Boot Camp Southeast for Librarians

Public Health Emergency Preparedness and Response

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Objectives

At the end of this lecture you will:

1. Understand how Public Health came to have response roles
2. Understand what emergencies Public Health respond to
3. Understand how Public Health responds to these emergencies
4. Have a basic knowledge of the Medical Reserve Corps and Citizen Emergency Response Team
5. Understand the importance of Academic and Practice partnerships to emergency response
Do you remember what you were doing on 9/11/2001?

- Do you have an emergency Kit? What is in it?
- “One of the best things we can do in preparing for an emergency is to make sure everyone knows how to take care of themselves...” Athens/Clarke County Emergency Manager 2015
Public Health is New to the list of “First Responders”


• Includes National Response Framework

• Emergency Response Functions

• Outlines National Incident Management and Incident Command System
“The National Response Framework”  What it does….

Lays down the basic premise that:

- All Emergencies are local....need to prepare for 72 hours before Federal assets can be mobilized
- It provides structural framework for all-hazard, multi-jurisdictional responses
- It provides a command framework that expands or contracts to meet response needs
- Provides for “plain language” communications.
Guiding principles that enable all response partners to prepare for and provide

A unified national response to disasters and emergencies – from the smallest incident to the largest catastrophe.

A comprehensive, national, all-hazards approach to domestic incident response”

Support Functions:

- ESF 8: Public Health and Medical Services: PRIMARY FOR PUBLIC HEALTH
- ESF 6: Mass care, Emergency Assistance, Housing and Human Services: SUPPORT

It Establishes…..

What we respond to
Chemical, bacterial, viral, and radiological agents...  
...it began with Anthrax

- Anthrax
- Botulism
- Brucella (Brucellosis)
- Cholera
- Coxiella Burnetii (Q fever)
- Ebola/hemorrhagic fevers
- Salmonella
- Glanders

- Lassa Fever
- Plague
- Ricin Toxin (Castor Beans)
- Shigella
- Small pox
- Tularemia
- Typhus
- Viral encephalitis
Agents that can be refined and weaponized

Name that agent...
Later on... Pandemics

- Pandemic Planning
  - H5N1 (planned for)
  - H1N1 (reality)
  - “Not if ....but when
- Currently:
  - Coronavirus (SARS and MERS is a Corona virus)
  - Ebola
  - Zika
Then came Radiological /Nuclear sheltering and Decontamination

- Threat of nuclear proliferation
- "Dirty Bombs"
- Japan Nuclear Power plant scenario

UGA CPH, CDC, Athens/Clarke Co. Radiation Drill
Everyday local response:

Decontamination:
Organophosphate transportation

Meds into people:
How we respond
ESF 8: Strategic National Stockpile

• In response to Anthrax (48 hours)

• A cache of medical supplies (12 hour push-pack) to respond to any public health emergency.

• Requested by Governor.

Added Chempack (Nerve agent response)
How we respond:
Our Response
Partners:

- FEMA, GEMA, EMA
- Hospitals
- Schools
- State and Local Government
- Ports of Entry
Response Levels: Local
Resources are overwhelmed State and Federal Resources are requested

Points of Dispensing (PODs)
Pull in or Push out

SNS Plans

• Anthrax: Points of Dispensing for Mass Prophylaxis

• Nerve Agent: Decontamination and Mass Prophylaxis

• Pandemic Influenza Plans: Points of Dispensing for Mass Prophylaxis

Radiological/Nuclear

• Modified PODs for Radiological Nuclear Decon and Sheltering
Response Levels: State

Local evacuation and shelter plans activated

State level plans:

- Governor Declaration: Procurement of resources from Federal Level (FEMA)
- Movement of Resources to local level
Response levels: Federal

Procurement of assets (Including persons with scientific knowledge)nationally and internationally.

Movement of Resources to State and Local jurisdictions
In order to have effective plans, they must be tested through exercises, usually in this order:

- Informational Seminars with response partners
- Table Top exercises (TTX)
- Drills (Drill)
- Functional exercises (FEX)
- Full scale exercises (FSX)
Medical Reserve Corps and Community Emergency Response Team

- Population of Georgia as of 2010 Census:
  - 9,687,653
- In an Anthrax scenario: 48 hours to get meds into people
  - 72 hours to get people sheltered
- HOW???????

Volunteers!!!
Public Health Response

Academic and Practice Partnerships

The Librarian’s role
Bridging the Academic Practice Gap

Practice agencies need:

• Search and research skills
• Learn to evaluate information
• Access to information and evidence for practice initiatives
• Access and knowledge about IT resources
• Grant writing skills
• Training expertise

Poster from the National Association of County City Health Officials Disaster Preparedness Summit - National Library of Medicine
A BRIEF TTX
Scenario #1:

Your agencies have been receiving calls from and seeing an alarming number of patients presenting with fever of 102 degrees, coughing, runny nose and breathing difficulties. Some have been hospitalized and are on ventilators.

• What do you think this might be?
• Would mass prophylaxis needed?
• If so, what type of Point of Dispensing?
• What impacts do you think this emergency will have?
• What type of messages does your agency need to get to the public?
Resources

Centers for Disease Control and Prevention
- http://emergency.cdc.gov/
- www.ready.gov

Medical Reserve Corps
- http://www.medicalreservecorps.gov/HomePage

Community Emergency Response Team
http://www.osep.uga.edu/CERT_students/UGA_CERT_Program_-_Community_Emergency_Response_Team.html

Federal Emergency Management Agency