

## PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES

On March 25, 2004, the Legislative Program Review and Investigations Committee voted to study the status of Connecticut's preparedness program for public health emergencies. In particular, the committee wanted to evaluate recent assessment, planning, and implementation activities related to improving the public health infrastructure in order to prepare for and respond to acts of bioterrorism, infectious disease outbreaks, and other similar serious public health threats.

Two important elements of a public health emergency are the unpredictability of its onset and the potential it has to affect the well-being of a large number of people. Because public health risks may change over time, ideally public health preparedness efforts reflect an "all hazards" approach that enables responders to handle many different kinds of incidents.

A successful preparedness effort is based on sufficient resources to allow specific tasks to be performed, the existence of appropriate legal authority, and tested plans that outline who is responsible for what tasks. There also needs to be a recognition that while a comprehensive response may involve all levels of government, initially it is those at the local level who must handle the situation. Therefore, interagency communication and coordination are essential.

Since all elements of a preparedness program must be maintained at a certain level of readiness indefinitely, one can never say the job of being prepared is complete. Indeed, the federal Centers for Disease Control and Prevention (CDC) describes public health preparedness for emergencies as a *continuous* process of improving the health system's capacity to detect, respond to, recover from, and mitigate the consequences of public health emergencies.

Since 2001, Connecticut has received approximately \$56 million for health related bioterrorism preparedness activities from CDC and the Health Resources and Services Administration (HRSA). An indirect benefit of this funding has been the opportunity it provides to improve the basic public health infrastructure in the state, which supports routine public health services as well as emergency preparedness efforts.

The main public health preparedness agency at the state level is the Department of Public Health (DPH), which is the grant recipient for a majority of the federal bioterrorism dollars the state receives under the CDC and HRSA grant programs. Other key state agencies involved in emergency preparedness are the Office of Emergency Management and the Division of Homeland Security, both of which are being merged into a new Department of Emergency Management and Homeland Security (DEMHS) in January 2005.

At the regional and local level, a wide range of agencies and organizations are involved in public health preparedness and response efforts. These groups include local public health departments, acute care hospitals and other health care providers, various first responders such as emergency medical service (EMS) providers, and municipal officials.

The process of preparing for public health emergencies involves completion of a variety of activities, ranging from identifying vulnerabilities to ensuring a coordinated emergency response. Because preparedness is a fluid condition, going through the stages of the process just once is not

enough. Ideally, after all of the stages are completed the first time, the process should repeat itself routinely, adjusting the scale of activities in each segment based on the work completed in the initial effort and accommodating new threats and information.

The program review committee's study primarily focused on two aspects of preparedness. One was the actual process and organization used to build capacity. The other was the current outcome of the process as evidenced by specific elements (e.g., plans, procedures, training, and equipment) that comprise preparedness for public health emergencies. In addition to describing the current status of Connecticut's preparedness program, the report recommends specific activities in areas where the committee believes additional changes or improvements are needed. The findings and recommendations approved by the committee are listed below, with the recommendations in bold type.

## FINDINGS AND RECOMMENDATIONS

Overall, the program review committee found the Department of Public Health and its related health partners have made significant progress since the fall of 2001 in improving the state's ability to prepare for, respond to, and recover from various types of public health emergencies. However, a number of components that would enhance these efforts need to be further developed, especially as preparedness efforts shift from planning to system performance.

### Planning and Grant Process

- The Department of Public Health's overall public health preparedness planning and grant development processes demonstrate an inclusive and collaborative goal setting and monitoring effort across governmental levels and among public and private partners. However, resource allocation decisions are closely controlled by DPH and overall direction to hospitals and local health departments does not always appear to be clear.

### Assessments

- As of November 2004, the Department of Public Health still had not completed all of the capacity assessments of specific health care entities required by the federal Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA) grants. The ones that have been done vary in comprehensiveness, and the department has no specific schedule for updating them, making it difficult to determine public health emergency preparedness levels statewide.
- 1. The Department of Public Health should establish a timetable for periodically updating capacity assessments of key public health emergency response partners such as the department itself, acute care hospitals, local health departments, and emergency medical services (EMS). DPH also should identify other statewide issues that have not been examined so far (e.g., hazards vulnerability to determine the probability of particular events occurring in Connecticut) and develop a schedule for completing assessments of those topics.**

- The format and level of detail contained in the after-action reports prepared by Department of Public Health staff vary considerably. In addition, the department does not appear to have a formal process in place to ensure steps are taken to correct problems identified in the reports.

- 2. The Department of Public Health should develop a standardized template for after-action reports prepared by agency staff. The document should indicate the format and minimum content of such reports. In addition, the department should disseminate the results of after-action reports more widely within the agency, implement corrective actions to reduce the reappearance of the same issues in the reports, and document the results of those efforts in a written report prepared annually for the Public Health Preparedness Advisory Committee.**

## Key Public Health Plans

- Key core public health preparedness and response plans have been completed, though some incomplete plans that are required have been under development for years. Most operational plans are only beginning to be developed.

## Planning Regions

- The various local, regional, and state entities working to develop broad and incident-specific public health emergency response plans in Connecticut do not all use the same geographic configurations, which complicates the process of integrating those plans.
- 3. A long-term goal of the state of Connecticut should be the development of a single set of geographic boundaries for all emergency preparedness purposes. The Department of Public Health should work with the new Department of Emergency Management and Homeland Security on a proposal to implement this goal.**

## Local Health Departments

- Recent efforts to prepare for public health emergencies in Connecticut have magnified the degree to which part-time local health departments lag behind full-time departments/districts in terms of capacity to respond.
- 4. The Department of Public Health and the Office of Policy and Management shall develop a strategy to improve the emergency response capacity of areas served by part-time health departments through the direct provision of additional resources or the creation of additional full-time local health districts. DPH shall submit the strategy to the committee of cognizance for public health matters by January 1, 2006.**

**The Department of Public Health should also identify mechanisms to increase staff resources for any local health department that is involved in a public health emergency. DPH should consider whether the state's public health emergency powers need to be amended to facilitate such surge capacity.**

## Hospital Surge Capacity

- The state's hospitals have made progress on many of the basic elements of preparedness; however, some aspects of surge capacity are lacking.

## Emergency Medical Services

- A number of initiatives relating to the preparedness of emergency medical service providers are incomplete or have not been timely. These include the capacity assessment of EMS, completion of a statewide mutual aid plan, and implementation of a mass casualty incident program.

- 5. The Department of Public Health should establish a timeline for the accomplishment of key tasks related to facilitating EMS preparedness for a public health emergency. The state should determine which EMS providers have personal protective equipment and have received the required training. In addition, the state should work jointly with municipalities to identify funding sources to pay for personal protective equipment training for those providers not trained. The state should include in its funding agreements with municipalities an assurance that the appropriate training and distribution of equipment has occurred.**

## Mass Vaccination Clinics

- Progress has been made in developing the state's capacity to respond to a biological event (especially smallpox) where protective treatment (i.e., prophylaxis) is possible through the development of mass vaccination clinics and certain preparations in the state's hospitals, but preparedness efforts in this area still fall short of what is required.

## Isolation and Confinement

- The governor and the Department of Public Health have statutory authority (P.A. 03-236) to restrict the movement of people within the state in the event of a public health emergency. Local health departments can restrict movement within a narrower area. However, protocols regarding the manner in which such orders would be implemented have not been established. In addition, Connecticut is relying heavily on voluntary compliance with local confinement orders because the law carries no specific penalties for violation of those orders to isolate or quarantine people.
- 6. The Department of Public Health, in conjunction with the Department of Public Safety and the new Department of Emergency Management and Homeland Security, should establish protocols regarding the circumstances under which the movements of people within Connecticut will be restricted during a public health emergency. In addition, the departments should identify the mechanisms that will be used to enforce compliance with those protocols. If statutory changes are needed, DPH should submit language to the legislature regarding the changes.**

## Laboratory Capacity

- The state's laboratory system and capabilities have improved, especially in the ability to handle and analyze biological agents. Chemical and radiological capabilities are still under development. The state's lab facilities and information technology system have far outlived their useful lives.

## Education and Training

- Education and training opportunities for public health preparedness have been expanded and enhanced, though some improved management practices should be implemented.
- 7. The Department of Public Health should work to make all state-sponsored public health preparedness training and education opportunities accessible through a single management system that allows users to register on-line and tracks courses, users, test scores, and other information that would assist in identifying training gaps and managing the training program. DPH should evaluate overall satisfaction of potential and actual participants with the training programs offered, not just individual courses.**

## Communications

- Extensive improvements have been made to public health emergency communications systems at the state and local level in Connecticut. However, additional enhancements are needed to achieve wider and more complete participation in the systems.
- 8. The Department of Public Health should develop a more frequent schedule for routinely testing the WANS, Nextel, and radio components of the statewide Health Alert Network. Based on the results of those tests, DPH should modify elements of the current system as needed to correct any weaknesses identified.**
    - The Department of Public Health has not been timely in its implementation of a comprehensive risk communication program for public health emergencies, including outreach efforts aimed at the general public.
  - 9. The Department of Public Health should accelerate efforts to select and implement a strategy for informing the general public about what to do in the event of a public health emergency, prior to such an event occurring. In addition, the department should complete any unfinished incident/disease specific information sheets for public health emergencies likely to occur in Connecticut.**

## Contract Process

- Payments to contractors under the CDC and HRSA grants have been delayed considerably, slowing implementation of preparedness activities for hospitals and local health departments.

## **Future Availability of Federal Funding**

- Federal funding for public health preparedness has declined and will probably continue to diminish in the future. The Department of Public Health does not have a formal mechanism in place to guide the reallocation of resources if federal funding is reduced.

**10. The Department of Public Health should develop a strategy to manage a potential reduction in federal funding that anticipates a decrease in overall expenditures and the need for additional state spending. As part of the strategy, the department should identify preparedness gaps and overlaps, define relevant performance measures for the public health emergency preparedness system, and develop spending priorities that target specific resources based on those measures.**