Isolation and Quarantine in a Public Health Emergency

Preparedness Capabilities Handout

NC Statewide PH Preparedness System Strategic Map: 2010-2013

Integrate Preparedness in the Public Health System to Increase Impact in a Dynamic Environment

08/06/10 Session Final

	Define and Optimize the Scope of Preparedness within Public Health	Expand Awareness and Understanding Of Public Health Preparedness	Sustain and Diversify Resources	Strengthen Organizational Effectiveness and Collaboration
1	Develop a Working Definition of Public Health Preparedness in NC	Develop and Deliver a Marketing Strategy	Align Resources with Plans	Align State and Regional Capacity with Local Needs
2	Identify and Prioritize Target Capabilities	Develop and Deliver a Public Information Strategy	Seek New/ Innovative Funding	Develop Common Operating Standards
3	Identify Benchmarks/ Metrics	Perform and Demonstrate Risk Communication	Develop aSystem to Monitor/ Communicate Capacity	Clarify Individual and Organizational Accountability
4	Define Roles and Relationships Throughout the Public Health System	Establish a Pattern of Sharing Successes	Develop a Global Resource Inventory System	Enhance Internal Communication
5	Assess the System Against Benchmarks		Design and Implement a Workforce Development, Recruitment and Retention Plan	Enhance Access/Use of Information Technology
6	Develop an Improvement Plan			
7	Maximize Internal and External Partnerships			

Public Health Preparedness Capabilities:

National Standards for State and Local Planning

March2011

Public health preparedness capabilities. CDC identified the following 15 public health preparedness capabilities (shown in their corresponding domains) as the basis for state and local public health preparedness:

Biosurveillance
- Public Health Laboratory Testing
- Public Health Surveillance and Epidemiological Investigation

Community Resilience
- Community Preparedness
- Community Recovery

Countermeasures and Mitigation
- Medical Countermeasure Dispensing
- Medical Materiel Management and Distribution
- Non-Pharmaceutical Interventions
- Responder Safety and Health

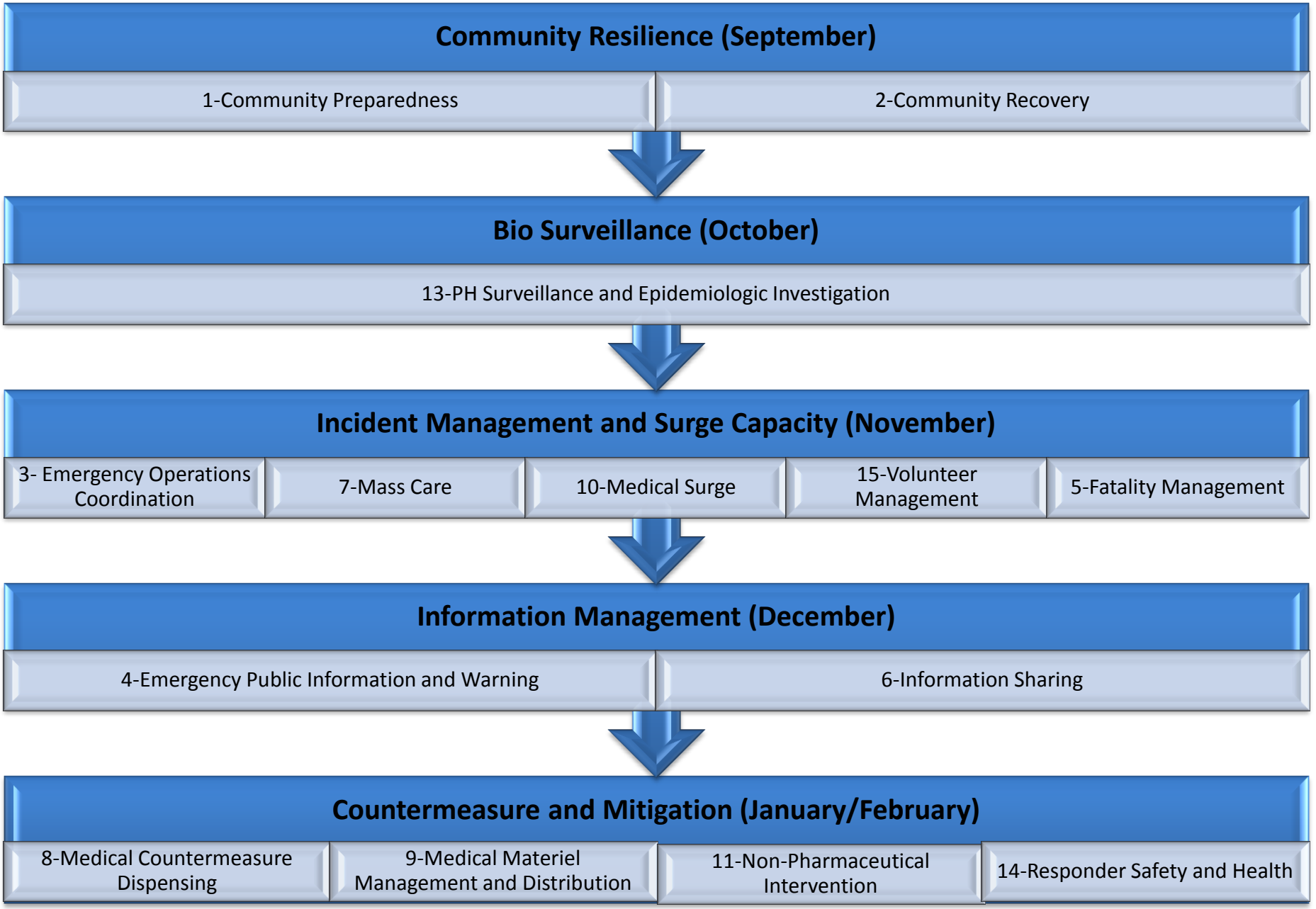
Incident Management
- Emergency Operations Coordination

Information Management
- Emergency Public Information and Warning
- Information Sharing

Surge Management
- Fatality Management
- Mass Care
- Medical Surge
- Volunteer Management

Overall Concept

- Had no aggregated assessment
- Modular approach
- Use of established mechanisms
- No grades, no right or wrong answers


Community Resilience (September)
1-Community Preparedness
2-Community Recovery
Bio Surveillance (October)
13-PH Surveillance and Epidemiologic Investigation
Incident Management and Surge Capacity (November)
3- Emergency Operations Coordination
7-Mass Care
10-Medical Surge
15-Volunteer Management
5-Fatality Management
Information Management (December)
4-Emergency Public Information and Warning
6-Information Sharing
Countermeasure and Mitigation (January/February)
8-Medical Countermeasure Dispensing
9-Medical Materiel Management and Distribution
11-Non-Pharmaceutical Intervention
14-Responder Safety and Health

	A	B
1		**Health Department/District Name:**
2		**Capability 1- Community Preparedness**
3	**Description**	P1: (Priority) Written plans should include policies and procedures to identify populations with the following: – Health vulnerabilities such as poor health status – Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance) – Reduced ability to hear, speak, understand, or remember – Reduced ability to move or walk independently or respond quickly to directions during an emergency – Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure These procedures and plans should include the identification of these groups through the following elements: – Review/access to existing health department data sets – Existing chronic disease programs/maternal child health programs, community profiles – Utilizing the efforts of the jurisdiction strategic advisory council – Community coalitions to assist in determining the community's risks
4		
5	**Current Status**	
6		
7		
8		
9	**Gaps**	
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11		
12		
13	**Plans to Address the Gap**	
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November 2012

NORTH CAROLINA PUBLIC HEALTH PREPAREDNESS SYSTEM CAPABILITIES ASSESSMENT GAP AND STRATEGIES REPORT

CAPABILITY 13- Public Health Surveillance and Epidemiologic Investigation

Function 1: Conduct public health surveillance and detection.

Skills and Training 1: Public health staff conducting data collection, analysis and reporting in support of surveillance and epidemiologic investigations should achieve, at a minimum, the Tier 1 Competencies and Skills for Applied Epidemiologists in Governmental PH Agencies.

Gaps	Strategies		
	State Level	Regional Level	Local Level
• There are time restraints and inadequate funding resources to maintain a highly competent public health workforce. • Local EPI Teams may not have Epidemiologists with Tier 1 competencies.	• Ongoing surveillance and epidemiologic investigation training is needed for Epi team members and clinical staff for assistance in surge capacity and to recover from staff turnover. • Add HSEEP training to CD manual.	• Build Epi/Surveillance into statewide, regional, local exercises.	• Maintain connection with regional/state Communicable Disease Branch for epidemiology consultations. • Identify and collaborate with people who are engaged with epi activities and environmental hazards as part of their state and local duties. • Use online training through the Center for Public Health Preparedness and Communicable Disease Branch. • Look to MRC and other professionals in the county for Tier 2 competencies. • Develop and implement a local agency workforce development plan that includes epi competencies. • Seek out and advertise to staff online credentialing courses .

Priorities and Regional Work Plans

- November 2012: Top Three Priorities
  - At Risk Population Planning and Recovery
  - Risk Communications Training
  - SNS Inventory Management System
- January 2013: Regional Work Plans
  - Mapping of Activities to address the 3 Priorities

Gaps and Strategies

- What's the use?
  - Policy determinate
  - Communications with partners
  - Documentation of basis for measuring progress
- What we've done with this so far
  - Engaged with NC Hospital Association's NC Community Health Improvement Collaborative
  - Collaboration with Community Health Assessment Team at NC DPH
  - Engaged with partner DHHS agencies' disaster coordinators
  - Training and exercise plans
  - Delivering on the strategies…..

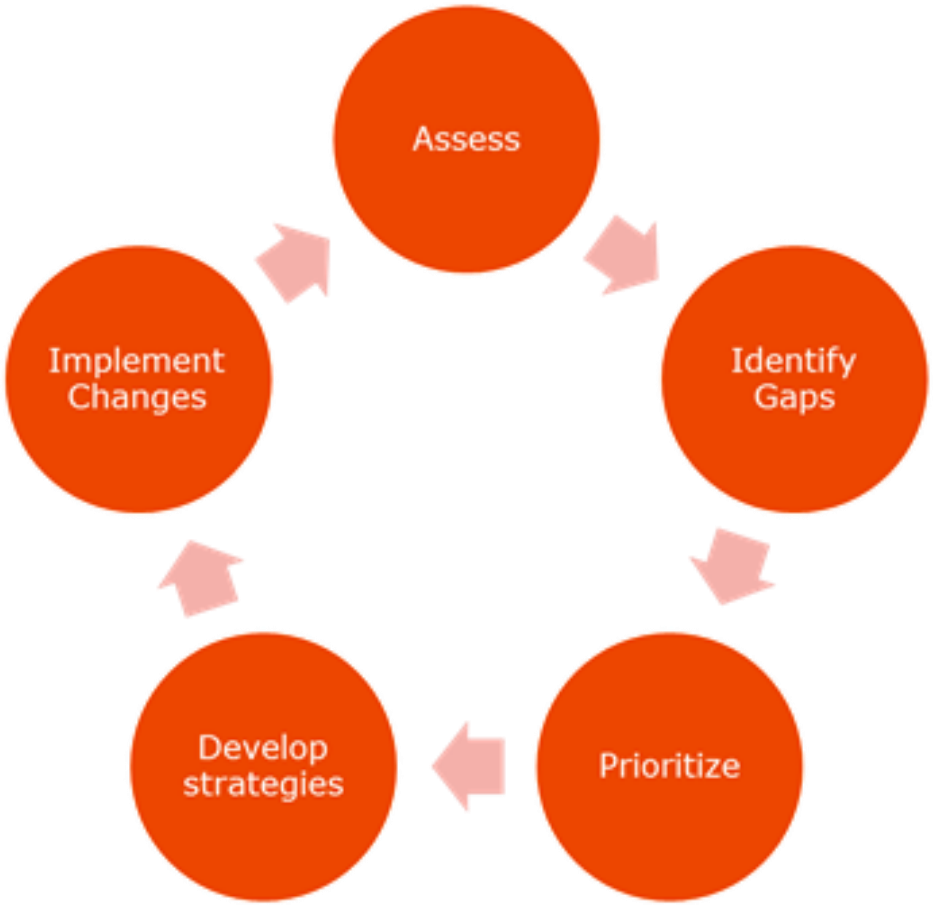
CAPABILITY 11- Non-Pharmaceutical Interventions

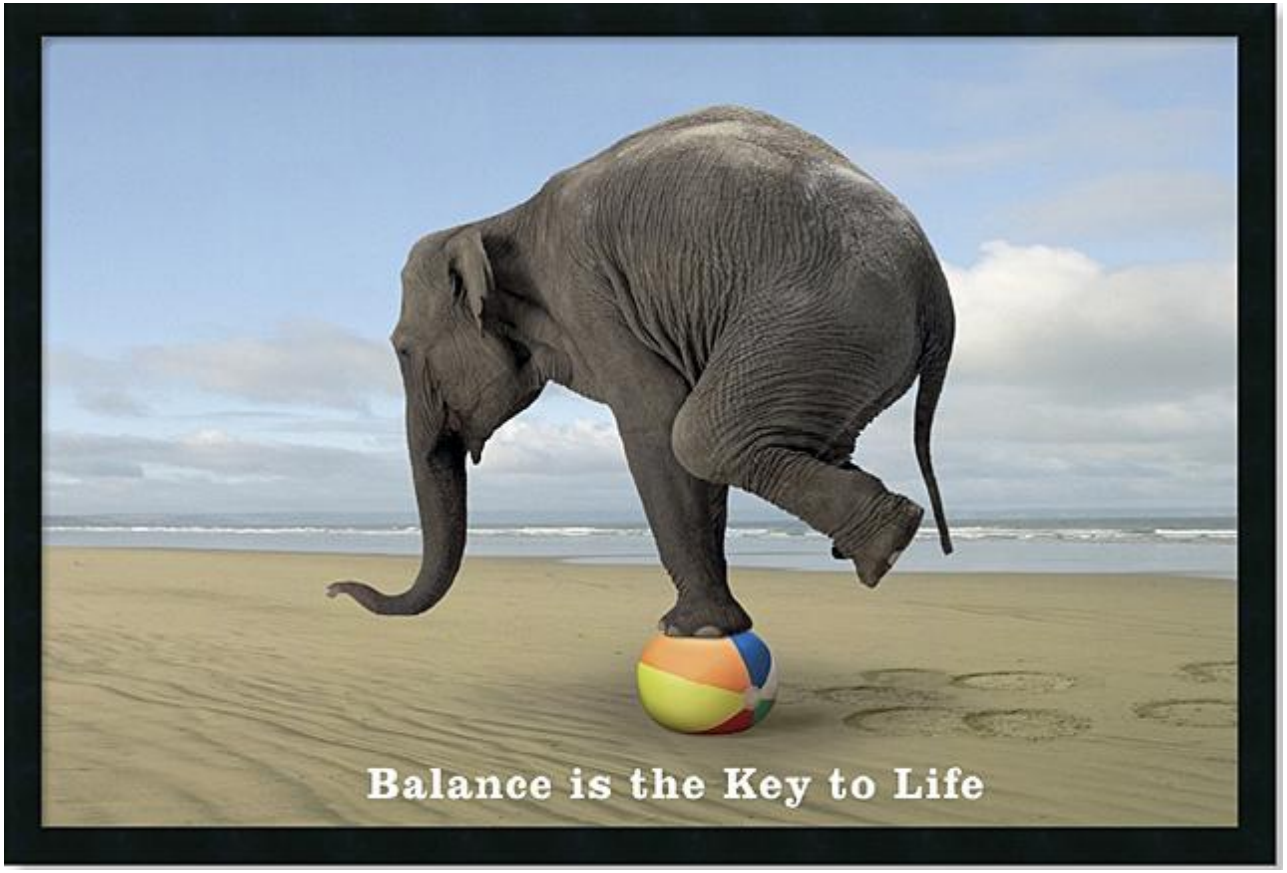
Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors.

Function 1: Engage partners and identify factors that impact non-pharmaceutical interventions (NPI). Planning 1: Written plans should include documentation of the applicable jurisdictional, legal and regulatory authorities and policies for recommending and implementing NPI in both routine and incident-specific situations.			
	Strategies		
Gaps	**State Level**	**Regional Level**	**Local Level**
• Local Health Departments need state guidance on NPI authorities and policies.	• Identify existing state NPI policies applicable to LHD's for both routine and incident-specific situations. • Provide clarification on legal and regulatory authorities for restricting individuals, groups, facilities, animals, consumer food products, public works/utilities, and travel through ports of entry. • Develop an NPI Awareness Training Module that addresses the NPI Plans, including operations, legal and jurisdictional authorities, ports of entry, roles and responsibilities for public health, law enforcement, and medical, public and private agencies and organizations. • Provide an Isolation & Quarantine plan template that includes all of the required plan elements.	• Disseminate the policies developed at the state level. • Provide technical assistance on state guidance as needed. • Provide regional training on the NPI training modules to ensure that the issues are addressed uniformly and consistently across the state. • Provide additional training and technical assistance as needed.	• Implement the policies disseminated by State into county plans. • Seek technical assistance if further clarification is needed to make sure county policies are aligned with state recommendations. • Develop and implement plans that includes documentation of the applicable jurisdictional, legal, and regulatory authorities and policies for recommending and implementing non-pharmaceutical interventions in both routine and incident specific situations, including facilities, animals, consumer food products, and public works and utilities.

Function 1: Engage partners and identify factors that impact NPI. Planning 2: Written plans should include documentation of the elements detailed in the PH Preparedness Capabilities.			
	Strategies		
Gaps	**State Level**	**Regional Level**	**Local Level**
• Local Health Departments need State guidance on the written agreements required with community partners and healthcare providers.	• Clarify need for MOUs with healthcare providers and/or other community partners for non-pharmaceutical interventions when NC General Statute mandates on reporting are already in place. • Develop MOU templates for: 1) local partners outlining roles, responsibilities and resources in non-pharmaceutical interventions and 2) communications with healthcare providers (see also Capability 13).	• Disseminate MOU templates developed by the state to ensure that local HDs use similar components for uniformity and consistency across the state. • Provide training on procedures to communicate with partners, especially with regards to case definitions and reporting identified cases of inclusion (see also Capability 13). • Provide training and technical assistance to make sure there is an understanding of the need for MOUs with partner agencies for non-pharmaceutical interventions. • Provide additional technical assistance and periodic refresher training.	• Establish MOUs/MOAs with community partners. • Educate community partners on their roles and responsibilities related to non-pharmaceutical interventions. • Provide training and feedback to healthcare providers so that they understand procedures to communicate case definitions • Integrate the template into local All-Hazards Plan.


Assess
Identify Gaps
Prioritize
Develop strategies
Implement Changes



Balancing Local Priorities, Partner Agency Priorities and “Systemwide Systematic” Priorities

- Special thanks:
  - ALL 85 Local Health Dept Preparedness Coordinators
  - All regional office staff

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