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Public Health Preparedness
Core Concepts
Bio-terrorism’s Impact

- The FBI investigates acts of terrorism
- Federal funding goes through the State
- Criminal issues are handled by state police, county sheriffs, and municipalities
- County Boards of Health and the State Public Health Commissioner have certain “police powers” to restrict civil liberties
Newest Essential Service

• **Definition of Terrorism:** The unlawful use of force or violence against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives

• How is this different from Winslow’s social machinery?
State & Local Responders Coordinate Many Different Groups

- Health care providers and facilities
- Local and state health departments
- Emergency management agencies
- Search and Rescue, EMS, and HAZMAT
- Volunteers
- Law enforcement, National Guard
- State emergency management agency
- Political leaders
- Community service organizations

Photo by Will Tung. Creative Commons BY.
National Responders SUPPORT
State & Locals

- Health and Human Services (HHS)
- Centers for Disease Control and Prevention (CDC)
- Federal Emergency Management Agency (FEMA)
- Environmental Protection Agency (EPA)
- Department of Agriculture
- Department of Defense
- FBI

Photo by Xuan Qin. Creative Commons BY-NC-SA.
Emergency Operations Command

• County emergency operations command (EOC)
  – Activated by the county government
  – Includes police, fire, administrative, IP, health, Red Cross, operations, and communications support for emergency situations
  – Local health department is active member (or should be…)
  – DHS National Response Framework accepts as a “basic premise” that “incidents are generally handled at the lowest jurisdictional level possible.”
Emergency Response Seems Chaotic

- An emergency occurs and is detected by:

- Local citizen
- Health surveillance system
- Clinician/hospital
- Local health jurisdiction
- Calls 911
- Local emergency management office
- State health dept
- Local law enforcement
- Fire
- HAZMAT
- EMS
- State Emergency Mgt Dept
- FBI

Notes Available
National Response Doctrine Key Principles

- Engaged Partnership
- Tiered Response
- Scalable, flexible, and adaptable operational capabilities
- Unity of effort through Unified Command
- Readiness to Act

From http://www.fema.gov/emergency/nrf
Public Health Response Infrastructure

Prepared Workforce
They have competencies

Data & Information
A practiced plan and connections to other agencies

Systems & Relationships
Surveillance, partner contacts, & laboratory data

Adapted from Academy Health, June 8, 2004.
The Preparedness Cycle

Plan

Capability Building

Organize, Train, & Equip

Evaluate & Improve

Exercise

Adapted from http://www.fema.gov/emergency/nrf/ downloaded 5/6/08 from National Response Framework PDF.
The Response Process

Gain & Maintain Situational Awareness

Activate & Deploy Resources & Capabilities

Coordinate Response Actions

Demobilize

Adapted from http://www.fema.gov/emergency/nrf/ downloaded 5/6/08 from National Response Framework PDF.
Surge Capacity Definition

- A health care system’s ability
- To rapidly expand
- Beyond normal services
- To meet the increased demand for:
  - Qualified personnel
  - Medical care, and
  - Public Health
- In large-scale public health disasters
15 Emergency Services Functions

1. Transportation
2. Communications
3. Public Works, Engineering (Damage Assessment)
4. Fire Services
5. Emergency Management
6. Mass Care (Red Cross) Emergency Assistance
7. Logistics Management Resource Support
8. Public Health and Medical Services
9. Search & Rescue
11. Agriculture & Nat Res
12. Energy and Utilities
13. Public Safety & Security
14. Long-Term Community Recovery
15. External Affairs

Defined by PL93-288 as amended, “the Stafford Act”
NIMS and NRP

**NIMS**
- Aligns command, control, organization structure, terminology, communication protocols, and resources
- Used for all events

**NRP**
- Integrates and applies Federal resources, knowledge, and abilities before, during, and after an incident
- Activated only for *Incidents of National Significance*
Incident Command System

• ICS originated in fire services in the 1970s as FIRESCOPE
• ICS establishes a command and response organizational structure that all responder groups accept and understand
• On-scene, all-hazard concept that has been proven to succeed when applied properly
• Based on organizational best practices
• Interdisciplinary and organizationally flexible
• Appropriate for all types of incidents

Photo by Jenny Ryan. Creative Commons BY.
Functional Responsibilities: IFLOP

Incident Commander & Deputy Commander
Overall responsibility for managing event response

Finance & Administration Section
Cost accounting and procurement

Logistics Section - Provides support
(whether material or personnel)

Operations Section - Directs tactical actions

Planning Section - Collects/analyzes data; prepares action plans

Adapted by CTLT from Dan Barnett, Johns Hopkins Center for Public Health Preparedness.
What Do I Do Under Incident Command?

1. **Determine the Incident Commander**
   - Usually Health Officer or Designee

2. **Determine who you report to**
   - You may be working under a different supervisor and alongside or under individuals from other agencies.

3. **Receive your job assignment**
   - No matter what your job, all staff serve as eyes and ears for the Health Department, by communicating anything out of the ordinary.

4. **Get/bring supplies or specialized equipment**

5. **Use ‘clear text’ radio and phone communications**
   - No acronyms, or ‘codes’

6. **Organize and brief subordinates**

7. **Brief relief personnel**

8. **Complete required forms**

9. **Participate in debriefing**

Source: Dan Barnett, Johns Hopkins Center for Public Health Preparedness
Metropolitan Medical Response System