

»»» NEWSLETTER «««

DES MOINES METRO HEALTH CARE COALITION

Coming together as a team to plan for and respond to healthcare impacted disasters.



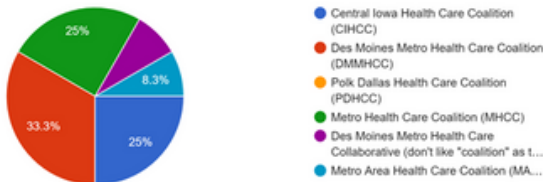
TIMELY UPDATES



»»» SURVEY SAYS- DMMHCC

Thank you to all who helped us consider various naming options for our local health care coalition. It is official, based on the feedback we will now be known as Des Moines Metro Health Care Coalition. (DMMHCC)

Name of our Organization
12 responses



OUR MISSION & VISION

Mission: Enhance the health and wellbeing of Polk County residents by engaging health care agencies through collaboration, coordination, mitigation, prevention, protection, response and recovery operations relating to public health and medical service events.

Vision: Establish a resilient, interconnected health care system that is accessible to all Polk County residents before, during and after disasters.



Your thoughtful feedback helped to improve these guiding statements.



- **ACKNOWLEDGE** THAT OUR LOCAL HEALTHCARE SYSTEMS ARE CONNECTED AND NEED FULL AND TRANSPARENT COLLABORATION TO OPTIMIZE OUR MISSION.
- **PROVIDE A FORUM** FOR THE LOCAL HEALTHCARE COMMUNITY TO INTERACT WITH ONE ANOTHER AND WITH OTHER RESPONSE AGENCIES AT THE LOCAL LEVEL TO PROMOTE EMERGENCY PREPAREDNESS.
- **COORDINATE AND IMPROVE** THE DELIVERY OF HEALTHCARE EMERGENCY RESPONSE SERVICES AND SUPPORT EOC OPERATIONS THROUGH ESF-8 REPRESENTATION.
- **FOCUS ON THE CAPABILITY-BUILDING** OF THE HEALTHCARE SYSTEM THAT BENEFITS THE WHOLE COMMUNITY'S HEALTH THROUGH STANDARDIZED PRACTICES AND INTEGRATION WITH OTHER RESPONSE PARTNERS.
- **ENSURE OVERALL READINESS** THROUGH THE COORDINATION OF COMMUNITY-WIDE TRAINING AND EXERCISE INITIATIVES.
- **LEVERAGE RESOURCES** TO ENHANCE DMMHCC INITIATIVES.

»»» DOCUMENT REVIEW

Several subcommittee members have been convening consistently to assess, amend, and enhance existing shared agreements. Progress is steady, benefiting from diverse perspectives at the table. Documents currently being reviewed include:

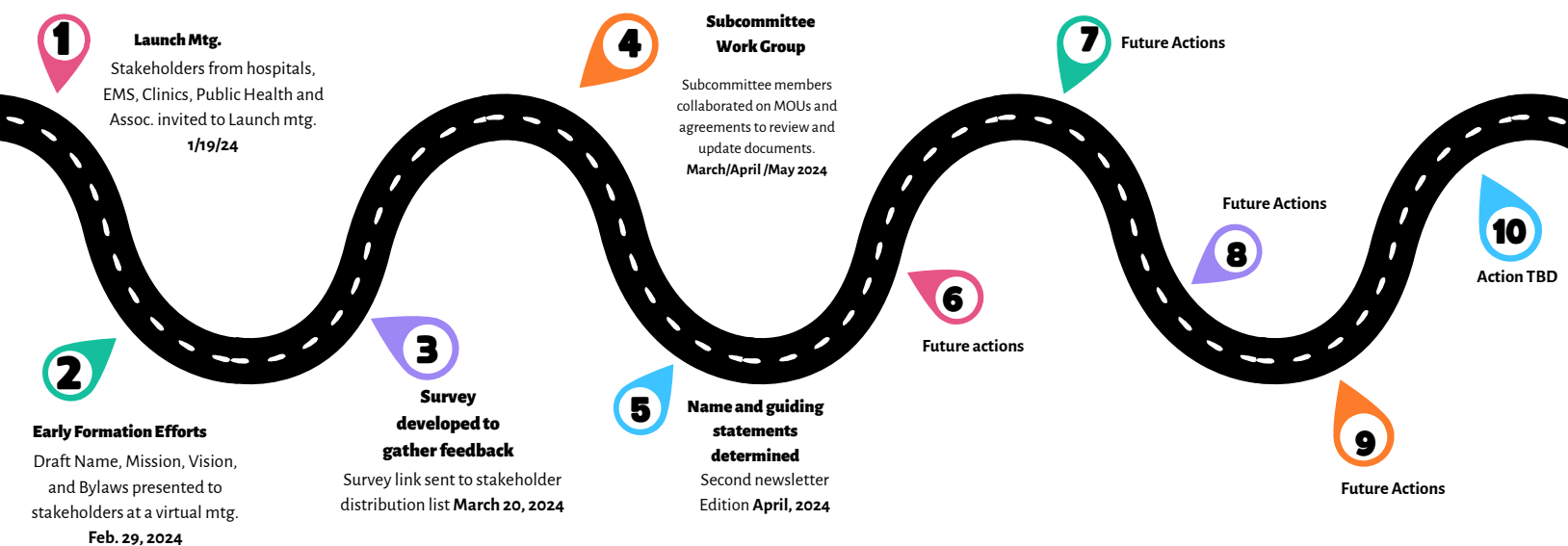
- Hospital Alternate Site MOUs with GUV and DMU
- DSM Hospital ED Bypass Procedures
- DSM Metro High Census and Surge Protocols

Upon completing our review, these documents will be presented for wider scrutiny and approval.



Our journey as DMMHCC is in its early stages, with numerous milestones awaiting inclusion in our roadmap. Your role is pivotal in upholding our mission and vision. Stay tuned for forthcoming invitations to stakeholder meetings, where we will map out meeting schedules, scrutinize proposed bylaws, establish our leadership framework, and delineate disaster prevention strategies that will prove beneficial in the present and future.

ROAD MAP OF OUR PROGRESS



Measles in the US: Key Considerations

There is a resurgence of measles in the United States. As of April 11, 2024, 121 measles cases were reported in 18 states including Illinois, Minnesota, and Missouri. Among these measles cases, 82% were unvaccinated and 56% were hospitalized.

Consider measles in patients presenting with febrile rash illness especially if the individual is unvaccinated, recently traveled internationally or interacted with out-of-town visitors. Symptoms clinically compatible with prodromal measles symptoms include fever, cough, coryza and conjunctivitis and malaise. The characteristic measles (maculopapular) rash appears three to five days after the first illness symptoms with flat red spots that usually appear on the face (at the hairline) and spread downward to the neck, trunk, arms, legs and feet. Small, raised bumps may also appear on top of the flat red spots. Koplik spots (small white or bluish-white centers on an erythematous base) may or may not be present on the buccal mucosa. People infected with measles are contagious four days before and four days after rash onset.

Measles is an immediately reportable disease in Iowa. Healthcare providers are required to report any suspected measles cases to public health immediately by calling the Polk County Health Department at (515) 286-3890 or Iowa HHS at (800) 362-2736. Local/state public health will consult on appropriate testing for measles and specimen transport to the State Hygienic Laboratory.

Use standard and airborne precautions when caring for patients with suspected or known measles. Escort patient (in a mask) to a separate waiting area or exam room. Use a negative pressure room, if available. If not admitted, the patient should be masked and escorted out using a non-public exit. Instruct patients to remain in isolation at home until cleared by public health after measles is ruled out through laboratory testing.