

## **FY06 Deliverables for Local Health Emergency Preparedness and Response Coalitions**

The following deliverables provide guidance and requirements for the Regional Public Health Coalitions on local and regional public health emergency preparedness planning activities for the upcoming year, ending August 2006. They are consistent with the Center for Disease Control (CDC) guidance and Health Resource Services Administration (HRSA) FY06 objectives related to local and regional planning. Completion of these deliverables is necessary in order to meet CDC and HRSA requirements for the upcoming fiscal year.

Some of the deliverables relate to objectives that the public health coalitions have been working on:

- Local and regional emergency response plans, including
  - Evaluating current local Comprehensive Emergency Management Plans (CEMPs) for public health preparedness and response integration
  - Emergency Dispensing Site Plans
  - Special populations planning
  - Risk communication planning
  - 24/7 coverage
  - Mutual aid

Local boards of health should also address other deliverables for goals and objectives that are emerging areas of emergency preparedness and response planning:

- All-hazards response planning
- Pandemic influenza response planning
- Continuity of Operations and Continuity of Government planning (COOP/COG)
- Cooperation and resource sharing between local health and hospitals

### **Regional Coalitions/Host Agencies**

The purpose of the regional coalitions is to facilitate planning and the sharing of resources. Participation in these activities is vital to the success of emergency preparedness public health planning and response in the Commonwealth of Massachusetts.

### ***Related Deliverables***

- Regional coalitions should designate, through the host agency, at least .5 full time equivalent (FTE) – either as an employee(s) or contractor(s) – to provide administrative support and other services (including purchasing, etc.) to support the coalition. The FTE may be “shared” among coalitions.
- The Host Agency/FTE will work with the coalitions and MDPH to implement and provide 24/7 coverage and notification of high-level emergencies (e.g., meningitis, rabies) to coalition members (see below.) Federal funds provided from

CDC may be used to support this activity.

- Regional coalitions should work with HRSA Hospital Coordinators to invite local hospitals to have a representative at coalition meetings.

### **Local All-Hazards Plans**

Local and regional plans must include all-hazards public health preparedness and response. Public health emergency plans are works in progress and should be continually reviewed and revised at least annually, and especially as personnel and resources change. *Planning must be done in conjunction with other agencies and local/regional organizations that have an emergency response role in the municipality.*

Local public health plans must include planning for all-hazards public health preparedness and response for chemical, biological, radiological, nuclear, and explosive events, and natural disasters.

Plans will be prioritized for Pandemic Influenza, Continuity of Operations/Continuity of Government planning, Emergency Dispensing Sites, 24/7 Coverage, Risk Communication, and Special Populations/Behavioral Health. A large portion of the planning necessary for any public health emergency will be addressed with these areas of concern. Once these over-arching areas are completed, event specific planning will be simplified and can build on existing plans.

- **Pandemic Influenza** - Pandemic influenza planning is a primary federal and state priority. It is assumed that a pandemic influenza outbreak may significantly impact all communities, over-taxing support systems, impeding public and private sector operations, and significantly reducing response capabilities by affecting first responders and other government workers.
- **Continuity of Operations/Continuity of Government Plans** - In any large disaster or infectious disease event, including influenza pandemic, multiple town officials, including public safety, public health, and town administration, may become unable to work. Continuity of Operations/Government planning is essential to maintain basic and emergency response services to the municipality and region.
- **Emergency Dispensing Sites** - Municipalities and Regional groups must finalize Emergency Dispensing Site plans.
- **Emergency 24/7 coverage and response** - Local health departments need to finalize plans to address 24/7 coverage to respond to emergencies at the municipal level and regional level.

- **Risk communication** - Mechanisms for communicating information should be addressed before an emergency situation.
- **Special populations** - Municipalities must ensure that populations with special needs are not only included in local emergency plans, but that a methodology for communication and provision of services exists and is tested during local exercises and drills. Guidance on identifying and reaching out to special populations has been developed and distributed to local health agencies. Further guidance from MDPH and CDC will be forthcoming.
- **Behavioral Health** - Municipalities should also include provisions in their plans for behavioral health issues that will present during a disaster - both for community members and first responders. MDPH, in conjunction with the Massachusetts Department of Mental Health, has developed statewide protocols for a behavioral health disaster response. Municipal officials are encouraged to contact either MDPH or MDMH for information on the resources that are available.

### *Related Deliverables*

- Evaluate the local Emergency Dispensing Site (EDS) facility/site plan by **December 15, 2005**, using an evaluation form that will be provided to all regional coalition members.
  - Complete written plans for EDS activation by **January 31, 2006**.
  - After written plans are completed, put operational information into place, e.g., risk communication tasks, identification and coordination with special populations, names of volunteers, specific job functions, memoranda of understanding with local businesses, etc. Attach this information to written plans. Complete all other operational planning and activities by **June 1, 2006**.
- Complete Local Continuity of Operations and Continuity of Government plans for municipality by **January 31, 2006**.
  - COOP/COG planning templates are being finalized for distribution to municipalities and other organizations. They will be provided to regional coalitions by October 30, 2005. Plans may be modified to include regional assistance as these plans are finalized.
- Review MDPH protocol regarding the reporting of influenza mortality data to MDPH (if requested during influenza pandemic). Regional trainings will be conducted by MDPH once the protocol becomes available and distributed to the regional coalitions.

- Assess current public health employee and contractor roles and responsibilities related to all-hazards public health emergency response by **January 31, 2006**. Continue on-going employee education to ensure competencies are in place for effective response.
- Identify and train a public health information officer (or designated spokesperson) to provide public health information to the public, the media, and/or a municipal public information officer no later than **January 31, 2006**
  - Create applicable media contact lists (found in Risk Communication template), agreements with media outlets, and develop and collect appropriate messages (such as emergency dispensing site procedures) by **June 1, 2006**.
- Complete call-down lists, emergency contacts, and protocols must be completed and implemented for local use. Provide a copy of lists, plans and protocols to the Regional Coordinator by **December 15, 2005**.
- Complete Special Populations and Behavioral Health plans by **August 1, 2006**.
  - Medication plans
  - Evacuation plans
  - Communications plans
- Complete local public health all-hazards plans and submit them to the Regional Coordinator by **July 1, 2006** for evaluation.
  - Templates for all-hazards planning are available for use by local public health agencies that wish to use them.

### **Mutual Aid**

Currently, public health mutual aid agreements must be approved by local government (Town Meeting or City Council.) Sample mutual aid templates are being developed through a collaborative state and local health effort. These templates will be distributed through to coalition members to assist in the discussions. Mutual aid agreements will assist local public health agencies in addressing 24/7 coverage and response, continuity of operations/continuity of government and large-scale events and are a primary CDC objective.

### ***Related Deliverables***

- Work with local town counsel and the region to identify and resolve local impediments to public health mutual aid agreements for local and regional emergency response.
- Develop and propose a warrant article, in accordance with local deadlines, for Town Meeting or for approval by City Council (follow applicable local by-law procedures) to allow Local Public Health to enter into Mutual Aid agreements with other municipalities. Draft model warrant article language is being

developed and will be distributed to Regional Coalition members.

### **Training**

Coalitions must continue to provide training and education opportunities to coalition members in accordance with the needs identified during the Needs Assessment, including, Health and Homeland Alert Network (HHAN), risk communication, hazardous materials, personal protective equipment, OSHA, Incident Command and National Incident Management Systems.

### ***Related Deliverables***

- **Incident Command System Training (ICS 100) and National Incident Management Systems (NIMS IS-700)** Federal Homeland Security Presidential Directive (HSPD5) requires completion of ICS and NIMS training<sup>1</sup>. In addition, Governor Mitt Romney signed an Executive Order on September 29, 2005 establishing NIMS as the standard for incident management in the Commonwealth and requiring that all cities and towns adopt and implement NIMS as a condition of receiving federal preparedness grant awards.
  - Each Board of Health member, employee, and contractor with emergency response functions identified in his/her job description must complete Incident Command System (ICS 100)<sup>2</sup> and National Incident Management System (NIMS IS-700)<sup>3</sup> training by **June 30, 2006**.
  - A copy of the Certificate of Completion from each course should be provided to the coalition host agency, Regional Coordinator, and the local Emergency Management Director.
    - Local Emergency Management is conducting an assessment (NIMCAST) of local government employees to ensure compliance with the NIMS directive in each municipality.
  - Attend other trainings provided throughout the regions related to the topics identified in the “Training” paragraph.

### **Exercises**

- Regional response plans must be tested through a minimum of two exercises to be run regionally/statewide and approved by MDPH. The provided scenario may include a functional hospital area. Exercises must comply with Homeland Security Exercise Evaluation Program (HSEEP) requirements. Exercises must be

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<sup>1</sup> <http://www.fas.org/irp/offdocs/nspd/hspd-5.html>

<sup>2</sup> <http://www.training.fema.gov/emiweb/IS/is100.asp>

<sup>3</sup> <http://www.training.fema.gov/emiweb/IS/is700.asp>

completed before **June 30, 2006**.

**Regional Planning**

- Complete a regional emergency preparedness and response plan. The regional response plan will be developed within communities in the coalition, representing either a complete public health coalition or sub-coalition. Plans should include:
  - Preliminary or finalized mutual aid agreements to facilitate the investigation and control of diseases dangerous to the community (in accordance with M.G.L. Chapter 111, Section 104) across the Region.
  - Regional 24/7 emergency response coverage
  - Regional Continuity of operations and continuity of government plans.
  - Regional Plans must be submitted for review to the Regional Coordinator by **August 31, 2006**.

**Meetings**

Meetings are conducted to provide essential information to regional coalitions to assist and inform the emergency preparedness planning and response process.

- Representatives of the coalitions and host agencies must attend quarterly statewide Regional meetings.
- Coalition members should attend a summit on hospital/Board of Health interactions during an emergency response. This summit will be scheduled in Spring of 2006.

<b>Calendar of Deliverables by Due Date</b>		
Month	Deliverable	Local/Regional
December 2005		
15	Evaluate EDS site	Local
15	Provide local 24/7 contact information to Regional Coordinator	Local
31	Hire host agency .5 FTE	Regional
January 2006		
31	Complete Local COOP/COG	Local
31	Complete written EDS plans	Local
31	Assess job descriptions, Call-down lists, protocols, etc. On-going education	Local
31	PIO identified and beginning training	Local
June 2006		
1	Complete EDS Operational work	Local/Regional
1	Establish Risk Communication contacts, agreements, messages, etc.	Local
30	All exercises/drills completed	Regional

July 2006 1	Complete written all-hazards plan	Local
August 2006 1 31	Complete Special Populations plan Complete written Regional plans	Local Regional
Ongoing	Meeting Attendance Training, Exercises	Local/Regional
Per Local Deadlines	Local legislation for Public Health Mutual Aid	Local