



**Public Health
Emergency Response Guide
for
State, Local, and Tribal
Public Health Directors**

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Presentation Objectives



- Provide a brief overview of the process used to develop the guide
- Describe the purpose of the guide, when and how it should be used, and by whom
- Discuss specific guide content
- Describe anticipated benefits to health departments & response partners

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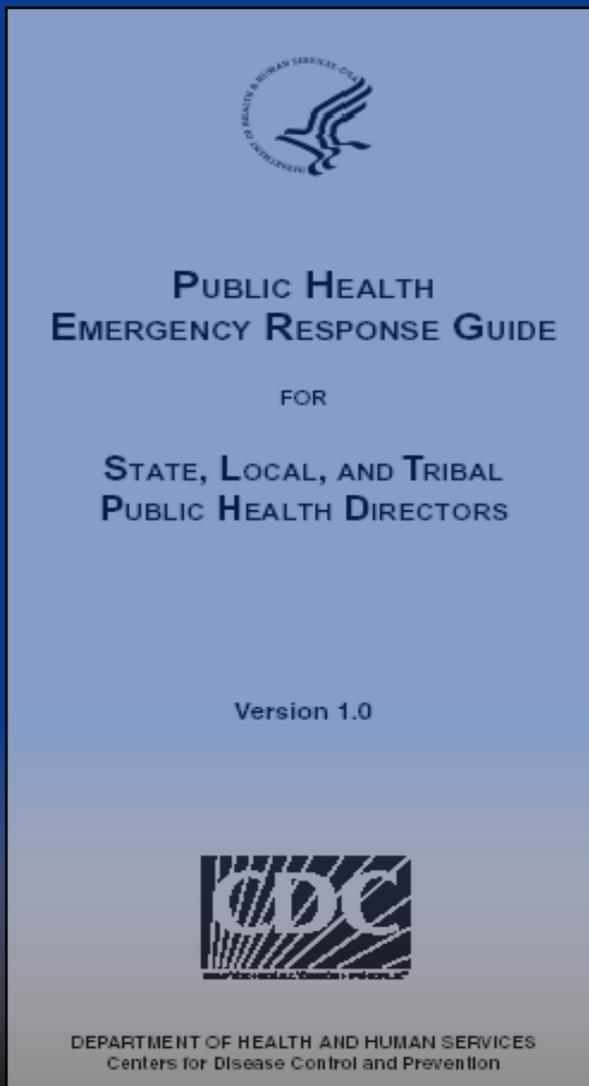
Methodology



- Search and review of existing guidance
- Establishment of working group
- Consultancy forum
- Draft guide development and completion
- Focus group review
- Additional reviews
- Review and incorporation of comments
- Finalization, marketing, and distribution



Physical Properties



- 4" x 7.75" pocket-sized manual
- Vertical pages with top ring binder
- Laminate, durable, water-resistant front and back covers
- Lightweight, durable, water-resistant synthetic pages:
 - Tear-resistant
 - Pen, pencil, highlighter, marker, etc.
 - Erasable and non-smearing



Guide Purpose



- Easy-to-use all-hazards reference tool
- Guidance and information on:
 - Activation of public health emergency response during first 24 hours of incident
 - Integration of public health into community emergency response
- Assist in preventing injury, saving lives, and mitigating adverse health effects



Who Should Use the Guide?



- **State, local, and tribal public health officials who:**
 - Are responsible for initiating response activities during an emergency or disaster
 - Have decision-making authority in their health department
- **May vary according to health department and/or incident**
- **Directors, Deputy Directors, Health Officers, Epidemiologists, Nurses, etc.**



When Should the Guide be Used?



- During the first 24 hours of an incident
- Imagine the following scenario...
 - Public health director receives phone call at 2:00 AM
 - Explosion has occurred near a residential area
 - Reports of strong smells of ammonia
 - Guide will assist the director in initiating public health emergency response actions
- Prior to and beyond first 24 hours of an incident



Guide Content

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INTRODUCTION

This guide is intended to be used by state, local, and tribal public health professionals who are responsible for initiating public health response activities during the **first 24 hours** (i.e., the acute phase) of an emergency or disaster. It should be maintained by, and kept with, its primary user at all times. A small blank notebook or writing pad should be kept with this guide at all times to record thoughts and ideas generated through the use of the guide during the response to an incident. This guide is not intended to replace existing emergency operations plans, procedures, or guidelines. It is consistent with the doctrine, concepts, principles, terminology, and organizational processes in the *National Response Plan (NRP)* and the *National Incident Management System (NIMS)*.

The guide begins with a brief section on public health emergency preparedness assumptions. The next section provides guidance and information on public health emergency response actions that should be initiated during the first 24 hours of an incident. This section is divided into three response timeframes: Immediate (hours 0-2), Intermediate (hours 2-6 and 6-12), and Extended (hours 12-24). The final section of the guide lists ongoing public health functions and tasks that should be considered beyond the first 24 hours of the response to an incident.



PUBLIC HEALTH EMERGENCY PREPAREDNESS ASSUMPTIONS

To effectively respond to an emergency or disaster, health departments must engage in preparedness activities. Completion of the following activities prior to an incident is essential to a successful response effort:

- ✓ Establish close working relationships and mutual-aid agreements with:
 - Emergency Management Agencies (EMAs)
 - Emergency Medical Services (EMS)
 - Medical/health/behavioral care providers
 - Fire, law enforcement, and other federal, state, local, and tribal response organizations
 - Local Emergency Planning Committees (LEPCs)
 - State, regional, and tribal public health response coordinators
 - Neighboring health jurisdictions
 - Humanitarian/volunteer organizations
 - Private businesses
 - Academic institutions (schools of public health, medicine, nursing, etc.)
 - Other pertinent agencies/organizations
- ✓ Participate in hazard and risk assessments for your area(s).
- ✓ Conduct a capacity assessment defining the resources of the public health system in your community and those available through mutual-aid agreements.



PUBLIC HEALTH EMERGENCY RESPONSE FUNCTIONS AND TASKS DURING THE ACUTE PHASE

This section provides guidance and information on response activities that should be initiated during the first 24 hours (i.e., the acute phase) of most emergencies and disasters. Specific functions and tasks are divided into three response timeframes: **Immediate**, **Intermediate**, and **Extended**. The order in which these activities are undertaken may vary according to the specific incident, particularly during a biological incident or infectious disease outbreak. Because emergency response is a dynamic process, these activities may be repeated at various stages of the response.

Your health department should function as part of a larger overall emergency response effort. In most instances, your health department will not take the lead in responding to an incident. Your health department should always function within the incident management system used by your community.

The following guidance and information should be used as a reference until existing emergency operations plans, procedures, and guidelines are accessed. Each function and task outlined in the following sections of the guide should be accomplished in accordance with existing emergency operations plans, procedures, and guidelines.



Immediate Response: Hours 0 – 2

1. Assess the situation

Initiate the response by assessing the situation. Ask yourself the following questions and use a small blank notebook, writing pad, or other appropriate form(s) to record thoughts and ideas:

- Should public health become involved in the response? If so, in what way(s)?
- What public health function(s) has been or may be adversely impacted?
- What geographical area(s) has been or may be adversely impacted? Does it fall within your health department's jurisdiction?
- How many people are threatened, affected, exposed, injured, or dead?
- What are the exposure pathways?
- Have critical infrastructures been affected (e.g., electrical power, water supplies, sanitation, telecommunications, transportation, etc.)? If so, in what way(s)?
- Have medical and healthcare facilities been affected? If so, in what way(s)?
- Have public health operations been affected? If so, in what way(s)?
- Are escape routes open and accessible?
- How will current and forecasted weather conditions affect the situation?
- What other agencies and organizations are currently responding to the incident?



Intermediate Response: Hours 2 – 6

REMINDER!

As part of the community response effort, continue to perform the following activities:

- ✓ Assess the situation
- ✓ Review and update health response objectives
- ✓ Review, update, and follow the site safety and health plan
- ✓ Communicate with key health and medical agencies/organizations and neighboring jurisdictions
- ✓ Address requests for assistance and information
- ✓ Continue risk communication activities
- ✓ Stay apprised of legal issues
- ✓ Document all response activities



INITIATE THE FOLLOWING ACTIVITIES:

1. **Verify that health surveillance systems are operational**

Health surveillance systems should be fully operational to begin the process of data collection and analysis. Consider human subjects and privacy issues related to data collection, analysis, and storage.

2. **Ensure that laboratories likely to be used during the response are operational and verify their analytical capacity**

Laboratories likely to be used during the response should be fully operational to begin the process of specimen collection and analysis. Notify laboratories of any changes in activity during the response. Provide laboratories with lead time to prepare for sample testing and analysis.

3. **Ensure that the needs of special populations are being addressed**

Ensure that the needs of special populations are being addressed through the provision of appropriate information and assistance. Examples of special populations include:

- Children
- Dialysis patients



Intermediate Response: Hours 6 – 12

REMINDER!

As part of the community response effort, continue to perform the following activities:

- ✓ Assess the situation
- ✓ Review and update health response objectives
- ✓ Communicate with key health and medical agencies/organizations and neighboring jurisdictions
- ✓ Address requests for assistance and information
- ✓ Continue risk communication activities
- ✓ Stay apprised of legal issues
- ✓ Communicate with health surveillance and laboratory contacts
- ✓ Address the needs of special populations
- ✓ Organize health-related volunteers and donations
- ✓ Document all response activities



INITIATE THE FOLLOWING ACTIVITIES:

- 1. Collect and analyze data that are becoming available through health surveillance and laboratory systems**

Begin collecting and analyzing data that are becoming available through established health surveillance systems and laboratories, and evaluate any real-time sampling data. Communicate results to appropriate personnel in a timely manner through established operations plans, procedures, or guidelines.

- 2. Prepare and update information for shift change and executive briefings**

Initiate staffing plan and update contact information and rosters to be used by incoming personnel. Apprise incoming personnel of response actions being taken, pending decisions and issues, deployment of resources and assets, updated health response objectives, and current media activities.

- 3. Prepare for state and federal on-site assistance**

Prepare for the arrival of state and federal on-site assistance and for the integration of these personnel into the locally established response structure. Examples of such personnel include:



Extended Response: Hours 12 – 24

REMINDER!

As part of the community response effort, continue to perform the following activities:

- ✓ Assess the situation
- ✓ Review and update health response objectives
- ✓ Communicate with key health and medical agencies/organizations and neighboring jurisdictions
- ✓ Address requests for assistance and information
- ✓ Continue risk communication activities
- ✓ Stay apprised of legal issues
- ✓ Collect and analyze data through surveillance and laboratory systems
- ✓ Address the needs of special populations
- ✓ Organize health-related volunteers and donations
- ✓ Collaborate with state and federal on-site assistance
- ✓ Assess health resource needs and acquire as necessary
- ✓ Document all response activities



INITIATE THE FOLLOWING ACTIVITIES:

1. Address mental and behavioral health support needs

Initiate preparations for providing mental and behavioral health services, and social services, to health department staff, response personnel, and other persons affected by the event. Address required comfort needs of health department staff.

2. Prepare for transition to extended operations or response disengagement

Consider and assess public health functions and tasks that will need to be addressed beyond the first 24 hours (i.e., the acute phase) of the incident based on incoming data and developments. Your health department may be engaged in extended operations for lengthy periods of time. Also, begin developing a strategy for disengaging and demobilizing public health from the response effort based on the analysis and results of incoming data and existing response objectives.



ONGOING PUBLIC HEALTH EMERGENCY RESPONSE FUNCTIONS AND TASKS



This section provides a list of public health emergency response functions, tasks, and prevention services that may need to be implemented during an emergency or disaster beyond the first 24 hours (i.e., the acute phase) of the response. These activities should be considered regardless of the type of incident (i.e., natural or technological/man-made). The order in which these activities are undertaken may vary according to the specific incident, particularly during a biological incident or infectious disease outbreak, and geographic location. This information should be used as a reference until existing emergency operations plans, procedures, and guidelines are accessed.

- ✓ Environmental hazard identification
- ✓ Hazards consultation
- ✓ Epidemiological services
- ✓ Health and medical needs assessment
- ✓ Identification of affected individuals



TEMPLATE 1. DOCUMENTATION OF CONTACTS AND ACTIONS

This template allows for the creation of a running log through the documentation of contacts made and response actions initiated during the initial hours of an incident until existing forms or logs are accessed. All contacts, including unsuccessful attempts, and follow-up actions should be recorded below. The initial resulting record can be used to identify particular areas in your emergency operations plan, procedures, or guidelines that may need revision.

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Contacts	Date	Time	Actions/Comments
John Doe	1/1/05	0800	Requested PH Liaison to EOC.

Public Health Emergency Response Guide

Version 1.0



The Guide is Not...



- A comprehensive instructional “how-to” manual
- A substitute for public health emergency preparedness and planning activities
- Intended to replace existing emergency operations plans, procedures, or guidelines
- Strict protocols or procedures for public health emergency response



Anticipated Benefits to Health Departments



- **Enhancement of public health emergency response by:**
 - **Providing guidance & information on:**
 - **Initiation of public health response activities during onset of an incident**
 - **Integration of public health response into community emergency response**
 - **Immediate and long-term public health emergency response functions and tasks**



Anticipated Benefits to Health Departments (continued)



- Assisting with identification of hazards (natural and technological/man-made)**
- Assisting with identification of planning, preparedness, training & response needs**
- Increased awareness & understanding of roles & responsibilities of public health among response partners**



Acknowledgements



- HHS & CDC staff
- Working group members
- Consultancy forum participants
- Focus group participants
- Additional reviewers
- Other advisors, consultants & subject matter experts



**Electronic version of guide
and templates available at**

<http://www.bt.cdc.gov>

**Field version of guide
available in March 2005**

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Questions?

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