

PREPARE FOR, RESPOND TO, AND RECOVER FROM PUBLIC HEALTH EMERGENCIES

Prepare for, Respond to, and Recover from Public Health Emergencies (ER) - Public health issues are inherent in community disasters. Iowa's public health system must be prepared to respond to public health threats, disasters, and emergencies and be ready to assist communities in recovery. The critical activities in this component involve preparedness and planning with community partners to respond to public health emergencies, including environmental-related emergencies. Some activities that are utilized in general public health matters but also during an emergency (e.g., epidemiological surveillance) are addressed in other component standards as well.

- Standard ER1** - Maintain and update the Public Health Emergency Response Plan.
- Standard ER2** - Participate in local and regional multidisciplinary response planning groups.
- Standard ER3** - Annually test the Public Health Emergency Response Plan.
- Standard ER4** - Assure public health preparedness through education and training.

STANDARD ER1 - MAINTAIN AND UPDATE THE PUBLIC HEALTH EMERGENCY RESPONSE PLAN.

ER1a-L - Annually review and update the Public Health Emergency Response Plan.

ER1b-L - Secure approval of the local Public Health Emergency Response Plan from local board of health, local board of supervisors and local Emergency Management Agency (EMA) Manager at a minimum of every three years or upon substantive change. Provide a copy of the plan to the EMA.

The county Emergency Management Agency assists public officials, emergency responders, public health, schools, hospitals, industry, and the public to promote emergency preparedness, and assists with the coordination of disaster response and recovery operations.

ER1c-L - Assure that the Public Health Emergency Response Plan meets the minimum requirements as established by the state public health department.

LOCAL CRITERIA

(1) Minimum requirements to be included in the Public Health Emergency Response Plan:

- Minimum equipment/supplies for public health emergency response
- Standard operating procedures (SOP) for Point of Dispensing
- Continuity of Operations (COOP)
- Memorandums of understanding (MOU) with private and public resources
- Surge capacity to include staff, equipment, supplies, and demonstrate inter-agency collaboration and links
- Role of public health in mass care
- Role of public health in behavioral and counseling services
- Quarantine and isolation SOP
- Role of environmental health response
- Identification of whether county is signatory of Iowa Mutual Aid Compact (IMAC) and how it impacts public health's ability to respond
- 24 hour, seven days a week, and 365 days a year contact person available to respond
- Position descriptions for volunteers
- Job action sheets for all roles
- Procedures to verify credentials for licensed professionals
- Epidemiological surveillance and response and procedures for notifying appropriate agencies of identified clusters and trends. Examples of appropriate agencies: hospitals, clinics, and Emergency Medical Services (EMS).
- Identify public health role in investigation, recovery and mitigation of all public health emergencies
- Public Information Officer and risk communications

(2) Standard operating procedures (SOP) are detailed instructions for carrying out specific responsibilities in an emergency response plan.

(3) The Public Health Emergency Response Plan may assign entities other than the designated local public health agency with the primary responsibility for components of the plan. For example, another entity may have primary responsibility for mass care. In that case, the designated local public health agency would be responsible to address public health needs that arise during a mass care situation.

ER1a-S - Annually review and update the State Public Health Emergency Response Plan.

ER1b-S - Assure that the State Public Health Emergency Response Plan meets the minimum requirements as established by Homeland Security and Emergency Management, the Department of Health and Human Services, and the Centers for Disease Control and Prevention (CDC).

Minimum requirements to be included in the Public Health Emergency Response Plan:

- Minimum equipment/supplies for public health emergency response
- Standard operating procedures (SOP) for Point of Dispensing
- Continuity of Operations (COOP)
- Memorandums of understanding (MOU) with private and public resources
- Surge capacity to include staff, equipment, supplies, and demonstrate inter-agency collaboration and links
- Role of public health in mass care
- Role of public health in behavioral and counseling services
- Quarantine and isolation SOP
- Role of environmental health response
- 24 hour, seven days a week, and 365 days a year contact person available to respond
- Job action sheets for all roles
- Procedures to verify credentials for licensed professionals
- Epidemiological surveillance and response and procedures for notifying appropriate agencies of identified clusters and trends. Examples of appropriate agencies: hospitals, clinics, and Emergency Medical Services (EMS).
- Identify public health role in investigation, recovery and mitigation of all public health emergencies
- Public Information Officer and risk communications

ER1c-S - Review and update the local public health agency (LPHA) emergency response plan template annually.

ER1d-S - Review and update any guidelines and templates distributed to hospitals and Emergency Medical Services annually.

ER1e-S - Review local plans annually to ensure template changes are incorporated.

ER1f-S - Coordinate with Homeland Security and Emergency Management Division (HSEMD) to assist LPHA and hospitals to work with local EMA for public health emergency response plan development and approval.

ER1g-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the Public Health Emergency Response Plan.

ER1h-S - Secure approval of state public health emergency response plan from state board of health and HSEMD at a minimum of every three years or upon substantive change. Provide a copy to HSEMD.

STANDARD ER2 - PARTICIPATE IN LOCAL AND REGIONAL MULTIDISCIPLINARY RESPONSE PLANNING GROUPS.

LOCAL CRITERIA

ER2a-L - Collaborate with local multidisciplinary response partners that may affect emergency response for updating and reviewing emergency response plans at a minimum of two times a year.

Local multidisciplinary response groups include but are not limited to: EMA, EMS, law enforcement, fire, and hospital and elected/appointed officials.

ER2b-L - Assure public health representation is available for the Emergency Operations Center (EOC) for any event with public health implications.

ER2c-L - Collaborate with regional multidisciplinary response partners that may affect a regional emergency response for updating and reviewing local emergency response plans at a minimum of one time a year.

Regional is defined as surrounding counties and/or states that are in a geographical area proximate to the designated LPHA.

STATE CRITERIA

ER2a-S - Collaborate with state multidisciplinary response partners that may affect emergency response for updating and reviewing emergency response plans at a minimum of two times a year.

State multidisciplinary response partners include but are not limited to: HSEMD, CDC, DHS, FEMA, IGOV, DNR, IDALS, DPS, and DAS.

ER2b-S - Collaborate with Homeland Security and Emergency Management Division (HSEMD) to encourage local EMA managers include public health and hospital representation in the Emergency Operations Center (EOC).

ER2c-S - Assure state public health representation is available for the EOC for any event with public health implications.

ER2d-S - Collaborate with appropriate multidisciplinary response partners and other areas that may affect a regional emergency response at a minimum of one time a year.

STANDARD ER3 - ANNUALLY TEST THE PUBLIC HEALTH EMERGENCY RESPONSE PLAN.

LOCAL CRITERIA

ER3a-L - Participate in actual events or plan, implement, and evaluate one exercise with other appropriate response partners.

- (1) Examples of testing a portion of the plan include: activate the call tree, discuss Point of Dispensing set-up, and review quarantine and isolation procedures.
- (2) An actual event is defined as an event that is not planned. This criterion can be met with one or multiple exercises.

STATE CRITERIA

ER3a-S - Develop standardized exercise tool-kit for local public health agencies and hospitals, review the tool kit annually, and update as needed.

ER3b-S - Participate in actual events or plan, implement, and evaluate one exercise with other appropriate response partners.

ER3c-S - Provide technical assistance, consultation, and resource referral for local public health agencies and hospitals regarding the testing of the Public Health Emergency Response Plan.

STANDARD ER4 - ASSURE PUBLIC HEALTH PREPAREDNESS THROUGH EDUCATION AND TRAINING.

LOCAL CRITERIA

ER4a-L - Assure that staff members responsible for components of the Public Health Emergency Response Plan receive annual training regarding their role in the Public Health Emergency Response Plan and document their training participation.

Examples of training include: National Incident Management System (NIMS) compliancy; basic EPI; proper use of Personal Protective Equipment (PPE); Bio-Chemical Threat Agents; isolation and quarantine; risk communication; Health Alert Network; and hazardous materials awareness.

STATE CRITERIA

ER4a-S - Provide technical assistance, consultation, training sessions, and resource referral for public health and hospital training needs.

ER4b-S - Assure that state public health department staff members responsible for components of the Public Health Emergency Response Plan receive annual training regarding their role in the Public Health Emergency Response Plan and document their training participation.

ER4c-S - Identify and disseminate relevant information about promising and best practices for public health preparedness.