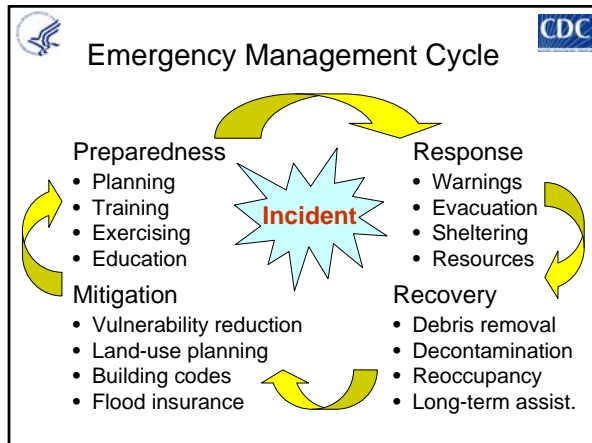




Module Objectives

- Discuss plans, systems, guidelines, and programs that guide the role of environmental health during the four phases of the emergency management cycle.
- Identify emergency preparedness, response, recovery, and mitigation resources for environmental health.
- Describe the structures and parameters in which environmental health will function during an emergency or disaster.
- Describe public health emergency preparedness and response in Massachusetts



The Stafford Act

- Robert T. Stafford Disaster Relief & Emergency Assistance Act (1988)
- Amended version of Disaster Relief Act of 1974
- Provides statutory authority for most Federal disaster response activities
- Triggered by Presidential Disaster Declaration
- Financial & physical assistance through FEMA

PPD-8: National Preparedness

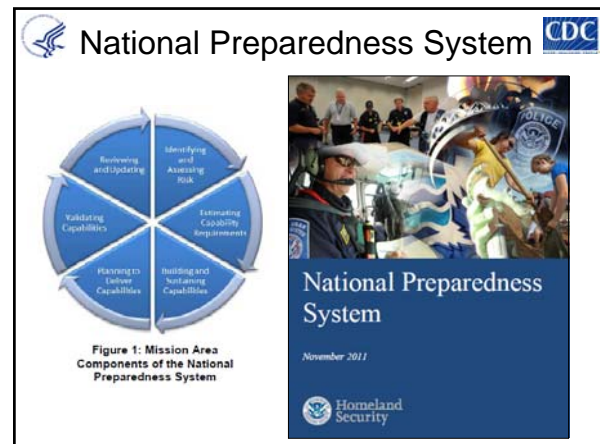
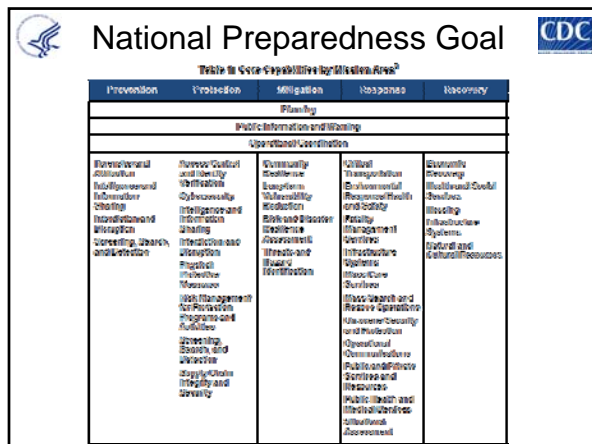
- [Video](#)
- Replaces HSPD-8 (National Preparedness)
- Aimed at strengthening the security and resilience of the United States through systematic preparation for the threats that pose the greatest risk to the security of the Nation, including acts of terrorism, cyber attacks, pandemics, and catastrophic natural disasters.
- Directs development of
 - National Preparedness Goal
 - National Preparedness System
 - Campaign to Build and Sustain Preparedness
 - National Preparedness Report (annually)

National Preparedness Goal

Success defined as “A secure and resilient Nation with the capabilities required across the whole community to prevent, protect against, mitigate, respond to, and recover from the threats and hazards that pose the greatest risk.”

*First Edition
September 2011*

Homeland Security



National Infrastructure Protection Plan (NIPP)

- [Video](#)
- Provides a unifying framework that integrates a range of efforts designed to enhance the safety of our nation's critical infrastructure.
- Goal is to build a safer, more secure, and more resilient America by preventing, deterring, neutralizing, or mitigating the effects of a terrorist attack or natural disaster, and to strengthen national preparedness, response, and recovery in the event of an emergency.
- 18 critical infrastructure sectors each with a Sector-Specific Agency (SSA) and Sector-Specific Plan (SSP)

Critical Infrastructure Sectors

Agriculture and Food	Banking and Finance	Chemical
Commercial Facilities	Communications	Critical Manufacturing
Dams	Defense Industrial Base	Emergency Services
Energy	Government Facilities	Healthcare and Public Health
Information Technology	National Monuments and Icons	Nuclear Reactors, Materials and Waste
Postal and Shipping	Transportation Systems	Water

National Response Framework (NRF)

- Comprehensive, national, all-hazards approach to domestic incident response
- Overview of key response principles, roles, and structures that guide national response
- Contains Emergency Support Functions (ESFs) and support and incident annexes
- Replaces the National Response Plan (NRP)

Emergency Support Functions (ESFs)

<ul style="list-style-type: none"> ESF #1 – Transportation ESF #2 – Communications ESF #3 – Public Works & Engineering ESF #4 – Firefighting ESF #5 – Emergency Management ESF #6 – Mass Care, Emergency Assistance, Housing & Human Services ESF #7 – Resource Support ESF #8 – Public Health & Medical Services 	<ul style="list-style-type: none"> ESF #9 – Search & Rescue ESF #10 – Oil & Hazardous Materials Response ESF #11 – Agriculture & Natural Resources ESF #12 – Energy ESF #13 – Public Safety & Security ESF #14 – Long-term Community Recovery ESF #15 – External Affairs
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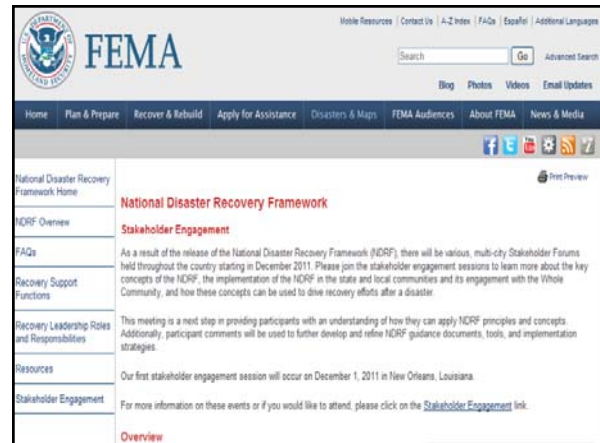


National Disaster Recovery Framework (NDRF)

- Consistent with the vision set forth in PPD-8
- Enables effective recovery support to disaster impacted states, Tribes, Territorial, and local jurisdictions
- Provides a flexible structure for disaster recovery managers to operate in a unified and collaborative manner
- Focuses on how to restore, redevelop, and revitalize the health, social, economic, natural, and environmental fabric of the community and build a more resilient Nation
- First framework published under PPD-8 reflecting the core recovery capabilities by supporting operational plans as an integral element of a National Preparedness System

Recovery Support Functions (RSFs) and Lead Coordinating Agencies

- Community Planning and Capacity Building (FEMA)
- Economic (Commerce)
- Health and Social Services (HHS)
- Housing (HUD)
- Infrastructure Systems (USACE)
- Natural and Cultural Resources (DOI)

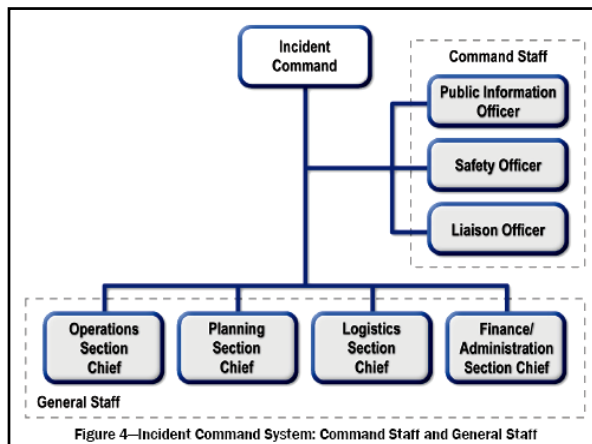


National Incident Management System (NIMS)

- Established through Homeland Security Presidential Directive (HSPD) – 5
- Comprehensive, national approach to incident management
- Standardized organizational structures
- Applicable to
 - All jurisdictional levels & functional disciplines
 - All incidents and hazards
 - Public and private entities

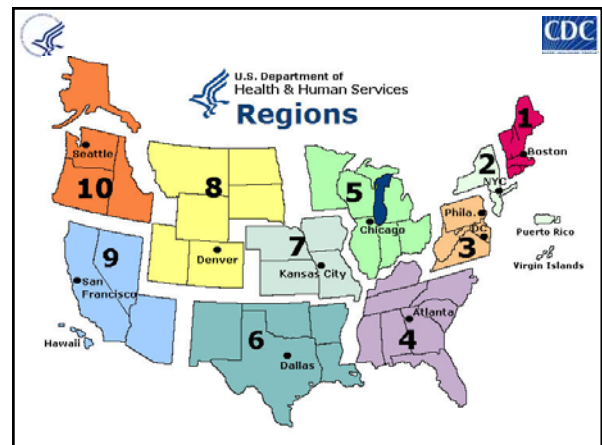
Incident Command System (ICS)

- Standard, on-scene, all-hazard incident management system
- Features include
 - Common terminology
 - Organizational resources
 - Manageable span of control
 - Organizational facilities
 - Use of position titles
 - Incident Action Plan (IAP)
 - Integrated communications
 - Accountability



HHS Office of the Assistant Secretary for Preparedness and Response (ASPR)

- Federal lead for ESF-8 activities
- Office of Preparedness and Emergency Operations (OPEO)
 - Secretary's Emergency Operations Center (SOC)
 - Incident Response Coordination Team (IRCT)
 - Planning and evaluation of exercises
 - Coordination of HHS COOP and COG programs
 - National Disaster Medical System (NDMS)
- [Regional Emergency Coordinators \(RECs\)](#)



National Strategic Plan for Public Health Preparedness and Response


Guide for CDC, the entire public health system, and its stakeholders to secure the health of the nation and attain the plan's collective 2020 vision of "people's health protected – public health secured".

National Strategic Plan for Public Health Preparedness and Response


Strategic Vision

People's Health Protected – Public Health Secured


1. Prevent and/or mitigate threats to the public's health
2. Integrate public health, the healthcare system, and emergency management
3. Promote resilient individuals and communities
4. Advance surveillance, epidemiology, and laboratory science and service practice
5. Increase application of science to public health preparedness and response
6. Strengthen public health preparedness and response infrastructure
7. Enhance stewardship of public health preparedness funds
8. Improve the ability of the public health workforce to respond to health threats




CDC Public Health Preparedness Capabilities




Creates national standards for public health preparedness capability-based planning and assists state and local planners in identifying gaps in preparedness, determining specific jurisdictional priorities, and developing plans for building and sustaining capabilities







CDC Public Health Preparedness Capabilities

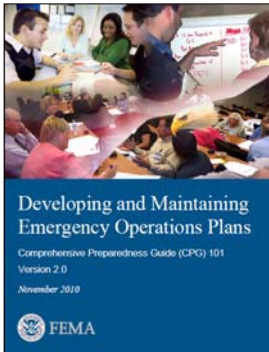


1. Community Preparedness	9. Medical Material Management & Distribution
2. Community Recovery	10. Medical Surge
3. Emergency Operations Coordination	11. Non-pharmaceutical Interventions
4. Emergency Public Information and Warning	12. Public Health Laboratory Testing
5. Fatality Management	13. Public Health Surveillance and Epidemiological Investigation
6. Information Sharing	14. Responder Safety & Health
7. Mass Care	15. Volunteer Management
8. Medical Countermeasure Dispensing	




Comprehensive Preparedness Guide (CPG) 101







- Response and recovery planning guidance for state, territorial, tribal, and local governments.
- Extends to prevention and protection mission areas.
- Guidance on emergency operations plan (EOP) development.
- Integrates concepts from NIMS, NRF, NIPP, lessons learned, and other plans, guidance, and activities
- Replaces State and Local Guide (SLG) 101



Emergency Operations Plan (EOP)




- All hazards
- The basic plan
- Functional annexes
 - Focus on critical emergency functions
 - Communications, evacuation, mass care, health & medical services, environmental health, etc.
- Incident/hazard specific appendices
 - Based on hazard vulnerability assessment (HVA)
 - Tornado, earthquake, hurricane, terrorism, etc.




Other Parts of the EOP


(continued)




- Standard Operating Procedures (SOPs)
 - Provide detailed instructions to fulfill responsibilities & perform tasks in the EOP
 - May or may not be attached to EOP
- Standard Operating Guidelines (SOGs)
 - Similar to SOPs, but less prescriptive
 - Guidelines/guidance vs. procedures
 - Accountability/liability factor



The Planning Process



- More important than the plan itself
- Don't "reinvent the wheel"
- Don't go it alone... use a team approach
- Don't forget the politicians and administrators
- Plan development, validation & maintenance
- Continuous process



Courtesy of NOAA.



Credentialing for Emergency Response




- NIMS process for validating personnel qualifications and providing authorization to perform specific functions & to have access to an incident involving mutual aid.
- Process entails objective evaluation of:
 - Certification, license, or degree
 - Training and experience
 - Competence or proficiency to meet nationally accepted standards, provide particular services and/or functions, or perform specific tasks under specific conditions during an incident





Credentialing for Emergency Response (continued)



- National Emergency Responder Credentialing System will document minimum professional qualifications, certifications, training, and education requirements that define the standards required for specific emergency response functional positions.
- Three NIMS environmental health job credentialing titles for emergency response

 U.S. Department of Homeland Security Federal Emergency Management Agency	
9. Environmental Health Generalist	
DESCRIPTION:	The primary purpose of the Environmental Health Generalist is to independently measure threat or risks to air, food, water, waste, vector, toxics and radiation and recommend or take action to respond and mitigate the threat.
Table 9-1: Required Criteria	
EDUCATION:	Bachelor's degree in natural or physical science or engineering.
TRAINING:	Completion of the following courses/ curricula: 1. FEMA IS-700: NIMS, An Introduction 2. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI
EXPERIENCE:	1. More than 2 years experience in Environmental Health or equivalent 2. Participation as an Environmental Health team member in an incident response or a full-scale exercise.
CERTIFICATION:	None required
LICENSING:	Active status of legal authority to function as an Environmental Health Professional without restrictions granted by sending state, the District of Columbia, or U.S. territory as required for the individual's discipline
TRAINING:	Completion of the following courses/ curricula: 1. Bureau of Radiation Control First Responder training 2. Forensic Epidemiology

 U.S. Department of Homeland Security Federal Emergency Management Agency	
10. Environmental Health Specialist	
DESCRIPTION:	The primary purpose of the Environmental Health Specialist is to provide professional guidance on specific areas such as environmental epidemiology, toxicology, exposure assessment/risk analysis, radiation training and response, as needed for the incident
Table 10-1: Required Criteria	
EDUCATION:	Education in a specialized area relevant to environmental health such as toxicology, exposure assessment/risk analysis, industrial hygiene, radiation training and response plus one of the following: 1. Bachelor's Degree with at least 5 years experience 2. Master's Degree with at least 2 years experience
TRAINING:	Completion of the following courses/ curricula: 1. ICS-100: Introduction to ICS 2. ICS-200: Basic ICS 3. FEMA IS-700: NIMS, an Introduction 4. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI
EXPERIENCE:	1. Specialized, current experience in one of the above sectors 2. Event response experience
CERTIFICATION:	If pertinent, certification within specialty
LICENSING:	If pertinent, licensure within specialty


 U.S. Department of Homeland Security Federal Emergency Management Agency	
11. Environmental Health Team Leader	
DESCRIPTION:	Manages and provides professional guidance for team of individuals conducting environmental health duties during a disaster. Interfaces with environmental agencies, other public health disciplines and laboratories.
Table 11-1: Required Criteria	
EDUCATION:	Bachelor's degree in natural or physical science or engineering.
TRAINING:	Completion of the following courses/ curricula: 1. ICS-300: Intermediate ICS 2. ICS-400: Advanced ICS 3. FEMA IS-700: NIMS, an Introduction 4. FEMA IS-701 5. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI
EXPERIENCE:	1. Experience as a leader of an environmental health team during an incident or a full-scale exercise 2. Minimum of 5 years field experience EH including at least 2 years at a supervisory level 3. Experience working with emergency response organizations
CERTIFICATION:	None required
LICENSING:	Active status of legal authority to function as a [licensed or certified professional] without restrictions granted by sending state, the District of Columbia, or U.S. territory if required for the individual's discipline
Table 11-2: Recommended Criteria	
TRAINING:	1. Behavioral Health 2. Basic Risk Communication 3. First Aid/CPR 4. If Emergency involves Radiation: Bureau of Radiation Control First Responder Training



Resource Typing



- Categorization of personnel, resources, and assets according to specific criteria
- NIMS resource typing is based on
 - **Category:** Where a resource is most useful (e.g., Public Health and Medical)
 - **Kind:** Broad classes that characterize resources (Team)
 - **Components:** Elements that make up a resource
 - **Metrics:** Measurable standards
 - **Type:** Level of capability
- Environmental health resource type under Public Health and Medical category



U.S. Department of Homeland Security (DHS)
Federal Emergency Management Agency (FEMA)

RESOURCE:		Public Health/Environmental Health		
CATEGORY:	Health and Medical	KIND:	Team. This team is capable of identifying and reducing environmental threats to human health from water, food, waste, and air (indoor and outdoor).	
MINIMUM CAPABILITIES:				
COMPONENT	METRIC	TYPE I	TYPE II	TYPE III
Team Type	Capacity	Team that can perform the following activities under the Authority Having Jurisdiction: <ul style="list-style-type: none"> Manage Environmental Health Tactical Operations Develop Environmental Health Procedures/Systems Activate Environmental Health Assess Environment Monitor Environment Provide Vector Control (when appropriate) Develop Environmental Health Operations 	Technically trained team able to augment activities under leadership provided by the Authority Having Jurisdiction: <ul style="list-style-type: none"> Activate Environmental Health Assess Environment Monitor Environment Provide Vector Control (when appropriate) 	N/A
Personnel	Team Composition per 12-Hour Shift	<ul style="list-style-type: none"> 1 Environmental Health Team Leader 5 Environmental Health Generalists 2 Public Health Information Technology Staff 	<ul style="list-style-type: none"> 2 Environmental Health Generalists 2 Public Health Information Technology Staff 	N/A
Equipment/Supplies	Will Vary by Team Type	<ul style="list-style-type: none"> Communication tools to communicate in secure and unsecured environments Research software, hardware, and other interpretive capabilities (e.g., GIS) Personal Protective Equipment (PPE) as appropriate GPS field mapping devices (i.e., smartphones, cameras, etc.) 	<ul style="list-style-type: none"> Communication tools to communicate in secure and unsecured environments Research software, hardware, and other interpretive capabilities PPE as appropriate 	N/A

U.S. Department of Homeland Security (DHS)
Federal Emergency Management Agency (FEMA)

Public Health and Medical Team in a Shelter

DEFINITION: Provides public health and medical function within a congregate facility for a displaced population.

CATEGORY: Public Health and Medical

KIND:

Team

RESOURCE TYPES:

TYPE I

TYPE II

COMPONENT	METRIC		
Overall Resource	1. Manage basic medical services for 500 persons in a shelter 2. Provide basic public health protection for shelter	Team that can perform the following public health and medical activities under the authority having jurisdiction: Provide basic medical service and public health protection in a congregate setting to activate, manage, and demobilize Mass Care tactical operations	N/A
Clinical Capability Objectives	Expected performance capacity for 12-hour operational period	500 persons per shift	N/A
Personnel	Team Composition	1 Shelter Team Leader 1 Physician 4 Registered Nurses 2 Environmental Health Generalists 1 Environmental Health Generalist 1 Environmental Health Generalist	N/A
Equipment and Supplies	Equipment and supplies needed to meet mission objectives for the resource kind and type	Basic A/C Cache	N/A

COMMENTS:

- Footnote:
 - 1. A/C refers to Concept of Operations for the Acute Care Center. This document can be found at <http://www.inmatters.org/urp>
 - 2. Registered nurses must be 2 with clinical focus and 2 public health nurses

EH Response Teams

- Several states already have or are developing these (AZ, CA, FL, GA, IA, IN, KY, LA)
- Based on NIMS credentialing & resource typing

FL Region 5 EH Strike Team

CO Monitoring – Iowa Floods '08

Mutual Aid


- Agreements between agencies, organizations, and jurisdictions that provide a mechanism to quickly obtain emergency assistance in the form of personnel, equipment, materials, and other associated services.
- Primary objective is to facilitate rapid, short-term deployment of emergency support prior to, during, and after an incident.

Types of Mutual Aid Agreements


- International (e.g., PNEMA, IEMA-MOU)
- Regional (e.g. Great Lakes Border Health Initiative, Mid-America Alliance for Public Health Preparedness)
- State-to-State (e.g., EMAC)
- County-to-County
- City-to-City
- Interagency and Intra-agency
- Private Sector-to-Government

What Is EMAC?

- [Video](#)
- Voluntary interstate mutual aid compact
- Ratified by Congress and signed into law in 1996 (PL 104-321)
- Predecessor was Southern Regional Emergency Management Compact (SREMAC)
- 50 states, 3 territories (USVI, PR & Guam), and DC have enacted EMAC legislation
- Administered and managed by NEMA
- Mission: share resources during disasters



EMAC Mission Ready Packages (MRPs)



- 120 total – Designed to address
 - Mission
 - Limitations that might impact mission
 - Required support
 - Space needed to stage and complete mission
 - Estimated cost
- Based on NIMS credentialing and resource typing
- Three EMAC MRPs for EH

64 RETAIL FOOD AND LODGING ASSESSMENT/INSPECTION PACKAGE			
a. TASK & PURPOSE: To assist local and state authorities in assessing/inspecting retail food and lodging establishments during emergency response operations within the state in support of Emergency Management objectives.	b. MISSION: • Retail Food Service Assessment/Inspections • Lodging Facility Assessment/Inspections		
c. ESF: 8 (Public Health and Medical Services); 14 (Long-Term Community Recovery)	d. LIMITATIONS: • Retail food service and lodging assessment/inspection guidance, regulations, procedures, standards, and authorities from state to state • Integration with local/state/federal public health, environmental health, business, and emergency response activities		
e. PERSONNEL: 2 - 10 Sanitarians, Registered Environmental Health Specialists, Industrial Hygienists, other qualified personnel	f. EQUIPMENT: • Vehicles/rental cars (2 responders per vehicle) • "Go" bags/kits • Assessment/inspection forms/kits • Mobile/satellite phones • GPS units • Flashlights • Other equipment, as necessary		
g. REQUIRED SUPPORT: • Billings and motel support • Fuel for vehicle(s) • Maps of impacted area(s) • Other required support, as needed	h. WORKS WITH: • Local/state/federal public health and environmental health agencies • Business and private industry • Other agencies and organizations, as necessary		
i. N-HOUR SEQUENCE: N-24	j. SPECIAL INSTRUCTIONS: • Must be self-supporting for up to first 72hrs • Interface with local/state/federal public health, environmental health, business, and emergency response operations • 10 - 14 day deployment		
k. ESTIMATED COST PER DAY: PERSONNEL: \$400.00/person		EQUIPMENT: \$1,170.00	TOTAL: \$5,170.00

65 PUBLIC/PRIVATE WATER SUPPLY ASSESSMENT/INSPECTION PACKAGE			
a. TASK & PURPOSE: To assist local and state authorities in assessing/inspecting public and/or private water supply systems (e.g., municipal water systems, wells, etc.) during emergency response operations within the state in support of Emergency Management objectives.	b. MISSION: • Public/private water supply system assessment/inspection, testing, and remediation		
c. ESF: 3 (Public Works and Engineering); 8 (Public Health and Medical Services); 14 (Long-Term Community Recovery)	d. LIMITATIONS: • Public/private water supply system assessment/inspection, testing, and remediation guidance, regulations, procedures, standards, and authorities from state to state • Varying differences in public/private water supply systems from state to state (e.g., drilled wells, dug wells, cisterns, etc.) • Integration with local/state/federal public health, environmental health, public works, and emergency response activities		
e. PERSONNEL: 2 - 10 Sanitarians, Registered Environmental Health Specialists, Industrial Hygienists, Certified Inspectors, Engineers, public works personnel, other qualified personnel Some personnel may also have Water Treatment Certification	f. EQUIPMENT: • Vehicles/rental cars (2 responders per vehicle) • "Go" bags/kits • Water assessment/inspection forms/kits • Water testing supplies/kits • Mobile/satellite phones • GPS units • Flashlights • Other equipment, as necessary		
g. REQUIRED SUPPORT: • Billings and motel support • Fuel for vehicle(s) • Maps of impacted area(s) • Other required support, as needed	h. WORKS WITH: • Local/state/federal public health, environmental health, and public works agencies and organizations • Business and private industry • Other agencies and organizations, as necessary		
i. N-HOUR SEQUENCE: N-24	j. SPECIAL INSTRUCTIONS: • Must be self-supporting for up to first 72hrs • Interface with local/state/federal public health, environmental health, public works, and emergency response operations • 10 - 14 day deployment		
k. COST PER DAY: PERSONNEL: \$ 400.00/person		EQUIPMENT: \$1,170.00	TOTAL: \$5,170.00

66 ONSITE WASTEWATER ASSESSMENT/INSPECTION PACKAGE			
a. TASK & PURPOSE: To assist local and state authorities in assessing/inspecting public and private wastewater systems (e.g., municipal wastewater treatment systems, septic tanks, etc.) affected by the disaster within the state in support of Emergency Management objectives.	b. MISSION: • Assessment/inspection of operational status of public and private wastewater systems		
c. ESF: 3 (Public Works and Engineering); 8 (Public Health and Medical Services); 14 (Long-Term Community Recovery)	d. LIMITATIONS: • Public/private wastewater system assessment/inspection, testing, and remediation guidance, regulations, procedures, standards, and authorities from state to state • Integration with local/state/federal public health, environmental health, public works, and emergency response activities		
e. PERSONNEL: 2 - 10 Sanitarians, Registered Environmental Health Specialists, Industrial Hygienists, Certified Inspectors, Engineers, public works personnel, other qualified personnel Some personnel may also have Wastewater Treatment Certification	f. EQUIPMENT: (10 Vehicles) • Vehicles/rental cars (2 responders per vehicle) • "Go" bags/kits • Wastewater assessment/inspection forms/kits • Wastewater testing supplies/kits • Mobile/satellite phones • GPS units • Flashlights • Other equipment, as necessary		
g. REQUIRED SUPPORT: • Billings and motel support • Fuel for vehicle(s) • Maps of impacted area(s)	h. WORKS WITH: • Local/state/federal public health, environmental health, and public works agencies and organizations • Business and private industry • Other agencies and organizations, as necessary • Homeowners/rental public		
i. N-HOUR SEQUENCE: N-24 to N-48	j. SPECIAL INSTRUCTIONS: • Must be self-supporting for up to first 72hrs • Interface with local/state/federal public health, environmental health, public works, and emergency response operations • Interface with homeowners/rental public • 10 - 14 day deployment		
k. ESTIMATED COST PER DAY: PERSONNEL: \$400.00/person		EQUIPMENT: \$1,170.00	TOTAL: \$5,170.00



Centers for Disease Control and Prevention
CDC 24/7: Saving lives, protecting people, reducing health costs

Emergency Preparedness and Response

CDC Support for the Emergency Management Assistance Compact (EMAC)

Ratified by Congress and signed into law in 1996, the Emergency Management Assistance Compact (EMAC) is an interstate mutual aid agreement that provides a mechanism for sharing personnel, equipment and resources among states during emergencies and disasters. EMAC has traditionally been used by states for National Guard, emergency management and other types of response assistance. More recently, it has been used to provide public health and medical assistance with much success. Some benefits of using EMAC include:

- Increased collaboration among states during emergency preparedness, response and recovery;
- Better awareness and understanding of state and local needs;
- Increased access to personnel, equipment and resources;
- Consideration of legal issues related to worker compensation, liability, credentialing and reimbursement.

All 50 states, three territories (U.S. Virgin Islands, Puerto Rico and Guam), and the District of Columbia have enacted legislation to become members of EMAC. To use EMAC is the most effective manner possible to health.


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Unified Planning Coalition
Together we are better!

Region IV Public Pages > Home

Welcome to the Region IV ESF8 Unified Planning Coalition...

The Region IV ESF8 Unified Planning Coalition (UPC) is a state lead interstate public health and medical preparedness and response organization devoted to planning and the development of partnerships.

In March of 2006, Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee and federal ESF8 representatives joined together to create the Region IV ESF8 Unified Planning Coalition (UPC). The concept was the result of lessons learned from the 2004 and 2005 hurricane seasons when states recognized the need for better regional coordination during disasters. Since that time, ESF8 leaders from Region IV states and federal partners have been meeting on a quarterly basis to address key public health and medical issues and engage in extensive interstate preparedness planning.

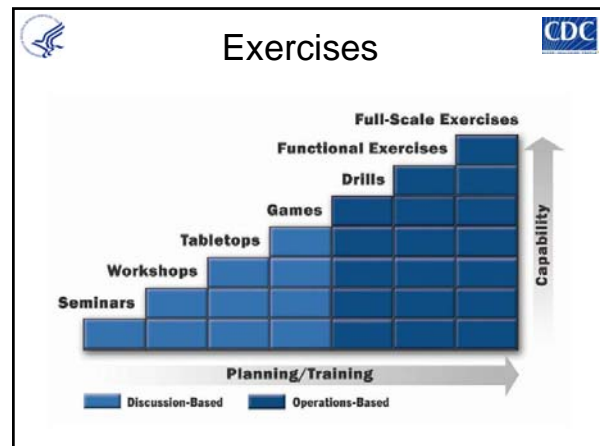
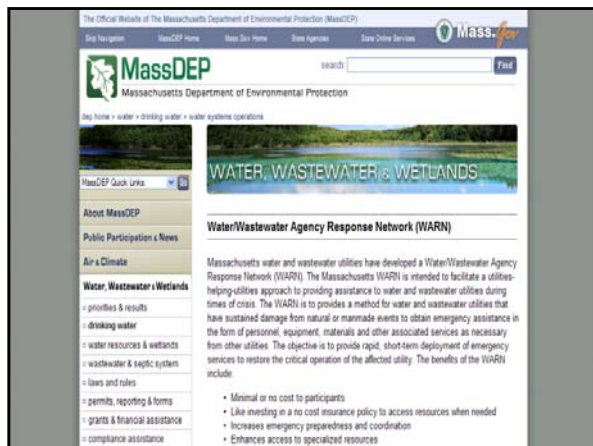
The UPC is made up of Emergency Support Function 8 - public health and medical- leadership from FEMA Region IV and federal ESF8 representatives.

Member States


- Alabama
- Florida
- Georgia
- Kentucky
- Mississippi
- North Carolina

Welcome, Guest
[Login](#)

[EMAC](#)



Homeland Security Exercise and Evaluation Program (HSEEP)



CDC Environmental Health Training in Emergency Response, Volusia County, FL. Courtesy of CDC.

- Capabilities and performance-based exercise program
- Provides a standardized methodology and terminology for exercise design, development, conduct, evaluation, and improvement planning
- Constitutes a national standard for all exercises
- Exercise Evaluation Guides (EEGs)
- After-action reviews and reports
- Corrective action planning

Environmental Health

Exercise Evaluation Guide

Capability Description:
Environmental Health is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency. This capability includes the design, implementation, and interpretation of results from environmental field surveys, laboratory sample analyses, rapid needs assessments, and comprehensive environmental health and risk assessments focused on drinking water, food, and mass care safety, waste water management, vector control, solid waste and debris removal, and hazardous materials disposal.

Capability Outcome:
After the primary event, disease and injury are prevented through the quick identification of associated environmental hazards to include exposure to infectious diseases that are secondary to the primary event and secondary transmission modes. The at-risk population (i.e. exposed or potentially exposed population) receives the appropriate treatment or protection (countermeasures) in a timely manner. The rebuilding of the public health infrastructure, removal of environmental hazards, and appropriate decontamination of the environment enable the safe re-entry and re-occupancy of the impacted area. Continued monitoring occurs throughout the re-building process to identify hazards and reduce exposure.

Jurisdiction or Organization:	Name of Exercise:
Location:	Date:
Evaluator:	Evaluator Contact Info:

Note to Exercise Evaluators: Only review those activities listed below to which you have been assigned

Activity 1: Direct Environmental Health Tactical Operations Delete Activity

Activity 2: Activate Environment Health Operations

Activity Description: In response to activation, required experts are identified and personnel are mobilized to begin an environmental health assessment and response activities.

Tasks Observed (check those that were observed and provide the time of observation)
Note: Asterisk () denote Performance Measures and Performance Indicators associated with a task. Please record the observed indicator for each measure*

Tasks/Observation Keys	Time of Observation/Task Completion
2.1 Identify environmental health specialists required to assess and support response – Provide preliminary assessment of incident to IC – Assessment used by IC to identify specialists and resources needed	Time: <input type="text"/> Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
2.2 Mobilize Environmental Health personnel – Confirm availability of current rosters – Contact required personnel – Identify replacements for missing personnel	Time: <input type="text"/> Task Completed? Fully <input type="checkbox"/> Partially <input type="checkbox"/> Not <input type="checkbox"/> N/A <input type="checkbox"/>
*Time to mobilize environmental health personnel	TARGET: Within 24 hours ACTUAL: <input type="text"/>
2.3 Mobilize Environment Health assessment resources – Identify resources required to assess wastewater, Safe Drinking Water Act (SDWA) assets, debris removal, and vector control	Time: <input type="text"/> Task Completed? <input type="checkbox"/>

FEMA Lessons Learned Information Sharing (LLIS.gov)

Sharing Information... Enhancing Preparedness... Strengthening Homeland Security

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Continuity of Operations (COOP) Planning



- Ensure continued performance of essential functions
- Reduce loss of life and minimize damage
- Ensure succession of key leadership
- Reduce/mitigate disruptions to operations
- Protect essential assets
- Achieve timely recovery/reconstitution to pre-event status
- Maintain a training program for validation



Facilities and Coordinating Centers



CDC Director's Emergency Operations Center. Courtesy of CDC



Incident Command Post (ICP)



DOE Hanford Site, Richland Operations Office. Courtesy of DOE.



Courtesy of Rhode Island Dept. of Environmental Management.

- Physical location
- Tactical-level, on-scene incident command
- Located at or near incident site
- Can be fixed or mobile
- Typically comprises command and general staff, but can have other officials



Staging Area



- Usually temporary location
- Established by Operations Section Chief
- Can have multiple staging areas
- Positioning of resources awaiting assignment
- Manager assigned to each staging area by Operations Section Chief



Courtesy of DoD/USAF.



Emergency Operations Center (EOC)



- Physical location
- Federal, state, & local levels
- Coordinates info. & resources
- Supports on-scene operations
- Can be organized by functional disciplines, jurisdictions, ICS, or a combination of all three



CDC Director's Emergency Operations Center. Courtesy of CDC.



Joint Field Office (JFO)



Courtesy of FEMA.

- Primary federal incident management field structure
- Temporary facility
- Central location for coordination of response and short-term recovery efforts
- Organized, staffed & managed according to NIMS
- Led by Unified Coordination Group (UCG)



Joint Operations Center (JOC)



Courtesy of FBI.

- Interagency command post
- Established by the Federal Bureau of Investigation (FBI)
- Manages terrorist threats and incidents
- Investigative and intelligence activities
- Coordinates with state, local, and tribal law enforcement and other agencies



Joint Information Center (JIC)



CDC Director's Emergency Operations Center. Courtesy of CDC.

- Physical location
- Focal point for release of public information
- Established at or virtual connection to JFO, EOC, or other facility
- May be established at multiple locations
- Staffed by external affairs (ESF #15) personnel from various agencies

Public Health Emergency Preparedness in Massachusetts

State and Local Partnership



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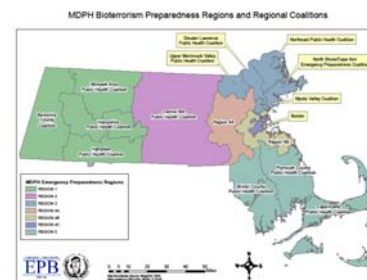
Public Health Emergency Preparedness in Massachusetts

- The Emergency Preparedness Bureau (EPB) is a unit of the Massachusetts Department of Public Health and has responsibility for policy-making and program coordination across all DPH emergency preparedness functions.
- EPB provides support to local health departments' emergency preparedness efforts through the CDC Public Health Emergency Preparedness (PHEP) program and state funding.



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Public Health Emergency Preparedness in Massachusetts



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Public Health Emergency Preparedness in Massachusetts

- In 2011, CDC issued a new cooperative agreement through the PHEP program to fund public health preparedness.
- The program is based on 15 **Capabilities**, which are national standards for public health preparedness capability-based planning and will assist state and local planners in identifying gaps in preparedness, determining the specific jurisdictional priorities, and developing plans for building and sustaining those capabilities.

15 PHEP Capabilities

Capability Name

- 1 Community Preparedness
- 2 Community Recovery
- 3 Emergency Operations Coordination
- 4 Emergency Public Information and Warning
- 5 Fatality Management
- 6 Information Sharing
- 7 Mass Care
- 8 Medical Countermeasure Dispensing
- 9 Medical Materiel Management and Distribution
- 10 Medical Surge
- 11 Non-Pharmaceutical Interventions
- 12 Public Health Laboratory Testing
- 13 Public Health Surveillance and Epidemiologic Investigation
- 14 Responder Safety and Health
- 15 Volunteer Management

Public Health Emergency Preparedness in Massachusetts

In 2011 PHEP Funding Supports these local health activities:

- Hazard Vulnerability Analysis
- Planning (all-hazards, COOP, EDS);
- Testing and updating 24/7 contact lists;
- EDS planning and CDC-required metrics for testing EDS operational capabilities;
- NIMS and ICS trainings for appropriate personnel;
- continuing development of mutual aid agreements;
- updating multi-year exercise plans; and
- Support to individuals requiring additional assistance.

Public Health Emergency Preparedness in Massachusetts

Other Emergency Preparedness Functions coordinated by EPB

- The **Hospital Preparedness Program** is tasked with building medical surge capability through planning, personnel, equipment, training and exercise capabilities at the state, regional, and local levels.

Public Health Emergency Preparedness in Massachusetts



- The **Medical Reserve Corps**' mission of the Medical Reserve Corps (MRC) is to improve the health and safety of communities across the country by organizing and utilizing public health, medical and other volunteers. Massachusetts has 46 recognized MRC units.



- Massachusetts Responds** is the statewide volunteer registration system for MRC units and unaffiliated volunteers.

How are Emergencies handled in MA?

2008 Ice Storm



The Emergency Shelter in Fitchburg Remained open for 2 weeks after the storm

H1N1



Worcester -- The first public H1N1 Clinic in MA 11/4/09

How are Emergencies handled in MA?

March 2010 Floods



Columbia St. in Fall River collapsed during the flood

May 2010 MWRA Water Emergency



A catastrophic water main break led to a boil water order impacting 30 Greater Boston communities for up to 3 days

How are Emergencies handled in MA?

Western MA Tornadoes, June 1, 2011



How are emergencies handled in MA?

The Massachusetts Emergency Management Agency (MEMA) coordinates federal, state, local, and private resources throughout the Commonwealth during times of disaster and other types of emergencies.

How are emergencies handled in MA?

With headquarters in Framingham and four regional offices, MEMA:

- Helps develop response plans for all types of hazards
- Trains emergency personnel
- Provides technical assistance
- Assists in responding to and recovering from emergencies

How are emergencies handled in MA?

- Acts as the State Emergency Operations Center (SEOC) during emergencies, providing state-wide dispatch services 24 hours a day, 7 days a week
- SEOC serves as the command and control center for the Commonwealth during an emergency

How are emergencies handled in MA?

When fully activated, the SEOC is staffed according to 18 Emergency Support Functions (ESF).

The federal, state, local, volunteer, public and private organizations that comprise the ESFs are part of the Massachusetts Emergency Management Team (MEMT).

EMERGENCY SUPPORT FUNCTIONS (ESF) LIST

- 1 Transportation & Infrastructure
- 2 Communication
- 3 Public Works & Engineering Response
- 4 Fire Service
- 5 Emergency Management
- 6 Mass Care, Housing & Human Services
- 7 Resource Support
- 8 Health & Medical Services
- 9 Urban Search & Rescue
- 10 Oil & Hazardous Materials
- 11 Agriculture, Natural Resources
- 12 Energy
- 13 Public Safety & Security
- 14 Recovery & Mitigation
- 15 External Affairs



How are emergencies handled in MA?

The Massachusetts Department of Public Health (MDPH) is responsible for maintaining the ESF 8 Health and Medical Services Plan and staffing the ESF 8 desk at the SEOC.

ESF 8 staff are responsible for working with partner agencies and others to coordinate the provision of field services.



Communication with MDPH

- MDPH Duty Officer pager: 617-647-0343
- Epi on-call: 617-983-6800
- Your Regional Coordinator
- Health and Homeland Alert Network (HHAN)



How are emergencies handled locally in MA?

- Comprehensive Emergency Management Plan (CEMP)
- Local emergency planning committee (LEPC)
- MRC units



Contact Information

Michael Coughlin, MS
Local Public Health Manager
MDPH EPB
617-624-5091
Michael.coughlin@state.ma.us



Questions?

