Public Health Emergency Preparedness Handbook

Region 3 – Northeastern

Massachusetts

Welcome

This booklet was prepared to assist you with understanding public health emergency preparedness in Northeastern Massachusetts. There are many facets to emergency planning, and it can certainly be overwhelming for small volunteer Boards of Health with little to no staff. This booklet will aid you in understanding the most common topics your board will encounter. The information enclosed is meant as a preliminary guide. I encourage you to learn more about the preparedness efforts in our region.

Thank you for taking the opportunity to review this booklet. Please feel free to reach out to me with any questions or for assistance with your planning.

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The Public Health Emergency Preparedness Program (PHEP)

The Center for Disease Control and Prevention (CDC) Public Health Emergency Preparedness (PHEP) Program was established by enactment of the Public Health Security and Bioterrorism Preparedness and Response Act of 2002. Its importance was affirmed with the enactment of the Pandemic and All Hazards Preparedness Act (PAHPA) in 2006 and the Pandemic and All Hazards Preparedness Reauthorization Act (PAHPRA) of 2013.

The PHEP program is a critical source of funding, guidance, and technical assistance for state, territorial, and local public health departments. Preparedness activities funded by the PHEP program are targeted specifically for the development of emergency-ready public health departments that are flexible and adaptable. These efforts support the National Response Framework (NRF), which guides how the nation responds to all types of hazards including infectious disease outbreaks; natural disasters; biological, chemical, and radiological incidents; and explosions.

There are 15 core capabilities dedicated to PHEP work:

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 Epidemiological Investigation
14. Responder Safety and Health
15. Volunteer Management

Capability 1: Community Preparedness

Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

• Support the development of public health, medical, and mental/behavioral health systems that support recovery

• Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents

• Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals

• Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community

• Identify those populations that may be at higher risk for adverse health outcomes

• Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities

Capability 2: Community Recovery

Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Capability 3: Emergency Operations Coordination

Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Capability 4: Emergency Public Information & Warning

Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Capability 5: Fatality Management

Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

Capability 6: Information Sharing

Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of

government and the private sector in preparation for, and in response to, events or incidents of public health significance.

Capability 7: Mass Care

Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/ behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

Capability 8: Medical Countermeasure Dispensing

Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Capability 9: Medical Materiel Management and Distribution

Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

Capability 10: Medical Surge

Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to

survive a hazard impact and maintain or rapidly recover operations that were compromised.

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 warnings
• Social distancing
• External decontamination
• Hygiene

Capability 12: Public Health Laboratory Testing

Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This capability supports routine surveillance, including pre-event or pre-incident and post-exposure activities

Capability 13: Public Health Surveillance and Epidemiological Investigation

Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance.

Capability 14: Responder Safety and Health

The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

Capability 15: Volunteer Management

Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

PHEP Coalitions in Region 3

Region 3A: **Northeast Public Health Coalition**

Boxford, Georgetown, Groveland, Haverhill, Ipswich, Merrimac, Middleton, Newbury, Newburyport, Rowley, Topsfield, and West Newbury.

Region 3B: **Greater Lawrence Public Health Coalition**

Andover, Lawrence, Lynnfield, Methuen, North Andover, North Reading, Reading, and Wilmington.

Region 3C: **Upper Merrimack Valley Public Health Coalition**

Billerica, Chelmsford, Dracut, Lowell, Tewksbury, Tyngsborough and Westford.

Region 3D: **North Shore Cape Ann Public Health Coalition**

Beverly, Danvers, Essex, Gloucester, Hamilton, Lynn, Manchester-by-the-Sea, Marblehead, Nahant, Peabody, Rockport, Salem, Saugus, Swampscott, and Wenham

Region 3E: **Mystic Valley Coalition**

Malden, Medford, Melrose, Stoneham and Wakefield.

Most PHEP coalitions have at least one emergency preparedness planner who represents your town and can help you with your planning at no charge.

Health and Medical Coordinating Coalition (HMCC)

The Region 3 HMCC coordinates health and medical emergency preparedness, planning, and response amongst five core health and medical disciplines:

- Local public health
- Hospitals
- Long-term care facilities
- Community health centers, and
- Emergency medical services

What the Coalition Does:

The HMCC connects health and medical organizations in the region to coordinate preparedness planning efforts, and to coordinate response by facilitating information sharing and mutual aid.

The HMCC is designed to build on existing discipline–specific emergency planning and response groups by connecting them and does not override systems already in place.

The HMCC has no authority over individual organizational plans or procedures.

Coalition Administration and Leadership:

The Metropolitan Area Planning Council (MAPC) is the sponsoring organization for the Region 3 HMCC.

MAPC/HMCC staff provide administrative and operational support to the HMCC and its committees by managing grant funds and contracts, convening committees, building agendas and minutes, maintaining the Coalition website, and providing 24/7 on-call coverage to assist with emergency response.

The Coalition is overseen by a ten-member Board of Governor (BOG), comprised of two representatives from each of the five core disciplines. BOG representatives are chosen by their peers.

Coalition Response Activities:

- Notify member organizations that an actual or potential incident is developing

- Disseminate information from Coalition member organizations to municipal and other authorities, at their request

- Convene personnel from Coalition member organizations to discuss strategic issues or make policy recommendations related to the healthcare response

- Help Coalition member organizations obtain incident-related information that is not otherwise readily available

- Match organizations that request mutual aid or other assistance with organizations that can provide the assistance needed

The Region 3 HMCC geographic spread consists of the communities within the five PHEP coalitions.

HMCC Duty Officer Quick Reference Guide

Duty Officers are the first point of contact for HMCC stakeholders as an incident presents or evolves. The HMCC Duty Officer is available 24/7 via phone or email.

Duty Officers will collaborate with all HMCC member organizations to provide situational awareness, support development of a common operating picture across the communities and agencies in the region, and facilitate resource sharing.

How to Contact the HMCC Duty Officer:

CMED: (978) 946-8130
Email: dutyofficer@hmccreg3.org

Page the HMCC Duty Officer when: additional support is needed to address an incident or further threat is pending.

Email the Duty Officer when: no additional support is needed or no further threat is pending.

When Paging the HMCC Duty Officer:

- Page the HMCC Duty Officer when: there is an emergent need for additional support is needed to address an incident or further threat is pending.

- The number provided for the Duty Officer will connect you North-East CMED 24/7/365 Central Medical Dispatch Center located in Lawrence General Hospital. You will be asked to confirm that the desired callback number is that from which you are calling, and you'll be given the chance to indicate a different callback number if need be. The Communication specialist operator will then will notify the Duty Officer on call.

- Expect a Duty Officer to return your call within 10 minutes. Stay by the phone number provided to CMED. During this time, you can review the basics of your situation to provide the Duty Officer with: who, what, when, where, etc.

- The Duty Officer might request that you garner further information. You might be asked to get further information to assist the Duty Officer in making the determination of next steps.

- As much as possible, when paging the Duty Officer, know what you are asking for! If you're unsure and just think it is best to call and report an issue that is fine. The Duty Officer will help

you work it out! But if you know you have a need or goal from the communication, help the Duty Officer understand the specific nature of your call and request.

When E-mailing the HMCC Duty Officer:

- Email the Duty Officer when: Non urgent requests, no additional support is needed, or no further threat is pending.

- Emails sent to Region3HMCCDutyOfficer@mapc.org will be forwarded to the Duty Officer, but will not wake them in the middle of the night! By its nature, email is a less urgent form of communication, and should not be used to communicate immediate needs unless you and the Duty Officer have spoken and are using email to forward documents, etc.

- Emails will receive a reply/confirmation within a reasonable time frame. Emails sent to provide non-emergent situational awareness of situation updates will be replied to ASAP by the Duty Officer to confirm receipt and notify the sender of actions taken with the information.

[WebEOC](#)

WebEOC (Web Emergency Operations Center) is the Commonwealth's incident management tool that provides a central hub for situational awareness and a common operating picture, which allows jurisdictions to coordinate a quick response to incidents. WebEOC is not monitored on a 24/7 basis but is utilized during emergency incidents. All Boards of Health in the state have access to the system.

Accessing WebEOC

https://mdph.webeocasp.com/mdph

[Logging In Process](#)

Page 1. Announcement page

This will show any up to date announcements.

- Click the **Accept** button.

Page 2. Username and password:

- Type in your username. Your username will be the name of your community and Public Health (ex. Amherst Public Health).
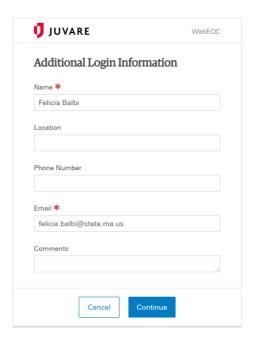- Type your password and click **Log In** button.

Page 3. Position and Incident

You are only assigned one position. You do not have
to change position.

- Select an Incident from drop-down lists
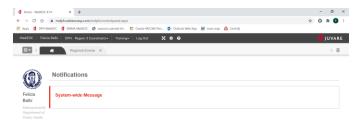- Click **Continue** button.

Page 4. Additional Login Information

- Enter complete contact information as requested.
  This information will populate other boards for
  identification throughout the system.
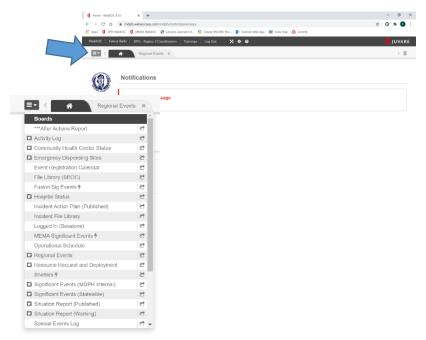- Click **Continue** button.

Home Page

Once logged in, the Home Page is launched. The Home Page
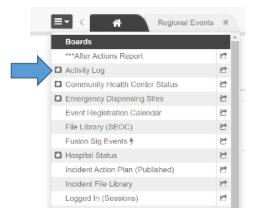will display any system-wide information.

Control Panel

To access your control panel, click the box with the three lines
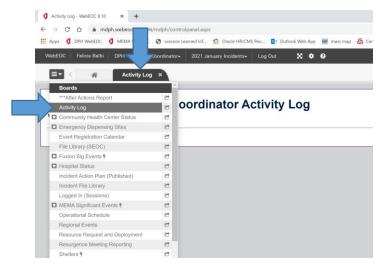in the upper left corner.

Viewing Information

- Click on the board name to view the board.

If there is new data in a board, there will be a star next to the name.
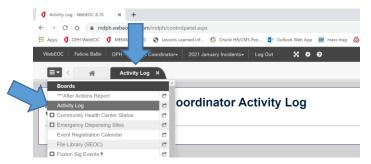

When you open a board from the control panel, the board will be shown in tabs on the top of the window. A tab that is highlighted in darker blue is the current board open.
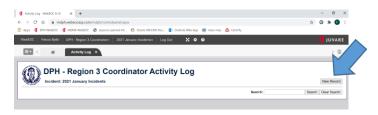
How to:

Post Information to WebEOC

Step 1. Click **Activity Log** on the control panel.

Step 2. Select **New Record** button in the upper right corner.

Step 3. Complete the fields on the screen:

- Date/Time
- Event type
- Priority
- Details
- Attachments (you can attach a word, excel, PDF or photo)
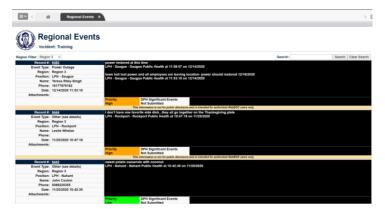
Step 4. Choose how to route the message.

- Choose where your post should go to the Region 3 Events Board and/or Significant Events (Statewide) board by using the checkboxes.
- Click **Save** button.

Significant Events Boards

Regional Board

This will show postings your MDPH region. **To post to this board, you need to route to it from your activity log.**

Significant Events (Statewide)

This board will show postings from healthcare entities and MDPH, across the state. **To post to this board, you need to route to it from your activity log.**

Entries sent to the Significant Events (statewide) board are first reviewed and will only post once approved by MDPH.

How to:

View or Update/Add to the Emergency Dispensing Sites Board

Each EDS location identified in a municipals EDS Plan across the Commonwealth is captured on one board, housed in WebEOC. Each municipality can see all EDS locations, but will only have the ability to edit the ones located in their own community. Each municipality should only include on this board the EDS locations included in their plans.

To view the EDS in your community:

1. Click **Emergency Dispensing** Sites on control panel

2. Choose from the EDS locations dropdown and the list of EDS associated with your community will appear.

3. To edit EDS information for a location:

- Click **Update** on the record you wish to edit.
- Change the appropriate information and click the **Save** button.
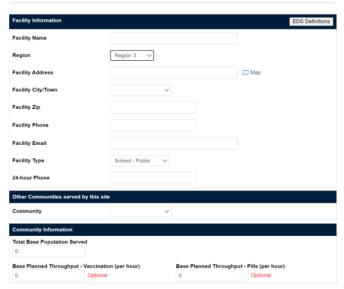
*Note: EDS information will only be able to be edited by the host community.

4. To add an additional EDS for your community:

- Select New Record on the top right-hand corner.

Emergency Dispensing Site
Incident: Training

Facility Information		EDS Definitions
Facility Name		
Region	Region 3	
Facility Address		🗺 Map
Facility City/Town		
Facility Zip		
Facility Phone		
Facility Email		
Facility Type	School - Public	
24-hour Phone		

Other Communities served by this site	
Community	

Community Information

Total Base Population Served
0

Base Planned Throughput - Vaccination (per hour)	Base Planned Throughput - Pills (per hour)
0 Optional	0 Optional

- Fill out the record and click save.

Emergency Dispensing Sites (EDS) & Medical Countermeasures (MCM)

Purpose:
An Emergency Dispensing Site, also known as a Point of Dispensing site (or POD) is a mass medication dispensing location that is capable of providing pills, tablets, capsules, or vaccinations to protect the general population from biological threats or epidemics.

Goals:
The goals of an EDS are to:

- Decrease the number of individuals who may get ill
- Provide information about the disease and the treatment/prophylaxis (antibiotic or vaccine) being offered
- Provide medication to an exposed population within a given time period (the population and time are often event-specific)
- Request, receive, and distribute federal Strategic National Stockpile (SNS) provided materials in a timely manner

Closed and Open POD/EDSs:
Both Open and Closed PODs play a vital role in the mass distribution of medication.

Open Sites:
An Open EDS is set up for the general population in strategic locations throughout the community. Open EDSs are operated by public health experts and volunteers. An Open EDS involves the following activities:

- Setting up and executing a mass medication dispensing operation to serve potentially exposed populations before they become symptomatic
- Locating and coordinating the personnel to staff the dispensing operation

- Providing the public with information about community efforts to protect them from the threat
- Isolating symptomatic individuals and arranging to transport them to acute care facilities, if needed
- Training and organizing volunteers, such as Medical Reserve Corps members, to perform EDS site functions

Closed Sites:
A Closed POD is designated for specific groups that are pre-trained to dispense medications to their member populations.

The purpose of Closed PODs is:
- To provide businesses and employees with extra security during a public health emergency to remain open
- To help relieve some of the pressure on Open PODs by reaching portions of the population independently

Some examples of potential Closed PODs are:
- Churches
- Nursing Homes
- Companies with large populations
- Colleges

Strategic National Stockpile (SNS)

The SNS is a national repository of medications and medical supplies maintained by the federal government to be used for emergency situations such as a bioterrorism attack, widespread disease outbreak or natural disaster.

When an emergency occurs, the Centers for Disease Control (CDC) can deploy a large shipment from the SNS. The SNS delivers emergency supplies from secured warehouses to designated sites within 12 hours of the federal decision to deploy SNS assets.

A local Board of Health will never be in communication with the SNS. For emergency support, a Board of Health needs to contact the Region 1 HMCC.

Emergency Shelters

Sheltering in Massachusetts starts at the local level and is driven by local needs. Communities provide a range of mass care and shelter services to residents depending on the needs of the community and the type of hazard or threat. The mass care and shelter options that local communities can provide include the following:

- **Personal care sites (PCS)** provide limited services such as warming/cooling assistance, food and water (including special dietary needs), functional needs support services (FNSS), electricity or charging stations, etc. PCS operations do not include overnight accommodations or dormitory services.

- **Local-initiated overnight shelters** provide full dietary, dormitory, and/or other FNSS for a single community.

- **Local-initiated multi-community shelters** provide full dietary, dormitory, and/or other FNSS for multiple communities. This occurs when several communities come together and provide shelter services for multiple communities. This can be through the use of memoranda of understanding (MOU) to form shelters that support multiple local communities and share costs/resources, but are run independent of the state-initiated regional shelters (SIRS).

While local shelters form the backbone of the statewide shelter strategy, recent disasters have demonstrated that during severe or prolonged emergencies, local communities may require mass care and shelter support from the Commonwealth of Massachusetts. Consequently, the Commonwealth has developed this statewide mass care and coordination plan and is establishing the capability to activate SIRS.

- **SIRS** serve multiple communities and are initiated by the Massachusetts Emergency Management Agency (MEMA) and operated by the American Red Cross (ARC). These shelters are established to provide larger scale sheltering services when local capacities are exceeded and/or to maximize the use of resources and staffing to operate shelters across the Commonwealth. These shelters provide dietary services, dormitory services, pet services, and FNSS.

Health and Homeland Alert Network

The Health and Homeland Alert Network (HHAN) provides secure web-based communication and information sharing capabilities to the Commonwealth of Massachusetts.

The state government and all 351 of the Commonwealth's cities and towns use the HHAN in support of bioterrorism preparedness.   This can include, but is not limited to, emergency alerts, response planning, educational services, disease surveillance, laboratory reporting, and epidemiologic investigation.

The Massachusetts Department of Public Health (MDPH) requires each local Board of Health to have at least two people enrolled on the system.

To sign up for the HHAN, contact the HHAN administrator at alert.network@state.ma.us

Massachusetts Virtual Epidemiologic Network (MAVEN)

State public health officials rely on local boards of health, healthcare providers, laboratories and other public health personnel to report the occurrence of notifiable diseases as required by Massachusetts General Laws.

The MAVEN web site is an on-line tool for local health departments, clinical providers, hospitals, and laboratories to share disease information.

Nearly every community in Massachusetts is online with MAVEN and uses the system to monitor and share disease information from their community.

If you have any questions regarding the MAVEN system, contact the Office of Integrated Surveillance and Informatics Services (ISIS) at 617-983-6801 or isishelp@state.ma.us.
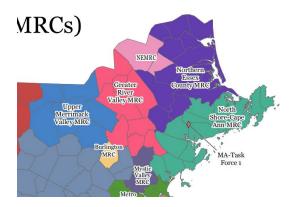
Continuity of Operations

Delegation of Authority

If Board of Health members or key staff are unavailable due to illness or absent for any other reason, the Board can delegate authority. This means that they can specify who is authorized to make decisions or act on their behalf and on behalf of other key BOH personnel such as the Health Director, Health Agent/Health Inspector and the Public Health Nurse. Authority is pre-delegated to ensure that Board of Health personnel are aware of their responsibilities during an emergency.

Plan for Leadership Succession

When key personnel are unavailable or unable to assume their duties you should have a plan called Orders of Succession. An order of succession is a formula that specifies who will automatically fill a position if it is vacated and therefore, allows for an orderly and predefined transition of leadership. The designated successor retains all assigned obligations, duties and responsibilities of the incumbent until officially relieved by an individual higher on the list of succession, or until an individual higher on the list of succession reassigns the responsibilities.

Medical Reserve Corps (MRC)

The Medical Reserve Corps is a community-based, civilian volunteer program that helps build the public health infrastructure of communities nationwide.

Each MRC unit is organized and trained to address a wide range of challenges from public health education to disaster response.

The MRC exists to improve the health and safety of our communities and our region.   Units are made up of medical and non-medical volunteers who are trained to respond to public health emergencies and disasters when activated by a local community or hospital. Members also participate in and conduct education and outreach events throughout the year that promote our mission of community health, emergency preparedness, and resiliency.

Learn more about the MRC at
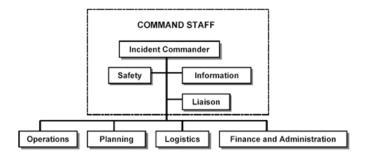https://www.mamedicalreservecorps.org/

To volunteer within an MRC please register at:

https://www.maresponds.org/

Incident Command System

The Incident Command System (ICS) is a systematic tool used for the command, control, and coordination of an emergency response. ICS allows agencies to work together using common terminology and operating procedures for controlling personnel, facilities, equipment, and communications at a single incident scene.

At a minimum, all Board of Health members must have at least ICS-100 training. This can be completed online at:

https://emilms.fema.gov/IS100b/

Prepare Yourself

It's critical to prepare yourself and your family before trying to take care of others.

Being prepared means being equipped with the proper supplies you may need in the event of an

emergency or disaster. Keep your supplies in an easy-to-carry emergency preparedness kit that you can use at home or take with you in case you must evacuate.

At a minimum, you should have the basic supplies listed below:

☐ Water: one gallon per person, per day (3-day supply for evacuation, 2-week supply for home)
☐ Food: non-perishable, easy-to-prepare items (3-day supply for evacuation, 2-week supply for home).
☐ Flashlight
☐ Battery-powered or hand-crank radio
☐ Extra batteries
☐ First aid kit
☐ Medications (7-day supply) and medical items
☐ Multi-purpose tool
☐ Sanitation and personal hygiene items
☐ Copies of personal documents (medication list and pertinent medical information, proof of address, deed/lease to home, passports, birth certificates, insurance policies)
☐ Cell phone with chargers
☐ Family and emergency contact information
☐ Extra cash
☐ Emergency Blanket
☐ Map(s) of the area

Consider the needs of all family members and add supplies to your kit. Suggested items to help meet additional needs are:

☐ Medical supplies (hearing aids with extra batteries, glasses, contact lenses, syringes, etc)
☐ Baby supplies (bottles, formula, baby food, diapers)
☐ Games and activities for children
☐ Pet supplies (collar, leash, ID, food, carrier, bowl)
☐ Two-way radios
☐ Extra set of car keys and house keys
☐ Manual can opener

People Who Can Help You

MDPH OPEM Staff:
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Public Health Coalitions

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