Public Health Chemical Emergency Response Plan

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Presentation outline:

- Five steps to writing a public health chemical emergency response plan
- Public health roles and responsibilities
- Overview of the State of Oregon Public Health Chemical Emergency Response Plan
- Links to the actual Chemical Emergency Response Plan
Question:
My jurisdiction has a public health chemical emergency response plan.

A. Yes
B. No
Five-Step Plan Writing Process

1. Get approval from leadership and buy-in from workers
2. Identify public health programs with chemical responsibilities
3. Conduct a meeting with program leads
4. Organize a working group
5. Write a draft public health plan
Writing a Chemical Emergency Response Plan

Step 1:
Get approval from leadership and buy-in from workers
Step 2: Identify public health programs with chemical responsibilities

State of Oregon Public Health, Offices of:
1. Public Health Preparedness (Preparedness)
2. Multicultural Health (Multicultural)
3. Public Health Laboratories (Labs)
4. Family Health (Family)
5. Community Health & Health Planning (Community)
6. Environmental Public Health (Environmental)
7. Disease Prevention & Epidemiology (Epi)
Writing a Chemical Emergency Response Plan

Step 3:
Conduct a meeting with program leads
Step 4:
Organize a working group
Step 5:
Write a draft public health plan
Public Health Roles and Responsibilities at the Federal Level

• Coordinate national and international surveillance, monitor health impacts, and provide laboratory support

• Lead public health communications among states and other public health agencies

• Provide legal advice and policy guidance on chemical response activities
Public Health Roles and Responsibilities at the Federal Level

- National and international surveillance
- Public health communications
- Legal advice and policy guidance
- Analytical services
- Strategic National Stockpile

Roles of many other federal agencies are outlined in the U.S. Department of Homeland Security *National Response Plan* (see [http://www.dhs.gov/nims](http://www.dhs.gov/nims)).
Public Health Roles and Responsibilities at the State Level

Public Health Director,
State Health Officer,
Susan Allan, M.D., J.D., M.P.H.

Authorized the Public Health Chemical Response Plan
State Office of Multicultural Health

James Mason, PhD

- Identify or develop appropriate messages & communication formats specific to particular chemical incidents & affected populations
- Support or assist in assessing the risk to humans & recommending interventions
- Facilitate & monitor cultural responses to interventions
- Help develop linguistically & culturally appropriate information for the public on how to decontaminate themselves and their possessions
State Office of Public Health Preparedness

Deputy PH Director, Bill Coulombe, MPA

- Planning, response & recovery
- Local public health dept. planning
- Exercise design
- Standardizing response protocols
- Point of contact with Oregon Emergency Response System
- Public information/risk communications
• Regularly visit with key agencies to ensure a proper understanding of CDC chemical laboratory emergency protocols

• Ensure that the appropriate facilities receive key documents on how to respond to a chemical emergency when the public seeks medical care
State Office of Family Health

Katherine Bradley, PhD, MPH

- Work with risk communication to develop messages for special populations, esp. messages that home visit nurses can take to maternal & child populations
- Incorporate emergency preparedness plans into nurses’ home visiting programs so that vulnerable populations know to store emergency food & water
- Work with emergency PH staff to develop training for local nurses working with maternal & child populations
Emergency Medical Services EMS

- Maintain staffing & equipment standards through agency inspections and technical support
- Assist agencies in locating resources to aid in the purchase and provision of appropriate protective equipment for chemical response
- Make sure anti-chemical agent supplies are available, coordinate deployment of emergency medical resources, and assist coordinating the delivery of patients to medical facilities
Develop planning & decision-making structures for chemical emergencies, including decontamination plans

Develop plans for surge capacity & business continuity during a chemical emergency

Have plans for contacting local health departments to request supplies and other assistance when needed
Environmental Toxicology

- Coordinate with other state agencies on threat assessments
- In general, determine needs based on threat assessments
- Provide input on personal protective equipment (PPE) and safety
- Participate in the Interstate Chemical Terrorism Conference (ICTC) & ICTC Interagency Working Group
- Provide technical advice for the development of chemical fact sheets, FAQs, media release templates, & other informational materials for the public
Environmental & Occupational Epidemiology (EOE) pre-event

- Pre-event surveillance & bio-monitoring of human exposures
- With other agencies & as part of the threat assessments, prioritize areas/sectors that are high risk for humans
- Provide input on PPE & safety
- Act as liaison to the Oregon Poison Center (OPC)
- Participate in the ICTC & ICTC Interagency Working Group
Drinking Water Program
• Determine extent of actual & possible contamination of drinking water
• Provide environmental sampling recommendations
• Analyze data from environmental samples
• Facilitate communication among drinking water providers

Food-borne Illness Protection
• Coordinate response with retail food service facilities
State Office of Disease Prevention and Epidemiology

Mel Cohn, MD, MPH

Acute & Communicable Disease Prevention Program & EOE Program

• Determine case definitions
• Track morbidity & mortality
• Recommend clinical lab tests
• Recommend prophylaxis of exposed populations
• Determine risk factors for human exposure & illness
• Act as liaison to the OPC & Joint Information Center
• Provide leadership or consultation in investigations pertaining to worker health & safety
Training

Regional chemical emergency training of first receivers, responders, & local health departments will be completed on a yearly basis.
Exercise Design Committee will design & deliver:

- Exercise orientations
- Tabletop exercises
- Functional exercises
- Full-scale exercises
- Annual Chemical Stockpile Emergency Preparedness Program full-scale exercise
Special Populations

CDC defines special populations as groups whose needs are not fully addressed by traditional service providers.

Chemicals that pose health risks to adults in the general population pose a significantly higher risk to special populations. Reasons include:

- potential for longer exposures
- pre-existing medical conditions
- likelihood of not understanding disaster preparedness
Special populations should be given the highest priority for evaluation, shelter-in-place removal, and medical attention due to the high probability that these individuals would perish without immediate attention in a chemical emergency.
In the chat box **PLEASE TYPE IN** examples of the special populations within your jurisdiction which need to be considered when planning for a chemical emergency from the public health perspective.
Special Populations: Children

Children are especially at risk of harm from chemicals, because they:

- Absorb greater amounts of both chemicals that are inhaled and chemicals that are absorbed through the skin
- Are more at risk of rapid dehydration due to vomiting or diarrhea
Special Populations: Children

- Are more at risk for shock or death from even small amounts of blood loss
- May not have the motor skills or the cognitive ability to flee from danger or to follow directions from others
- Need special considerations for decontamination, medical treatment, and mental health treatment
Plan Maintenance

- Revised annually
- Revised from previous year exercises or emergencies
- Environmental Toxicology Services
- Program will conduct this review
Public Health Chemical Emergency Response Plan