LOCAL HEALTH DEPARTMENT INTERIM GUIDE FOR PREPARATION AND EVALUATION OF TERRORISM PREPAREDNESS AND RESPONSE PLANS

12/27/01 New York State Department of Health

Introduction

Purpose

The purpose of this document is to provide a common reference and guidance source for:

1. New York State and local health departments in development of terrorism emergency response and preparedness plans.

2. New York State Department of Health and State Emergency Management Office and other agencies engaged in the review of State and local government plans and preparedness.

Background

The Department of Health has prepared this document as part of its responsibilities to oversee activities of local health departments and in recognition of the important role the local public health system has in response to biological, chemical and radiological agents used in terrorist attacks.

This document provides a template or outline to be used as guidance to complete a local health department response and preparedness plan. It is not a model plan. It uses and references several documents that have been prepared to provide guidance on emergency response and preparedness planning, biological and chemical terrorism response, and emergency response and preparedness assessment. These documents or excerpts from these documents are included as appendices.

They are:

- Criteria for Preparedness and Evaluation of Radiological Emergency Response Plans and Preparedness in Support of Nuclear Power Plants – U.S. Nuclear Regulatory Commission and U.S. Federal Emergency Management Agency - 1987.

- The Public Health Response to Biological and Chemical Terrorism – Interim Planning Guidance for State Public Health Officials – U.S. Department of Health and Human Services – Centers for Disease Control and Prevention - July 2001.

- Guide to All Hazard Emergency Operations Planning State and Local Guide – Chapter 6, Attachment G – Terrorism – U.S. Federal Emergency Management Agency – April 2001.

It should be recognized that as the Federal and State response plans are rebuilt and expanded to respond to the terrorist threat, local plans will need to be routinely reviewed and adjusted to integrate local health department preparedness and response activities with State and Federal plans.

Emergency Response Planning

A discussion of Basic Emergency Preparedness Planning is found in Appendix 1 of CDC's "Interim Planning Guidance for State Public Health Officials."

The County's emergency management agency is normally responsible for leading the effort to develop an all hazard Emergency Operations Plan (EOP). Your county should have an EOP and a health related EOP that should already be integrated with the existing county all-hazard plan. The County Health Department should work with their county's emergency management agency to develop a health related emergency operations plan.

If your department does not have a health related emergency operations plan (HEOP), it can be developed as part of the process to develop a terrorism response plan. It is vital that the terrorism and health related HEOPs that are developed be integrated with the County and State's emergency management and response systems.

Section I of the template is the outline of a health related emergency operations response and preparedness plan (HEOP) focusing on administrative issues and integration with existing county EOP's.

Section II and III of the template are specific to local health department readiness and response to biological, chemical and radiological terrorist threats.

Section IV contains the annexes and appendices that support the plan.

The template is constructed as an outline. The outline can be amended and expanded to respond to local and other emerging issues. Under each section of the outline a brief description of the content of the item and a series of evaluation criteria or questions are provided to guide the completion of the plan. Many of the items necessary to complete the HEOP require federal and state guidance and direction. As state plans are developed to deal with such issues as hospital preparedness, laboratory capacity and pharmaceutical stockpile distribution, guidance will be issued to local health departments that will enable you to complete your plan. These guidelines will specify federal, state, and local roles and responsibilities.

The plan should be kept as concise as possible. The EOP establishes roles and responsibilities and protocols to respond to emergency situations. Routine response procedures that standardize activities including surveillance or laboratory sample collection and related issues all should be formalized into Standard Operating Procedures (SOPs). SOPs are more detailed documents that should be included as an appendix to your EOP by reference. Applicable supporting and reference documents, tables and call-up rosters should be referenced in the EOP and included as appendices whenever possible. The plan should make clear what is to be done in an emergency, how it is to be done and by whom. Finally, the plan should be structured so that it is consistent with the Unified Command System (UCS).

Plan Content

The following is a Table of Contents that outlines the recommended content of a local health department EOP and terrorism response and preparedness plan.

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A) Bioterrorism Specific Readiness and Response Annex
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1) EOP Notification Roster
2) Standard Operating Procedures in Support of EOP
3) Memoranda of Understanding, Letters of Agreement
4) National Pharmaceutical Stockpile Distribution Plan
5) County Smallpox Response Plan
6) Water Supply Emergency Plan

Planning Standards and Evaluation Criteria

For each major topic in the template there is a brief description of the suggested content for that topic. These brief descriptions when combined with a series of topic specific questions create planning standards (brief descriptions) with evaluation criteria (topic specific questions). By using this method, completion of the plan and evaluation of the plan's content is simplified.

Counties that already have HEOPs and Terrorism specific response and preparedness plans can use the planning standards and evaluation criteria to determine if their plan is complete and cross- referenced to the State plan.

Section I – Introduction and Background

1. Purpose

Each plan should include a section outlining the purpose of the plan to aid in interpreting the rest of the document. The Statement of Purpose can be succinct, expressing the purpose in broad terms. Care should be taken, however, to ensure that there is no conflict between the Statement of Purpose and the body of the plan.

2. Planning Assumptions (Scope of Plan)

The plan should contain a section outlining any assumptions that are the basis for the plan. It also may include limitations that could degrade health and medical operations. Assumptions addressed might include the following:

- ♦ The local health plan should consider large-scale emergency and disaster events that would cause casualties or fatalities sufficient to overwhelm local medical, health, and mortuary services capabilities, thus requiring maximum coordination and efficient use of state regional (neighboring counties, private sector) and local resources.
- ♦ Public and private health and medical resources located in the affected jurisdiction may not be available for use during disaster situations. Many of these resources, including human resources, could be affected by the event.
- ♦ It may be necessary to relocate hospital and other healthcare facilities under difficult conditions to contingency field hospitals or to permanent or temporary buildings that can adequately protect patients and medical staff from the effects of the event.
- ♦ Volunteers will help perform some essential tasks; their efforts must be anticipated and coordinated.

The plan should briefly describe the major scenarios that form the basis of the threat assessment and public health planning. The threat assessment should be done in cooperation with local law enforcement. In the event that the scenarios predict similar casualties, these scenarios should be grouped into categories, and a uniform response strategy should be developed.

3. Legal Authority

The plan should cite all appropriate federal, state, or local public health statutes, ordinances, and regulations authorizing the preparation of medical and health services disaster plans. The plan should also cite the legal authorities for the following:

- Undertaking any actions necessary to protect public health and safety.
- Designating the name of the agency or titles of officials responsible for managing medical or health services during emergency operations.
- Enforcing quarantine of exposed individuals and isolation of ill persons, when necessary.
- Waiving the legal liability of, or providing immunity to, emergency workers, including volunteers.
- Providing disaster services by coroners, medical examiners, or mortuary workers.
- Providing for emergency procurement procedures and for access to, use of, and reimbursement for private–sector resources in an emergency.
- Re-entry criteria.

4. Preparedness Activities

The complexity of incident management, coupled with the growing need for multi-agency and multi-functional involvement on incidents, has increased the need for a single standard incident management system that can be used by all emergency planning and response disciplines.

Incident Command System (ICS) provides an important framework from which all agencies can work together. In any major incident, many local, state and federal agencies may become involved. The challenge is to get the various agencies to work together in the most efficient and effective manner.

The principles of the ICS will enable State and local emergency response agencies to utilize common terminology, span of control, organizational flexibility, personnel accountability, comprehensive resource management, unified command and incident action plans.

The ICS has considerable flexibility. It can grow or shrink to meet different needs. The system can be applied to a wide variety of emergency and non-emergency situations.

The organization of the Incident Command System is built around five major management activities. They are:

COMMAND Sets objectives and priorities Has overall public health responsibility for the incident or event
OPERATIONS Conducts public health operations to carry out the plan Develops the public health objectives Organizes resources and response Directs resources
PLANNING Develops the action plan to accomplish the public health objectives Collects and evaluates information Maintains resource status
LOGISTICS Provides support to meet incident needs Provides resources and other services to support the public health response
FINANCE/ADMINISTRATION Monitors costs related to incident Provides accounting Procurement Time recording Cost Analyses

These five major management activities are the foundation upon which the ICS organization develops. They apply whether you are handling a routine emergency, organizing for a major event, or managing a major response to a disaster.

The plan should identify, by title, the specific person and alternates authorized to manage the public health emergency response. It also should include the criteria by which the alternates will assume the duties of the person primarily responsible for managing the response. The plan should include 24-hour contact numbers and place of residence for each authorized emergency response manager.

The plan should include procedures for maintaining, recording and dating all changes made to the plan, a record of its distribution that shows the name and address of each recipient agency, the number of copies provided, and the date of transmittal. The plan also can include a record-of-receipt form that can be signed and returned by each party receiving a copy of the plan.

Maintaining an accurate record of receipt is imperative to ensuring that each version of the plan in circulation is the most recent. Thus, the distribution tracking system should be tied to a system for distributing changes and periodic updates to the plan. This latter system also can include record-of-receipt forms that are mailed with the change pages and returned to the agency distributing the revisions once the plan is revised.

The plan also should include a page for recording all changes made to the plan and standard operating procedures to implement the plan over time. This record should include a place for the appropriate signatories to confirm adoption of the changes.

The plan should require routine annual review and procedures for determining when the plan should be reviewed more frequently as a result of changing circumstances. This

section of the plan also should describe the methods that will be used to update the plan and detail the criteria that will be used to change the plan.

The plan should include a section for approval signatures. Determine whether any signing jurisdiction requires a notary seal or other attestation to validate the document.

This section of the plan should reference all existing interagency or interjurisdictional agreements concerning the public health emergency response. It also should describe the mechanisms for activating the provisions of the agreements and briefly explain the types of events that will trigger activation of any agreements. Finally, if limitations on activation exist, identify these limitations as well.

5. Training, Exercises and Drills

The plan should describe a training program for instructing and qualifying personnel who will implement the health related emergency operation plan. This plan should train local health department staff and other staff who are part of the local public health system in the standard operating procedures that operationalize the plan.

The plan should include a description of the initial training and periodic retraining programs.

The plan should provide for periodic exercises and drills of the HEOP to maintain key skills and to identify deficiencies.

An exercise should include mobilization of State and local personnel and resources adequate to verify the capability to respond to a terrorism scenario. The plan should provide a critique of the annual exercise. The scenario should be varied from year to year such that all major elements of the plans and preparedness organizations are tested within a five-year period.

The plan should include use of the HAN/HIN in their drills and training. These systems will provide important authoritative sources of data and information in an emergency. Local health commissioners as well as all local personnel that would be involved in an emergency response should be familiar with, and regular users of, the HAN/HIN. The Local Health Department should identify any additional staff who would need HIN/HAN access in an emergency and request HIN Ids.

Evaluation Criteria	Yes	No
1. Have you outlined the purpose of the plan?		
2. Have you referenced the major scenarios or scenario categories?		
3. Have you cited appropriate federal, state, and local public health authorizing legislation, ordinances, and regulations?		
4. Have you outlined any assumptions on which the plan is based?		
5. Have you assigned responsibility for necessary services and other identified key emergency public health functions?		
6. Have you identified specific individuals and alternates authorized to direct the public health emergency response?		

7. Have you referenced existing interagency or inter-jurisdictional agreements?		
8. Have you explained all abbreviations and defined key or unfamiliar terms?		
9. Have you included procedures for maintaining a record of plan distribution and a record of receipt form?		
10. Have you provided update guidance and a record-of-change page?		
11. Have you included a signature block?		
12. Does the local health department provide initial training and periodic refresher training for staff involved in implementing the HEOP?		
13. Does the plan provide for periodic exercises and drills? Are the drills and exercises evaluated to identify difficulties? Is the HIN/HAN used during the drill/exercise.		

Section II – Terrorism Related Readiness

1. Purpose

Readiness is the first phase of a terrorism emergency preparedness program. Its primary purpose is to rapidly identify infectious disease outbreaks, and to eliminate or reduce the effects of biological, chemical and radiological events.

Specific agencies on the Federal, State and local level with individual roles and responsibilities react and combine their resources with those of the private health care system to product an effective readiness program.

2. Operations (General Responsibilities)

The plan should identify key public health functions and assign responsibility for all essential public health services. The descriptions of each key function should include a clear, concise list of all agencies that have primary and support responsibilities. Specifically addressing local, state, central, and regional and federal roles and responsibilities.

All terrorism readiness plans must be mutually supportive, to allow all levels of government and the public and private health care system to recognize each other's capabilities, responsibilities and obligations. These issues can be categorized as follows:

- Federal/State
- State Regional/Local
- Local/Health Care System

3. Readiness Activities and Assignments

- Health Surveillance and Epidemiological Investigations

As with the overall planning process, development of enhanced surveillance and epidemiologic protocols requires collaboration in the local public health system (LPHS). The partners include state and local public health agencies, hospitals, health-care providers, medical examiners, animal health providers, pharmaceutical suppliers, emergency management agencies, and law enforcement agencies.

The plan should include algorithms for identifying which events should be investigated (including case definitions for those events) and how to investigate them (including methods and data sources for rapid case ascertainment under emergency conditions). The plan should identify whom to contact through the compilation and distribution of a directory of emergency resources and contacts (including state and local public health contacts, health-care providers, MMRS, law enforcement officials, etc.). Finally, the plan should distinguish how and to whom to disseminate information for appropriate action.

If not already in place, provide a well-publicized 24 hour/day system to facilitate disease reporting to the local and State Health Departments, especially for reporting diseases related to potential terrorism events. The State and local health departments should include rapid notification of key people (e.g., epidemiologist, laboratory director, and emergency management officials).

The first step toward information sharing is the effective collaboration among members of the LPHS. To accomplish this task, it is necessary to identify which agencies and organizations must be integrated as part of the LPHS. For surveillance purposes, the public health system is much more than state and/or local health departments. At the very least, the following organizations should coordinate information and share public health-related data:

Surveillance Partners:

State Health Department
Emergency Medical Services
Social service agencies
Hospitals
Nursing Homes, Adult Homes
Clinics and physicians
Epidemiologists
Home Health Care Providers
Laboratories
Large Employers
County/health departments
Dispatch/911
Volunteer organizations
Mental health professionals
Poison centers
Pharmacists
Veterinary services
Medical examiner/coroner
Schools

Coordination among these agencies and organizations can be enhanced through activities such as the following:

- Identify and distribute points of contact and communications information to critical response partners.
- Provide education about public health surveillance, disease reporting, epidemiology, and response activities related to bioterrorism to public health response partners.
- Collaborate on educational activities on topics related to bioterrorism preparedness for the general public or general medical community.
- Provide or promote in-service training or grand rounds for the medical community.
- Develop and implement collaborative surveillance projects by utilizing traditional and non-traditional data sources.
- Test the plan and involve all members of the LPHS.

Evaluation Criteria	Yes	No
1. Have you designated a coordinator to health surveillance and epidemiology activities relative to a biological or chemical incident?		
2. Can the coordinator be contacted 24 hours per day?		
3. Have you designated appropriate staff to conduct epidemiologic investigations in the event of suspected or confirmed biological or chemical incidents? 1. Rapid-response epidemiologic team? 2. Rapid-response laboratory team? 3. Real-time health surveillance set-up team (emergency or specialized)?		
4. Have designated staff been briefed on their mission, roles, responsibilities, and authorities?		
5. Have you assured the legal authority for surveillance of biological or chemical incidents by the following: 1. Including cases of diseases suspected or confirmed to be caused by high-priority bioterrorism agents on the reportable diseases list (anthrax, botulism, brucellosis, plague, smallpox, tularemia)? 2. Including any unusual disease or manifestations of illness on the reportable diseases list? 3. Including any unusual cluster of disease or manifestation of illness whether or not on the reportable diseases list? 4. Including the legal authority to conduct surveillance for any unusual cluster of diseases or manifestation of illness whether or not on the reportable diseases list?		
6. Have you distributed or publicized bioterrorism-updated reportable diseases lists to appropriate health-care providers?		
7. Have you developed an emergency or around-the-clock communications network to respond to biological chemical and radiological incidents, including the following: 1. Emergency or real-time reporting of biological chemical and radiological-related diseases or illness? 2. Immediate notification of surveillance/epidemiologic response personnel, such as state or local epidemiologist, laboratory director, and emergency management officials?		

3. Broadcast fax or e-mail capability or other means of emergency receipt and dissemination of information (e.g., Web site)? To health-care providers? To the public?		
8. Have you established communications with other health-care providers to develop local surveillance and response plans? **Check all that apply!** _ Emergency departments at hospitals or urgent care centers _ Hospital (Infection Control, Infectious Diseases, Laboratories, Pharmacies) _ Occupational health clinics _ Mental health agencies _ Pharmacies _ Epidemiologists _ Infectious disease specialists _ Health Maintenance Organizations _ Social services agencies _ Poison Control Centers _ Schools _ Large employers _ Veterinarians		
9. Have you established communications with law enforcement agencies to develop local surveillance and response plans? **Check all that apply!** _ State Police _ Local law enforcement (including NYS DEC ENCON Officers) _ Local FBI office _ Correctional facilities		
7. Have you established communications with emergency responders to develop local surveillance and response plans? **Check all that apply!** _ State Police _ Local law enforcement _ Local FBI office _ Correctional facilities		
8. Have you established communications with other agencies to develop local surveillance and response plans? **Check all that apply!** _ Emergency management agencies (local and state) _ Medical examiners, coroners, funeral directors		

_ Veterans Administration _ Military bases (Department of Defense, National Guard) _ Local food-safety inspectors N.Y.S. Department of Agriculture & Markets)		
9. Have you established communications with other available resources to develop local surveillance and response plans? **Check all that apply!** _ Laboratories (clinical, commercial, environmental, and veterinary) _ Poison centers _ Veterinarians		
10. Have you enhanced collaboration between public health and surveillance partners by the following: 1. Using broadcast fax or e-mail capability or other means of emergency dissemination of information (i.e., Web site)? 2. Identifying points of contact and communications? 3. Providing educational seminars about public health surveillance and what diseases to report and where, when, and how to report them? 4. Partnering on educational activities for the general public and general medical community about relevant conditions and syndromes and the role of public health in terrorism preparedness? 5. Providing in-service training or grand rounds on terrorism preparedness? 6. Partnering on collaborative surveillance projects?		
11. Have you trained public health staff on issues related to possible terrorism events, including surveillance, epidemiology, and infectious disease outbreak investigations?		
12. Have you developed or obtained training manuals for public health staff and Terrorism response partners?		
13. Have you conducted or participated in exercises to test the adequacy of the public health surveillance system and epidemiologic response?		
14. Have you developed or obtained and disseminated written protocols for epidemiologists and disease practitioners and local law enforcement to use in collecting and clinical and environmental storing laboratory samples?		
15. Have you identified a point of contact at local and state levels to answer questions about laboratory samples?		

♦ Health Care System Readiness

Local health departments must collaborate with their partners in the local public health system (LPHS) to effectively prepare and respond to terrorism events. Health care facilities, hospitals, and clinics are vital to a community's emergency response. Institution specific response plans should be prepared in partnership with State and local health departments.

Health care facilities may be the initial site of recognition and response to a terrorism event. Not only is rapid diagnosis and reporting of the illness vital, the facility's ability to treat, and implement infection control measures become critical to the public health system response. The local health department plan should describe the interaction and relationship between the institution specific plan and the local health department's plan. The institution specific plans should be an appendix to the local health department's plan.

Included in the attached documents is "Bioterrorism Readiness Plan: A Template for Health Care Facilities." This document provides detailed guidance on the content of an Institution Specific Plan.

The plan should describe how mass fatalities will be dealt with. Emergencies generating a large number of fatalities pose special challenges. Local health departments should work with medical examiners and coroners to develop protocols for dealing safely with a large number of casualties.

Evaluation Criteria	Yes	No
1. Have you communicated in advance with emergency department directors and hospital administrators in the community to facilitate coordination of emergency activities?		
2. Protocol for critical incident stress counseling for victims or response personnel, including public health and medical professionals.		
3. Protocol for decontaminating mass casualties (pre-hospital) and patients upon their arrival at the treatment facility.		
4. Protocol for ensuring that contamination of treatment facilities does not occur when patients are evaluated or treated		
5. Protocol for instituting mass isolation within a health facility		
5. Protocol for instituting mass vaccinations or medication distribution to first responders and to medical/health care providers.		
6. Protocol for responding to mass mortuary needs.		

<u>Patient Decontamination</u> - Emergency plans should incorporate provisions for performing effective decontamination at sites a safe distance from health care facilities as well as proximate to health care facilities, when necessary, after a terrorism event. The plan should define the role local health department personnel will play in decontamination. Effective public health planning and public health consultation during the threat or incident could substantially limit unnecessary decontamination and ensure that needed decontamination actions are timely, sufficient, and effective.

Evaluation Criteria	Yes	No
1. Have you identified the agencies responsible for patient decontamination?		
2. Have you established protocols for identifying when decontamination will and will not be required?		

3. Have you specified the public health community's role in ensuring that decontamination of potentially contaminated people is both timely and thorough?		
4. Have you identified the public health community's role in training medical personnel to decontaminate ill or injured people safely before their entry into a hospital setting?		
5. Have you established procedures for educating and informing the public of decontamination procedures in the event of a biological chemical or radiological incident?		
6. Have you worked with your medical examiner or coroner to develop protocols for balancing the competing interests of evidence preservation and decontamination of bodies for the immediate fatalities of a biological chemical or radiological incident?		

Mass Care - Although it is doubtful that local health departments would establish or manage mass care facilities directly, they should play a role in protecting the health and well being of displaced people. Health departments also should work with the organizations responsible for mass care to prevent injury to and illness among displaced persons.

Evaluation Criteria	Yes	No
MASS CARE		
1. Are you aware of the location(s) of identified mass care centers in your county?		
2. Have you worked with mass care providers to ensure proper documentation of all emergency and non-emergency medical care occurring at mass care centers?		

♦ Public Health Laboratory Capacity

Identifying and describing the capability and capacity of each public health, clinical, environmental, veterinary and other relevant laboratory located in or serving your jurisdiction should be the first step in the laboratory planning process. The local health agency should obtain from the Wadsworth Center the current contact information and capacity designation for such laboratories. This information should be updated on a regular basis.

Response plans should include a list consisting of each laboratory participating in the state laboratory network, its capability level, and the appropriate contact person as that list is generated by the Wadsworth Center. Such a network must include laboratories capable of receiving and testing samples or isolates for selected agents on a full time or 24/7 basis and providing confirmatory testing results. The Wadsworth Center is generally the appropriate laboratory to submit samples for this higher level of testing and can always be contacted to confirm appropriate referral routing.

Evaluation Criteria	Yes	No
1. Have you obtained from the Wadsworth Center's Division of Laboratory Quality Certification a listing of laboratories in your state laboratory network as provided by the Wadsworth Center, including the following: 1. Each laboratory's capability, test menu and designated capacity? 2. Contact information for each laboratory lead person (available on a 24/7 basis)? 3. Current contact for Wadsworth Center (available on a 24/7 basis)?		
2. In consultation with the Wadsworth Center, have you identified the laboratories serving in your county that have the capacity to begin testing within 4 hours and maintain testing 24 hours/day for select agents for a minimum of 3 days?		
3. Have you worked with the WMD Coordinator of your local FBI field office to establish guidelines for specimen or sample collection and transportation with necessary chain of custody procedures?		
4. Have you obtained from the Wadsworth Center and distributed guidelines and specimen routing forms for specimen collection, packaging, labeling, and shipping to state network and federal laboratories?		
5. Do you have a system in place to assure safely and efficiently transport samples between laboratories in our state laboratory network as designated by the Wadsworth Center?		

♦ National Pharmaceutical Stockpile/Mass Vaccination, Antibiotic Distribution

A release of selected biological or chemical agents will necessitate rapid access to large quantities of pharmaceuticals or vaccines and, possibly, other medical supplies. Unless special stockpiles are created, such quantities may not be readily available in the locations where they would be needed.

To ensure the effective distribution of stockpile assets, the state must develop Standard Operating Procedures (SOPs) for their receipt, security, and distribution. Detailed guidance for developing these SOPs can be obtained by contacting the State Department of Health or using the NPS planning tool available from the NDMS website. County Health Departments will need, as part of the planning process, to identify points of distribution and staff resources to operate the identified distribution center(s).

The local plan should be how vaccines, antibiotics and other pharmaceuticals needed for medical treatment will be distributed, including the qualified personnel to administer the medications.

Evaluation Criteria	Yes	No
1. Protocol for the receipt, security, and distribution of stockpile assets.		

♦ Environmental Health

Health departments and their local and state partners are the agencies directly responsible for dealing with the environmental sources and consequences of a biological or radiological, or chemical-related terrorism event. Public health officials have an important role to play in responding to incident and post incident related environmental issues. Site characterization, environmental decontamination, and determination of safe reentry levels have public health ramifications in which health departments should play an active advisory role.

The local health department's role in site characterization stems from its responsibility to monitor the public's long-term health and safety. Specifically, local health departments should work with the NYS DOH, Center for Environmental Health, Wadsworth Center, and the NYS Department of Environmental Conservation, to determine the source or location of the illness or outbreak and develop a sampling and testing plan to characterize the site so that necessary follow-up, and public health dose investigations can be accomplished.

The type, form, and amount of agent affects the decision of whether or not to decontaminate the environment. The State and local health department's participation in discussions about this matter will ensure that, when necessary, environmental decontamination is sufficient to ensure establishment and documentation of safe reentry into the area and that personnel protect themselves during decontamination activities.

Health departments should help determine whether an area needs to be cleaned up before reentry. When clean-up is necessary, the health department ensures that reentry levels have been defined and documented to protect people and animals reentering the area. Health departments also should determine any limitations on future land use or potential health concerns stemming from the event.

Evaluation Criteria	Yes	No
1. Do you have an agreement in place with the DOH CEH, Wadsworth Center and regional offices of the NYS DEC to develop a joint post-incident environmental sampling and testing plan?		
2. Have you obtained from the Wadsworth Center the identity and capacity description of environmental or other appropriate types of laboratories that are available to serve your locality?		
3. Have you developed procedures for ensuring that environmental samples, testing procedures and test results will meet public health study needs?		

4. Have you established in conjunction with CEH, WC and DEC protocols based on sound sampling and testing studies for identifying when environmental decontamination will and will not be required?		
5. Have you specified the role of the public health community in ensuring that environmental sample collection, sample transport, result interpretation and finally decontamination is done in a manner that protects workers and public safety?		
6. Have you identified how criteria for reentry into potentially contaminated areas will be established based on appropriate sampling and testing protocols?		

Section III – Terrorism Related Response and Recovery

1. Purpose

Consequence Management includes measures to protect public health and safety; restore essential government services; and provide emergency relief to governments, businesses, and people adversely affected by the terrorism event.

Response Phase Activities - The response phase of a terrorism event covers the initial actions taken as the result of an actual or potential release of an agent. This phase includes the actions taken to eliminate the source of the agent (if known), provision of medical treatment of those affected, and any measures taken to preclude the exposure of additional people, either through secondary exposure from contagious biological agents or, for chemical or radiological events, from environmental contamination. A variety of the response and recovery activities fall directly within the local health department's jurisdiction.

2. Consequence Management (Command and Control)

Command and Control - This section briefly explains the management structure used most often to direct on-scene emergency response activities. It is included to help health departments coordinate their efforts with other responding departments and on-scene activities.

An incident is managed through the actions of Command and Control. Whether the incident is small or large, Command and Control actions direct and/or control resources by virtue of explicit legal, agency, or delegated authority. The Command and Control structure most commonly used today in the United States is Incident Command System/Unified Command (ICS/UC). Incident Command manages a site. When a large area is involved, a Unified Command under an Incident Manager directs the Incident Commanders and integrates the federal, state, county and private resources into a coordinated response under the principles of the Incident Command System.

Portions of the at-large public health community, especially Emergency Medical Services (EMS), are familiar with and have played a role in the ICS. However, that familiarity may not apply to health departments and hospitals. Local health department officials

should gain a working knowledge of the ICS and UC for several reasons. Increasingly, traditional first responders are asking health departments to provide on-scene technical assistance for terrorism threats. Health department officials need to understand the roles and positions of their departments in the ICS structure to provide public health-related information through the appropriate functional group to the incident commander/manager. Whether on-scene or not, health department officials should understand the management structure through which their departments will most likely coordinate the management of public health issues and track patients.

The Incident Command System was described briefly in Preparedness. The following sections outline specific activities that should be planned to manage the event effectively.

Emergency Operations - The plan should identify the location from which the health department would conduct its emergency operations. This site should be secure and capable of 24-hour operations with sufficient equipment, backup power, and a communications system. Among other activities, health department personnel could coordinate the triage of patients and use of resources (e.g., bed space, staffing) among various health-care facilities.

In moderate to large-scale situations, the county may manage the response operations from a central Emergency Operations Center (EOC). Representatives from all responding agencies work at the EOC to coordinate policy decisions and manage necessary resources. In general, the EOC is activated when one or more of the following occur:

- Outside resources are needed to accomplish the work required by the incident.
- The incident requires the coordination of multiple agencies.
- The event covers a large geographic area, population or involves multiple jurisdictions.

The plan should designate, by title, the public health personnel (and alternates) responsible for staffing the local EOC and the procedures to coordinate with the State EOC when activated.

Conditions for Activation - Once public health activities are integrated into the local emergency plan, the plan should identify the official authorized (and alternates) to activate the public health provisions of the local EOP and designate a chain of command for activation.

The plan should specify events that trigger plan activation. Specific scenarios are not needed, but the plan should include generic guidance of the types or magnitude of events that trigger activation.

Interagency Coordination - The plan should describe the relationship between state and local response efforts. It should describe the circumstances when federal assets would be requested. The local health plan should describe procedures for coordinating the efforts of the various state and local agencies and other public and private agencies that are likely to respond to a terrorism threat or event.

Communications - The plan should include measures to ensure that public health agencies are capable of reliable communications with their own response personnel as well as with all other agencies involved in the emergency response.

The communications system should:

- Disseminate accurate information to first responders, health-care providers, and decision-makers;
- Include protocols for notifying state and adjacent EOC's in the affected area to facilitate communication and coordination in the event of a terrorism event;
- Include a sufficient number of radios and radio frequencies to facilitate communication between necessary organizations;
- Require that a contact list for all critical local and state public health, medical, law enforcement, and emergency management personnel (local public health system – LPHS) be developed, distributed as necessary, and verified at least monthly; and
- Include provisions to receive and disseminate information rapidly about diagnosis and patient management for high-risk terrorism threat agents to local and state health-care providers, hospitals, clinics, laboratories, and pharmacies.

Emergency communications must cover internal and external communications. Thus, the plan should accomplish the following:

- Describe the health department's capability to alert and communicate with its emergency personnel including those in the local health department, State, regional and central office, in the state EOC, and any field response units.
- Identify, by title, the person and alternates authorized to communicate and receive emergency information between the health department and other members of the local public health system.
- Identify, by title, the person authorized to communicate and receive emergency information between the health department, emergency response agencies, and emergency response personnel.

The local plan must include plans for data communications and HIN/Health Alert Network access.

The local EOC should have Internet access for e-mail and web. Internet access will allow access to the Health Information Network (HIN) and Health Alert Network (HAN).

Multiple and diverse Internet pathways to the HIN/HAN are recommended and the plan should describe how the pathways would be activated/accessed/used in an emergency. Three or more alternate paths would be best. Some examples of alternate paths include:

a. Frame relay
b. Dial-up ISP accounts
c. Broadband ISP service
d. ISDN (Integrated Services Digital Network)
e. Satellite

These alternate pathways can have secondary emergency response benefits. If there is an outage in voice phone services, the local health departments would still have access to the

Internet (and hence HIN/HAN) via cable service and the HIN/HAN secure discussion group system would provide an alternate means of securely communicating and exchanging messages and files with the State Health Department.

Incident Assessment - The plan should identify, by title, the person and alternates responsible for assessing the threat to public health and consequences of the incident. Also, it should describe how event-related data will be received and how the assessment information will be interpreted, distributed, and used. The plan should include information about the public health infrastructure existing in the county to expedite assessing damage and losses. The plan should also identify the staff that will be dispatched to the local EOC in the event a technical assistance team is needed or established.

Notification Responsibility - The plan should identify, by title, the person and alternates responsible for the following:

- Interagency notification.
- Notification of the news media.
- Notification of the public.

These people and their 24-hour contact numbers (e.g. telephone, pager) should be identified in the public health plan, even if those responsible for public notification or media coordination are not public health officials.

Notification Procedures - The plan should specify when and how key public health officials would be notified about the terrorism threat or event. It also should describe the notification and coordination procedures when multiple agencies or jurisdictions must be notified.

The plan should include a list of contacts and 24-hour access numbers for all key officials and agencies in the state. State Health Department duty officer number, central and regional office key individual contacts and other contacts should be included, where appropriate. At a minimum, the list should include the following:

- A 24-hour notification point of contact, with telephone and pager numbers, for each county and municipal health department in the state.

Ensuring that only up-to-date copies of contact lists are maintained within the response system is often difficult. The following actions can minimize reliance of out-of-date contact lists:

- Require that all emergency contact lists be reviewed at least monthly and updated whenever changes in personnel occur.
- Limit distribution of emergency contact list to those responsible for contacting emergency employees.
- Maintain a record of personnel who receive copies of the emergency contact list and directly provide updated copies of the contact list, when they are developed, to those people.

Public Alert - The plan should describe the procedures and means by which the public will be notified about a public health emergency. These notification procedures should

- Identify the Local Health Department's public information officer;
- Describe the means by which the public will be notified about a public health emergency and identify by title the person responsible for making all public announcements;
- Describe how the notifications will be coordinated, reviewed and approved for release with other response agencies;
- Provide for notification of language, sight, or sound impaired residents;
- Describe how the protective action messages will provide the details necessary for the public to implement the recommended protective actions and how to obtain additional/follow-up information; and
- Describe how the notification procedures will be tested at least annually.

Public Education and Emergency Public Information - If not already in place, the health department should develop a comprehensive public education program that covers public health matters of interest to the population. The program should include readily available information about reasonable risks associated with biological, chemical and radiological agents.

The public education program should be capable of providing health-related educational materials to county's non-English speaking residents. It also should ensure that published public education materials are regularly reviewed and revised, when necessary.

Local health departments must have established procedures for providing the news media with timely and accurate public information to expedite the release of emergency information in the event of a terrorism incident. To prevent the dissemination of inconsistent or conflicting data, one organization or person w/designated alternate(s) should be designated to coordinate all public information and speak to the news media.

Emergency public information can be coordinated through the use of a Unified Command Information Center (UCIC) central location where representatives of all responding agencies gather to coordinate the dissemination of information to the public and news media. The UCIC should be a vital component of a coordinated Unified Information System (UIS). The UIS should establish protocols for maintaining effective two-way information flow between the Public Information Officers staffing the UIC and the responding agencies operations personnel and decision-makers.

Worker Protection - Once an event has been identified, it is imperative that responders do not become victims. Those responding to the incident and dealing with patients must be protected appropriately. The plan should describe the personal protective equipment (PPE) necessary to protect local health department staff.

An employer is ultimately responsible for the safety of his or her employees. Employers accomplish this duty by enforcing worker protection standards that have been established by the federal Occupational Safety and Health Administration (OSHA) or its state-level counterpart. Health departments should provide post-event technical assistance to ensure that those responding to an incident scene, dealing with potentially contaminated casualties, or performing any necessary decontamination do so safely and in a manner

that protects the public. In order for this technical assistance to be effective, the health department should liaise with responder organizations for planning a terrorism event response as part of its pre-event planning.

Mental Health - Emergency situations place significant stress on both responders and victims. The plan should include provisions for identifying and obtaining mental health resources for those affected by an emergency situation. Special care should be taken to ensure that emergency personnel receive the mental health support they may need, especially when the response personnel or any of their family members are victims of the terrorism.

The acts of terrorist are deliberate. The knowledge that the deaths, illnesses, and injuries were intentional can intensify the mental health consequences of the event. Research indicates that children and the elderly react differently to disaster-related stress than do average adults. These differences should be considered and planned for in the provision of emergency-related mental health services.

Some response activities must be specific to the characteristics of the agent involved. Agent specific response activities should be specified in an agent specific annex to the plan. The annex should provide agent specific guidance for surveillance and epidemiology, laboratory analysis, and medical management of casualties.

For information to aid in the development of the biological, chemical and radiological specific annexes refer to: Annex A – "Bioterrorism – Specific Planning Guidance"; and Annex B – "Chemical-Specific Planning Guidance", The Public Health Response to Biological and Chemical Terrorism, Interim Planning Guidance for State Public health Officials", July 2001, and; "Management of Terrorist Events Involving Radioactive Material, Recommendation of the National Council on Radiation Protection and Measurements, issued October 24, 2001."*

*Information on this publication may be obtained from the NCRP website: http://www.ncrp.com or by telephone (800) 229-2652.

Evaluation Criteria	Yes	No
COMMAND AND CONTROL		
1. Have you designated a location for local health department emergency operations?		
2. Have you designated the public health employees responsible for staffing the local and/or state's Emergency Operations Center (EOC)?		
3. Have you described the relationship between state and local response efforts and the federal response efforts and described procedures to coordinate the efforts of the different levels of government during an emergency?		
4. Have you determined under what conditions the plan would be activated?		
5. Have you identified local health-care resources (e.g., beds, staffing, ventilators, vacant hospital buildings, laboratories and blood banks)?		

COMMUNICATIONS		
1. Have you explained how information will be disseminated accurately to first responders, the public, health-care providers, and decision-makers?		
2. Have you included the protocol for notifying EOCs in the affected area to facilitate communication and coordination in the event of a terrorism event?		
3. Have you identified sufficient radio frequencies at the state level to facilitate communication between necessary organizations?		
4. Have you developed, distributed, as necessary, and maintained a list of contact information for all critical local or state public health, medical, law enforcement, and emergency management personnel? a) Is the list updated at least monthly?		
5. Have you described the capability to disseminate information rapidly to local and state health-care providers, hospitals, clinics, laboratories, and pharmacies about diagnosis and patient management for high-risk terrorism threat agents?		
6. Have you described the health department's capability to alert and communicate with its field response units?		
7. Have you identified, by title, the person and alternates authorized to communicate necessary public health information among the health department and emergency response agencies?		
8. Have you identified, by title, the person and alternates authorized to communicate necessary public health information between the health department and other health agencies and organizations?		
9. Have you communicated in advance with emergency department directors and hospital administrators in the community to facilitate coordination of emergency activities?		
EVENT NOTIFICATION		
1. Have you identified, by title, the person and alternates responsible for the following: a) Assessing the public health consequences of the emergency incident? b) Accomplishing interagency notification? c) Notifying the news media or the public? (These people should be identified and contact telephone numbers included, even if those responsible for public notification or news media coordination are not public health officials.)		
2. Have you specified the notification process for key public health officials?		
3. Have you identified the ability to receive emergency notification and public health information on a 24-hour basis?		
PUBLIC ALERT		
1. Have you described the procedures by which the public will be notified of a public health emergency?		
2. Have you provided for notification of non-English speaking residents?		
3. Have you described how the public notification procedures will be tested at least annually?		

4. Have you described how the public protective action messages will provide the detail necessary to implement the recommended protective actions?		
PUBLIC EDUCATION AND EMERGENCY PUBLIC INFORMATION		
1. Has a comprehensive public education program on public health matters of interest to the population as well as the risks associated with biological or chemical agents been established? If yes… a) Does the public education program provide for the education of non-English speaking residents? b) Have procedures been established for revising the public education materials annually or whenever significant changes warrant revision? c) Have procedures been established for providing the new media with ongoing information about public health initiatives and public health-related emergency preparedness efforts? d) Have criteria been established for releasing information to the public about possible terrorism threats?		
2. Does a protocol exist for notifying or warning the community of potential hazards resulting from a biological or chemical release? If yes… a) Does this protocol have provisions for informing the public of what hazards to expect, what precautions to take, and whether evacuation or shelter-in-place is required? b) Has the protocol been reviewed with members of the new media? c) Does the public information program include procedures for releasing emergency information to non-English speaking residents in a timely and effective manner? d) In the event of a possible terrorism incident, has one organization or person been designated to coordinate or speak to the news media?		
WORKER PROTECTION AND MENTAL HEALTH		
1. Does the plan contain the following protocols:		
a) Protocol for identifying and obtaining mental health resources that will treat both responders and victims. b) Protocol for baseline and post-incident medical screening for all personnel involved.		
RESPONSE SPECIFIC PROTOCOLS		
1. Does the plan contain the following protocols:		
a) Protocols for convening police, fire, EMS, local hospitals, public health officials, members of the local emergency planning committee, EOCs, and other relevant parties on a periodic basis to review the content of the plan.		
b) Protocol for coordinating public health responsibilities with law enforcement responsibilities, including referral of specimens to laboratories, chain of custody, and return of specimens as evidence.		

c) Protocols for notifying interagency, media, and public of an emergency.		
d) Protocol for informing the public of population prevention measures which include: hazards to expect, precautions to take, requirements for evacuation or shelter-in-place.		
e) Protocol for credibility threat assessment process (in coordination with the law-enforcement agencies).		
f) Protocol for mutual aid agreements and interagency coordination.		
g) Protocol for implementing an emergency epidemiologic investigation for human and animal exposures.		
h) Protocol for implementing evacuation and mass casualty transportation.		
i) Protocol for initiating the public health response when a device is found that may contain a biological, chemical or radiological agent.		
j) Protocol for methods for collecting, handling, decontaminating transporting, preserving, and storing biological, chemical and radiological evidence, including maintaining the chain of custody and referral to state public health laboratory. Protocols for receiving and disseminating test results.		
k) Protocol for interviewing potentially contaminated or infectious victims.		
l) Protocol for protecting care-providers and victims from secondary exposures.		
m) Protocol for incorporating state and federal assets into the local response efforts.		
n) Protocols for requesting state or federal (civilian or military) pharmaceutical stockpiles.		
BIOTERRORISM SPECIFIC CRITERIA		
1. Have you identified state or local public health statutes, ordinances, or regulations that restrict movements of people who may have been exposed to a communicable disease?		
2. Have you determined the legal sufficiency of such statute, ordinances, or regulations? a) If no authority exists, have you developed plan for identifying and enacting necessary quarantine provisions?		
3. Have you developed plans to implement existing provisions that restrict movements of people who may have been exposed to a communicable disease? a) Do these plans include provisions for credentialing people approved for movement within the quarantine area?		
4. Have you developed a mechanism to review the effectiveness of these provisions and revise them in a timely manner to meet changing needs?		
5. Have you prepared a plan to utilize the federal regulations if state or local public health statutes, ordinances, or regulations that restrict movements of people are inadequate or absent?		