

# Public Health Emergency Preparedness/EP

- Past = Bioterrorism
- Current Reality = All Hazards (EP)
- Future = Public Health Readiness  
& Response

# What Does Public Health Do?

- Prevent epidemics and spread of disease



- Protect against environmental hazards

- Prevent injuries



# What Does Public Health Do?

- Promote and encourage healthy behavior



- Assure the quality and accessibility of health services

- Respond to disasters and assist communities in recovery



# Public Health's Role in Emergency Response

- Collaboration with other agencies in policy decisions and actions
- Surveillance/Investigation
- Quarantine
- Mass Prophylaxis
- Environmental Health
- Information Source

# Public Health's Response

Scale of the emergency determines response

- Small scale events handled internally, with or without activation of the PH EOC
- Large scale events handled by the County EOC where PH is a participant
  - Weather emergencies
  - Hazmat incidents
  - Bioterrorism incidents
  - Communicable disease outbreaks

# Biological

- Effects delayed and not obvious
- Victims dispersed in time and place
- No first responders
- Unless announced, attack identified by medical and public health personnel

# Common Features of Large-Scale Disasters and Emergencies

- Post a threat to public health and safety
- May disrupt social and economic infrastructure
- May require large scale mobilization of local resources to manage consequences

# Public Health Emergencies

- SARS, West Nile, Monkeypox
- Smallpox
- Communicable Disease Outbreaks
- Contaminated Food
- Contaminated Water
- Mass Casualty Incidents



# Example

## Flood

- Scene: EH staff at scene
- County EOC: PH representative at EOC
- PH: Staff alerted, ready to respond



# Example

- Biological Agent Release
  - Scene: EH/PH staff at scene
  - County EOC: LE/PH joint command
  - PH: Internal EOC



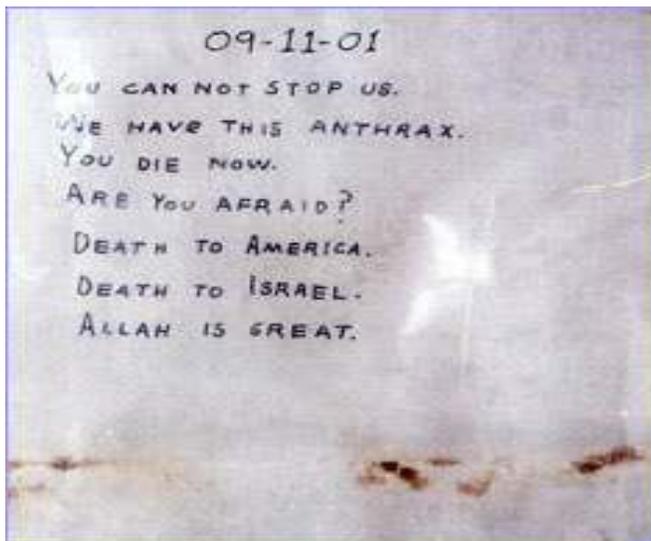
*Smallpox Vaccination*

# Examples

## Incidents of Terrorism

- Biological
- Chemical

- 1984 Oregon – Salmonella
- 1994 Tokyo – Sarin gas
- 2001 Multistate – Anthrax



# Emergency Preparedness

- Any CBRNE\* mass or natural disaster requires coordination among diverse groups
- Support and participation is needed from all levels of government
- Preparedness must be a sustained and evolutionary process

\*CBRNE – chemical, biological, radiological, nuclear, explosive

# Public Health Workers

- Communicable disease nurses & epidemiologists
- Environmental health specialists
- Clinical nurses

# Worker Training

- Accidental or intentional disaster:
  - Chemical
  - Biological
  - Radiological
  - Nuclear
  - Explosive
- Natural hazards/disasters:
  - Biological
  - Logistical, basic health issues
  - Radiological or Explosive (possibly)

# Worker Training

- Next steps – NIEHS, CDC & NIOSH, EPA?
- Coordination - Existing HazMat worker training model?
- Partnerships – CDC-funded Academic Centers for Emergency Preparedness?
  - Twenty-one (21) exist
  - <http://www.asph.org/phprc/index.cf>

# HRSA-funded Training Centers

<<http://bhpr.hrsa.gov/publichealth/phtc.htm>>

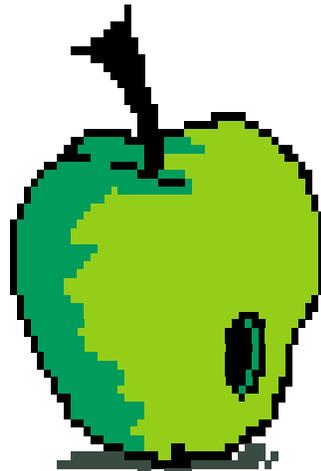


# Know Your Limitations, Then “Adapt And Overcome”

No single jurisdiction, agency, official or discipline can ever have all the resources, authority or capabilities to handle every possible emergency

- Multijurisdictional, multidisciplinary, regional partnerships and mutual aid agreements
- Public-private partnerships key in leveraging collective resources
- Joint training, planning & exercising to build awareness, confidence, relationships

# Questions?



@ Yael Biran "Billy's Moving Pictures"

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