10 mile zone to move accident victims to appropriate emergency facilities; 2) assist EMS providers in coordinating a mutual aid plan; 3) alert and coordinate nursing homes and hospitals within the 10 mile zone to the potential need to mobilize for evacuation and; 4) coordinate transport requirements for evacuation of patients from nursing homes and hospitals in the 10 mile zone to host facilities.

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The remarks which follow are comments directed to the ability of the Westchester Medical Center to accomplish its role and responsibility as outlined in the plan, based on my own, and my staff's review of the plan and our participation in the March 3, 1982 Nuclear Disaster Drill, held for PASNY Indian Point #3.

First, I would like to discuss ambulance coordination. There is no legal relationship between the Westchester County Medical Center and the 35 ambulance companies in Westchester County, nor is there a legal relationship between the Westchester County Medical Center and the Westchester EMS Council, Inc., such that the Westchester County Medical Center can order ambulances into, out of, or around the 10 mile EPZ, to perform any emergency services. It must rely, as a coordinating agency, on the good will and sense of responsibility and obligation of the volunteer ambulance personnel to perform necessary evacuations and emergency treatment.

There is also no current effective system to keep track of all ambulance movements, or vehicles in and out of service for mutual aid purposes.

Additional issues relating to ambulances are:

1. the level of radiological health training for all Emergency Medical Technicians (EMT's) servicing the EPZ is scant. This is not to denigrate the ability of EMT's, but rather to suggest that specific training is required for this type of emergency which has not been carried out.

2. the level of and the type of decontamination training for ambulance personnel is inadequate.
3. the decontamination facility placement and procedure is not well thought out. Ambulances may be making multiple runs in the northern sector of the County and have to go to Valhalla for decontamination a distance of 20 miles.
4. communications between the EOC and ambulances in the northern part of the County is extremely unreliable because of equipment inadequacies. This lack of adequate equipment blocked communication in these areas and further complicated and delayed the coordination of emergency vehicles during the drill.
5. the quantity of traffic and flow patterns, may make it extremely difficult to move ambulances into and out of the EPZ.

With regard to notifying and potentially evacuating Nursing Homes and Hospitals in the EPZ, the problems with the plan are as follows:

1. not all patients may be able to be moved, when required, because of their weakened or critical condition. Provisions to provide care to these patients would be the responsibility of the institution and to date no such provisions have been made.
2. the Commissioner of Hospital's does not have the authority to order a Hospital or Nursing Home to evacuate.

3. knowledge of numbers and condition of patients in each facility changes from day to day. Much time was consumed developing the information, during the drill, to determine the numbers and types of vehicles required to move patients on a facility by facility basis.
4. the plan relies on busses and ambulances to move patients. Depending on the volume of traffic, demand on busses and the ability to communicate with ambulances, nursing homes and hospitals, patient movement right now is extremely slow.
5. Communications between the EOC, and nursing homes and hospitals relies on telephones. The drill demonstrated that a minimum of three or four calls to each of the thirteen nursing homes were required to develop the necessary patient information. Telephone tie-ups during the drill created unexpected delays in patient movement.
6. decontamination facilities for patients and vehicles must be established closer to the patient host facilities. Additionally, host facilities must be involved in the planning process. Schools in Dutchess County are designated as the receiving center for some nursing homes in the EPZ, but as of the time of the drill, had no knowledge of this fact.
7. the Orange County Health Department needs to be involved, if patients are to be moved there from the EPZ as may be required in the event of a radiological emergency.
8. Coordination of patient records and medications and supplies is a large task that becomes the responsibility of the transferring institution.

These issues in addition to previously mentioned issues, presume that enough trained staff will be available in each hospital and nursing home to carry out their tasks. To date, the Department of Hospitals can not assure that it has the necessary trained staff to implement this plan.

Other Issues of a General Nature Include:

1. the current lack of ability to coordinate movement of handicapped-non-institutionalized persons out of the EPZ without special vehicles assigned for this purpose on a person by person basis.
2. the lack of lead holding tanks in emergency rooms of the hospitals that are capable of providing emergency care to nuclear disaster victims.
3. the lack of the plan to include hospitals not in EPZ to handle victims of a nuclear disaster.
4. the lack of alert radios in nursing homes and hospitals throughout the County.
5. the lack of adequate communication equipment to coordinate patient movement.
6. the lack of personal dosimeters for ambulance personnel.
7. the inability of our staff to effectively coordinate activities of the Westchester County Medical Center while coordinating EMS and patient movement in the EPZ under the current plan.

In summary, based on my experiences with this plan it appears that considerably more work is required to be able to ensure the safety of the patients and potential patients of Westchester County generally, and especially within the EPZ.