

PUBLIC HEALTH EMERGENCY PLANNING and RESPONSE

PUBLIC HEALTH ISSUE:

Public health professionals at all levels of government have a clear responsibility to ensure that threats to the health of the public are addressed in emergency plans and that response planning accurately reflects the capabilities of local and state public health entities. The New Hampshire Division of Public Health Services (DPHS) encourages the participation of local health officers as key stakeholders in local and regional emergency planning efforts.

Many emergencies and disasters result in threats to the public health. For example, flooding often contaminates individual septic systems, water supplies (private wells and public water systems), and sewage treatment plants. There may be a need to ensure that septic systems are still operating properly and provide information to residents about drinking water safety. A loss of electrical power can threaten the safety of food sold in grocery stores and restaurants and increase risk of illness among individuals with medical conditions. Every emergency, regardless of its cause, size or complexity, has unique aspects that need to be considered in order to respond effectively. However, thinking about and planning for emergencies from an “all hazards” approach results in emergency plans that are flexible, scalable, and effective regardless of what caused the event.

During the last decade federal, state and local governments have adopted an “all hazards” approach to plan for, and respond to, emergencies resulting from either intentional or unintentional acts. State and local governments in New Hampshire are among those adopting an “all hazards” approach.

Planning principles published by the Federal Emergency Management Agency (FEMA) refer to all hazards planning as being “based on the concept that while the causes of emergencies can vary greatly, many of the effects do not. Planners can address common operational functions in their basic plans instead of having unique plans for every type of hazard or threat. For example, floods, wildfires, HAZMAT releases, and radiological dispersal devices may lead a jurisdiction to issue an evacuation order and open shelters. Even though each hazard’s characteristics (e.g., speed of onset, size of the affected area) are different, the general tasks for conducting an evacuation and shelter operations are the same. Planning for all threats and hazards ensures that, when addressing emergency functions, planners identify common tasks and those responsible for accomplishing the tasks.”¹ Using this “all-hazards” approach facilitates defining the roles and responsibilities of local health officers in both local (i.e. municipal) and regional (i.e. Public Health Region) response plans.

¹ Federal Emergency Management Agency, Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide 101, November 2010.

A second essential element that is used during emergency planning is to base emergency plans on the everyday mission, capability and capacity of responding agencies and individuals. During planning, roles and responsibilities assigned to public and private agencies, including municipal governments, and the staff positions within those agencies are based on their day-to-day mission. While the organizational structure during a response may change - based on the concepts of the Incident Command System – the role each agency is expected to fill does not. For health officers this may mean that while the normal chain of command may be different, the expectations of what functions you will carry out are based on the knowledge and skills you use daily.

LOCAL AND REGIONAL EMERGENCY PLANING IN NEW HAMPSHIRE

In New Hampshire, the Division of Homeland Security and Emergency Management (HSEM) coordinates state-level planning and provides technical assistance to communities to develop local emergency plans. The Department of Health and Human Services (DHHS) is the lead state agency responsible for 2 of 14 Essential Support Functions (ESF) in the State Emergency Operations Plan. These are Mass Care, Housing and Human Services (ESF 6) and Health and Medical (ESF 8).

The DHHS' ESF 6 responsibility is to coordinate the emergency mass care activities of state and local partner organizations like the American Red Cross and others who assist with sheltering, feeding, and temporary housing. The DHHS also coordinates the delivery of other human services programs to assist disaster clients.

With respect to ESF 8, the DHHS coordinates public health activities that include: assessing the health needs of the affected communities; monitoring the affected population for signs of disease outbreaks; issuing guidance for medical providers about diagnosing and treating diseases; coordinating health-related services and supplies; laboratory testing of food products; coordinating food recalls; and environmental and radiological testing.

Locally, emergency planning and response is coordinated by a community's Emergency Management Director (EMD). Under state law (RSA 21-P:39) every municipality is required to appoint an EMD or these functions become the responsibility of the chief elected official (i.e. a mayor or Chair of the Board of Selectmen). Similarly, RSA 128:1 requires that every town appoint a health officer and that the health officer, along with the Board of Selectmen, constitutes the local board of health. This requirement does not apply to cities.

In most communities, the EMD is the chair of the local emergency management planning team. The team is usually comprised of representatives from other municipal departments that have a response role including the health officer, police, EMS, fire, welfare, and others. The team maintains an emergency response plan, provides training, and conducts exercises to evaluate their plans.

To complement state and municipal planning, public health-related emergency planning has been coordinated regionally since 2006 through the development of 15 Public Health Regions (PHR). The PHRs were formerly known as All-Health Hazards Regions and were renamed in 2010 to

acknowledge the broader range of public health services being offered using this regional structure. A Public Health Network (PHN) coordinator in each of the 15 regions coordinates public health preparedness planning. More detailed information regarding the PHN is provided in the section titled “Other”.

PHR emergency plans are developed by partnering with a broad range of local entities, including local government officials; hospitals and other health care providers; schools; community-based organizations and many others. This regional approach leverages the capabilities of health care and public health partners to meet the challenges presented by large-scale public health emergencies like pandemics or attacks using biological (i.e. anthrax) or radiological (i.e. a “dirty bomb) weapons.

Every PHR planning team is charged with developing and exercising public health focused plans to complement individual municipalities’ ESF 8 plans. These include: a Public Health Emergency Annex that can be attached to the municipal ESF 8 plan; appendices for community-based medical surge, mass vaccination or medication dispensing clinics, mass fatalities (only for naturally occurring disease like flu pandemic), and public information. During public health emergencies, PHRs will also activate Multi-Agency Coordinating Entities (MACE) to coordinate the regional public health response by serving as the link between municipalities and the State Emergency Operations Center. For more detail about the PHN’s go to www.nhphn.org

Beyond their municipal responsibilities, health officers should play an important role in this regional planning and any response. In many municipalities, town leaders expect that the health officer and emergency management director have participated in the regional planning process to ensure the town is both integrated into and supporting the response effort.

THE 15 PUBLIC HEALTH PREPAREDNESS CAPABILITIES

In March 2011 the Centers for Disease Control and Prevention (CDC) issued a new, overarching framework to be used by state and local public health emergency planners. Public Health Preparedness Capabilities: National Standards for State and Local Planning creates national standards that describe the functions and tasks that public health system partners need to be able to carry out as part of a comprehensive “all hazards” response. The NH DPHS has adopted this framework for use at both the state and regional level. For more information about the capabilities standards go to: <http://www.cdc.gov/phpr/capabilities/index.htm>.

ROLE OF THE LOCAL HEALTH OFFICER:

PLANNING FOR AN EMERGENCY

To assure adequate planning and response capacity for local emergencies, DPHS recommends the following role for health officers:

- Be an active member of your municipal emergency management team to ensure public health needs and issues are addressed. This provides the best avenue to ensure that the

responsibilities assigned to the health officer in the local emergency response plan are appropriate, based on local capacity, and linked to state and regional resources.

- Be an active member of your Public Health Regional planning team. Help to develop the PHR plans to stand-up mass vaccination or medication dispensing clinics and community based medical surge facilities that will provide services to your community. Understand the PHR plan to coordinate public information throughout the region to ensure the residents of your community have access to accurate information.
- Participate in assessments of buildings that have been selected to serve as shelters, mass clinics, or alternate medical care sites to ensure they meet health and safety standards.
- Develop a system to disseminate health-related information to residents. Use everyday opportunities to inform the public about issues like West Nile Virus or seasonal flu and to identify people and places where you can reach residents with public health information.
- Notify the DPHS at 271-5133 about any changes in your business or personal contact information so that the correct information can be maintained in the Health Alert Network (HAN). The NH DPHS uses the HAN to issue important updates and guidance during emergencies and for other public health matters. Your contact information is not used for any other purpose. See below for more information about the HAN.
- Become certified in the National Incident Management System (NIMS) as required by Homeland Security Presidential Directive 5. This directive requires that all personnel participating in emergency response activities complete 2 trainings: *Incident Command System*; and *an Introduction to the National Incident Management System*. These two trainings are offered both on-line and through the New Hampshire Department of Safety (DOS). On-line trainings are available at <http://training.fema.gov/EMIWeb/IS/crslist.asp>. Contact the DOS at (603) 271-2661 for more information about their training programs.
- Participate in other regional or statewide trainings and conferences to improve the skills and knowledge you will need to be an effective responder.
- Participate in emergency drills and exercises to test local and regional emergency plans.
- Stay current with routine vaccinations to protect your health.
- Attend training to use personal protective equipment (PPE) as appropriate to your position and response duties.
- Advocate for the resources you will need to carry out the basic missions assigned to public health.

RESPONDING TO AN EMERGENCY

- Assist with the closure of buildings as needed for sanitary and public health purposes.
- Ensure timely reporting of suspicious symptoms, illnesses, or circumstances identified by local medical providers or residents by facilitating reporting to the DPHS' Bureau of Infectious Disease (see Communicable Disease section of this manual for more detail). This is accomplished primarily by referring those with information about a known or suspect case to the Bureau.
- Assist in coordinating environmental and food samples being delivered to the NH Public Health Laboratories in Concord.
- Provide public health related support and expertise to the Public Information Officer, who is part of the municipal Incident Command System, with the goal of providing accurate health and safety information to the public and emergency responders.

- Provide technical advice to the municipal Incident Command on worker health and safety (i.e. heat stress, rest cycles, PPE).
- Follow recommendations from the NH DPHS about taking prophylactic (preventive) antibiotics or antivirals as recommended so that you can participate in emergency response efforts.
- Assume your pre-defined role as outlined in the PHR plans to implement a regional public health response.

RECOVERING FROM AN EMERGENCY

- Participate in post-event planning and operations to restore everyday public health services. Conduct sanitary inspections as needed of water supplies, housing, septic systems, public bathing facilities, and, in some communities, food establishments.
- Collaborate with response partners to issue and disseminate interim guidance on risk and protective actions by monitoring air, water, food, and soil quality, vector control, and environmental decontamination.
- Collaborate with response partners to disseminate information resources and messages to foster a community's return to self-sufficiency.

IMPROVING EMERGENCY RESPONSE

- Participate in local and regional post-event debriefings to identify strengths and areas for improvement in personnel, training, equipment, and organizational structure.
- Implement corrective actions related to public health and integrate these changes into the local emergency operations plan.

The NH Health Alert Network

The NH Health Alert Network (NH HAN) is a 24/7/365 comprehensive system for public health emergency communications, including notifications and alerts. It is a network of individuals involved in the creation of communications and response to communications around public health emergencies, as well as several hardware and software systems used for these communications. The network ensures that public health professionals and key response partners have relevant and timely access to information, including information necessary to respond to events that may have urgent public health consequences.

Health officers are a critical audience for HAN messages because they meet all of the three criteria used to determine who is enrolled in the HAN:

- The recipient has a legal obligation to respond to a public health incident.
- A public health incident is occurring in the recipient's jurisdictional area.
- The recipient's participation is essential for completing a public health intervention.

The HAN messages are sent through New Hampshire's primary communication alerting system called the Communicator!NXT which rapidly pushes out health alerts via telephone, fax, e-mail

and pager. In addition to sending out time-sensitive Health Alert messages, DPHS is now sending “Healthy Insights” messages that are focused on disease prevention/health promotion news for the medical community. Each issue features one topic, relevant for NH, and provides local data on that topic as well as short guidelines with useful links and/or materials for providers to use.

Health officers are automatically enrolled in the HAN using the public and private contact information listed on the form that was submitted when an individual is nominated to be the local health officer. All of that information is entered into the HAN system which can only be accessed by system administrators, infectious disease staff, and DPHS leadership on a “need to know” basis. It is essential for health officers to update their contact information when it changes by contacting the Community Health Development Section at the number below. For more information the HAN, contact the NH HAN Coordinator at 603-271-4596.

<p style="text-align: center;">Contact Information Community Health Development Section, 271-5133</p>
