CHAPTER 30
Emergency Preparedness

Board of Health Role at a Glance

Local Boards of Health are responsible for protecting the health and safety of their communities from a variety of public health emergencies, both naturally occurring (e.g., infectious diseases such as pandemic influenza) and man-made, such as "dirty" bombs or acts of terror. In order to protect communities, Boards of Health must strengthen the local public health infrastructure and develop plans for responding to different hazards and public health emergencies. Plans for large-scale disasters should be coordinated with the Massachusetts Department of Public Health, The Massachusetts Emergency Management Agency (MEMA), the Massachusetts Department of Environmental Protection, and with local and state public safety agencies.

Preparing for emergencies involves the development of critical capacities to strengthen both routine public health and disaster-level responses. Benchmarks for preparedness include training of staff and Board of Health members in the Incident Command System (ICS), a management approach for emergency response, and also the National Incident Management System (NIMS) which are utilized across all disciplines to organize disaster response. Also relevant to emergency response are disease surveillance and control, including pandemic planning, familiarity with isolation and quarantine requirements, development of communications and public outreach plans, particularly risk communication, among others. Boards of Health and their staff should also be familiar with the Incident Command System (ICS), a management approach for emergency response, and also the National Incident Management System (NIMS).
All Hazard Plans should be developed for response to natural disasters that require public health involvement. In many natural disasters, such as floods, hurricanes and earthquakes, or environmental threats such as hazardous waste spills.

Boards of Health play an essential role in the recovery process, addressing environmental health issues and providing necessary information on health risks to the public. Plans should address contingencies (e.g., loss of a communications system), and the needs of individuals requiring additional assistance, such as translation services, or accommodations related to physical or cognitive disabilities . In addition, plans should include essential contacts and collaborating agencies with which response efforts should be coordinated. Finally, plans should be tested through exercises and drills to identify gaps and areas for improvement.

Local Boards of Health and the Emergency Preparedness Bureau

In 2003, MDPH established the Emergency Preparedness Bureau (EPB). (EPB) has responsibility

for policy-making and program coordination across all DPH emergency preparedness functions. EPB provides technical assistance to local health agencies and officials participating in regional emergency preparedness coalitions throughout the Commonwealth
The role of the EPB is to serve as the Department's single point of contact for emergency preparedness and to coordinate planning and response efforts at both the state and local levels. Emergency preparedness comprises several different disciplines, including epidemiology, toxicology, radiation science, risk communication, knowledge of populations needing additional assistance, healthcare, and laboratory testing, among others. To facilitate coordination with these different areas and the agencies involved, and to support local health departments, MDPH worked in partnership with local health departments to form regional Emergency Preparedness Coalitions in 2003.

The EPBEPB works with local Boards of Health through the regional coalitions in fifteen emergency preparedness regional and sub-regional coalitions. *Through these coalitions, MDPH provides funding and technical assistance to reinforce local public health capacities. A Regional Coordinator serves as liaison between the local health regional coalitions and MDPH.

In addition to participation in the emergency preparedness coalitions, local Boards of Health engage in mutual aid agreements with other municipalities. Mutual aid agreements, , facilitate the sharing of personnel, equipment and technical expertise during emergencies. These agreements optimize resources available to Boards of Health within their respective communities. A model mutual aid agreement including legal background information was developed by the EPB and is available to local Boards of Health.

*regional map (appendix A) map text (appendix B)

Overview

Emergency preparedness is a core responsibility of local Boards of Health, both in routine disease control and prevention and during disaster events. Boards of Health respond to infectious disease cases, including rabies, meningitis and chicken pox, on a regular basis. In cooperation with DPH, local health raises awareness and educates the public during disaster events. Surveillance and control measures, including mass vaccination, serve to prevent the spread of dangerous diseases before a major epidemic occurs. Environmental health controls, such as routine inspections or environmental assessments of chemical or radiological exposures, also prevent or mitigate community morbidity and mortality by limiting the conditions that favor their escalation Local public health may be called upon to organize or assist in mass vaccination or dispensing of other medical assets in cooperation with state and federal public health authorities. Following a disaster, Boards of Health assess water and food supplies, address pest control concerns, and administer public outreach programs to support awareness of hazards and to enhance recovery. These actions, from small outbreaks to major, widespread emergencies, match the progression of emergency management: 1) mitigation, 2) preparedness, 3) response, and 4) recovery. Response efforts should be carried out in a manner consistent with the Incident Command System.

Emergencies often begin as local events and require immediate local response. Local public health and safety responders remain the first available to respond to an event in their communities. In addition these agencies represent the most knowledgeable responders, familiar with the community and the specific population-related and environmental conditions that guide response actions. Even if state or federal assets are secured, local responders remain the leaders or Incident Commanders of the event.

In the event of a catastrophic emergency impacting the entire region or state, some type of delay can be anticipated before other resources can arrive in your community. Local Boards of Health should be aware of the emergency plans that are being developed both locally and nationally, and should participate in those planning efforts. When emergencies escalate in scale, state and federal resources, coordinated through the Massachusetts Emergency Management Agency (MEMA), may be requested.

Board of Health Emergency Responsibilities

- During a disaster or emergency, the community may activate the local Emergency Operations Center (EOC). The EOC functions as a designated focal point of communication activity within the town. Public Health representatives will be present at or available to the EOC during activation.

- Provide support as necessary to identify harmful effects of chemical and/or radiological releases.

- Conduct disease investigation, surveillance, reporting and control.

- Distribute targeted or mass prophylaxis (vaccines or antibiotics) from the Strategic National Stockpile (SNS) to minimize the spread of disease and protect the public.

- Determine isolation and quarantine policies and prepare to implement plans to isolate or quarantine individuals or populations to prevent the spread of disease.

- Mobilization of available public health volunteers, including Medical Reserve Corps Units.

- Provide risk communication including public health alerts, warnings, and public information.

- Provide support to emergency shelter operations, including disease control, sanitary inspections, and inspections of impromptu shelters and tent cities.

- Other areas of shelter support include linking people to appropriate personal health services (medical/behavioral), assisting in finding alternate shelter sites for medically dependent, and ensuring the effective medical management of the psychologically injured.

- Provide support to mass fatality operations, including emergency burial permits.

- Provide environmental analysis of food, air, soil and water conditions and address pest control matters when warranted after natural disasters and related incidents.

- Participate in applicable training opportunities including Incident Command System (ICS) and National Incident Management System (NIMS) courses.

- Collaborate with law enforcement, fire safety, and other municipal and state agencies to address all phases of emergency response.

Key Preparedness Capacities and Plans

To prepare for emergencies, Boards of Health and staff should receive training or have experience working in the following areas:

- Disease surveillance and control
- Environmental health control and response measures
- Operation of emergency dispensing sites (EDS) for the SNS (a federal cache of pharmaceuticals and medical materiel)
- Risk communication and public outreach
- Communications
- Incident Command System (ICS)
- Isolation and quarantine
- Personal protective equipment (PPE)

All-hazards plans should be developed to document the public health response to the following emergencies and hazards:

- Floods
- Hurricanes
- Earthquakes
- Infectious diseases, including potential bioterrorist events and pandemic influenza
- Chemical spills or attacks
- Radiological events, including "dirty bombs"
- Environmental health threats including food, water, pests, etc.

Plans should address the needs of special populations, address risk communication issues, and include separate plans for staffing and operation of emergency dispensing sites.

Specific Terrorist Threats

Federal and State health and homeland security agencies have identified the following as being the most likely agents or weapons that could be used in a terrorist attack, and have developed fact sheets and other materials, along with emergency planning guidance and support for dealing with:

Biological, infectious disease agents, including Anthrax, Botulism, Pneumonic Plague, Smallpox, Tularemia, Viral Hemorrhagic Fevers**, and**

Chemical Agents, including Mustard Gas, Lewisite, Cyanide, Chlorine, Sarin, Soman and VX**.**

Radiological, Radiation Dispersal Devices ("dirty bombs") and Nuclear Weapons.

Legal Authority of Local Boards of Health

Local Boards of Health are charged with controlling infectious disease under MGL c.111, §§ 92-116. See especially c. 111, §104.

In the case that a contagious or infectious disease that is deemed to be a danger to the public health exists anywhere in the Commonwealth, the Massachusetts Department of Public Health (MDPH) has co-ordinate powers with the local boards of health in every city and town. (c.111, §§ 6-7).

Local Boards of Health have the authority to conduct surveillance activities necessary for the investigation, control and prevention of diseases dangerous to the public health under 105 CMR 300.190.

In cases where the disease is known or suspected, or it is known that a biological agent has been released, and a sick or exposed person or people present an immediate threat to public health, MDPH and Local Boards of Health can order those people isolated or quarantined (c.111, §§ 95-97; c.111, § 104; 105 CMR 300.200)

In general, the greater the threat to public health, the greater the emergency powers that would be authorized by MDPH. In an emergency situation where the disease is known and the threat to the public health is grave, local Boards of Health and MDPH can immediately order isolation or quarantine of a person or persons or take other actions to protect their communities.