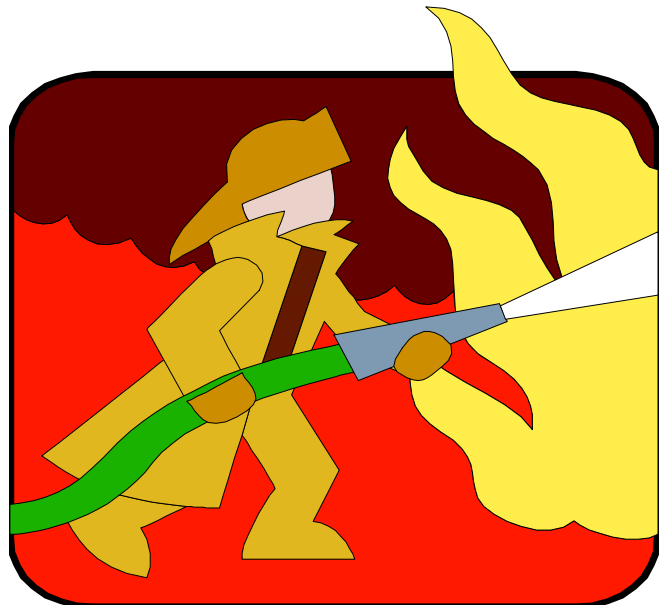
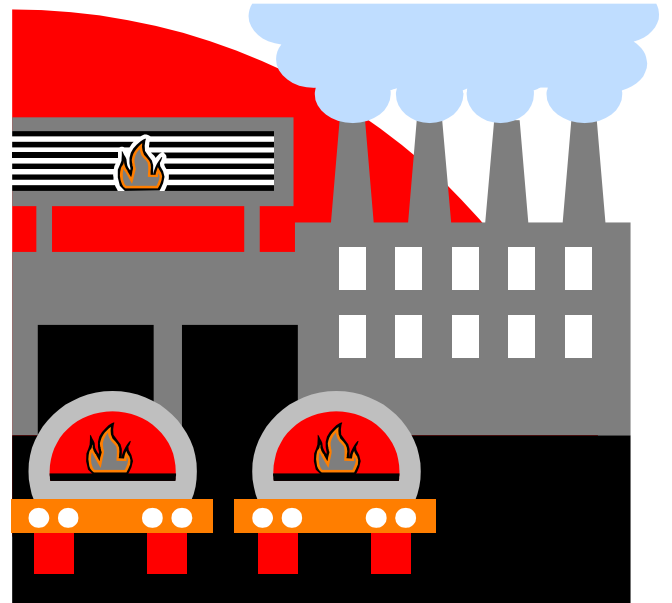


PUBLIC HEALTH EMERGENCY MANAGEMENT CHECKLIST



Public Health Emergency Management Checklist

A Planning Tool for Health Professionals

Emergency management for public health practitioners relates to the emergency management principles of prevention, preparedness, response, and recovery. Planning should also take into account such factors as the appropriateness and adequacy of physical facilities, organizational structures, human resources, and communication systems. The Department of Health is the designated Hazard Management Agency for Human Epidemic – please refer to WestPlan – Human Epidemic. This checklist must be interpreted in the most appropriate context, as some items will be more relevant at the State level than at the local level. It is therefore important to remember the Emergency Management principle of a graduated response, that is, if resources are overwhelmed at the local level then the response scales up firstly to the district and then the State level.

This checklist is provided to assist public health practitioners develop their own Standard Operating Procedures for the lead role in Human Epidemics and the public health support role in the response to an emergency (mass casualty or chemical/radiological event). It is designed to provide practitioners with questions that stimulate assessment and dialogue with key stakeholders internally and externally as well as within the local health region level and beyond. Although comprehensive, the assessment will undoubtedly identify new questions and considerations for each individual health region that will need to be further discussed and resolved.

The checklist does not attempt to address the technical aspects of responding to individual chemical/biological/radiological (CBR) agents, however, it is recommended that local Plans incorporate national guidelines wherever possible (eg Commonwealth smallpox vaccination guidelines).

In any preparation for a mass event it is important to maintain close liaison with other agencies that may respond (eg Police, Fire and Rescue). Communication is vital in any Emergency Management response. This can be enhanced by the designated health representative regularly attending Local Emergency Management Committees/District Emergency Management Committees as well as by regular agency participation in joint exercises.

The resultant plan must also be able to cater for escalating orders of case magnitude (in relation to the size of the population being serviced) – for example, incidents up to 100 cases; incidents with 100 – 10,000 cases; and incidents with greater than 10,000 cases. How would the response differ?

Note that a Checklist has also been developed for the Hospital Emergency Management response (please see Health Care Facility Emergency Management Checklist). Emergency Management planning should involve close liaison between practitioners from both the acute and preventative health care sectors.

Dr Virginia McLaughlin
State Health Coordinator
June 2003

Acknowledgements

This template has been adapted from:

Mass Casualty Disaster Plan Checklist: A Template for Healthcare Facilities – APIC (Association for Professionals in Infection Control and Epidemiology, Inc and CSB&EI (Centre for the study of Bioterrorism & Emerging Infections) at <http://www.apic.org/bioterror/checklist.doc>

The Public Health Response To Biological and Chemical Terrorism. Interim Planning Guidelines for State Public Health Officials. US Department of Health and Human Services. Centres for Disease Control and Prevention. July 2001.

1. INITIAL CONSIDERATIONS:	Assessment
A. Does the health region have a public health disaster plan?	
B. Is there a disaster planning committee? Is it multidisciplinary and include administrative members?	
C. Is there currently a collaborative relationship with the local Emergency Management (EM) Agencies? Is there health representation on the Local or District Emergency Management Committee?	
D. Does the plan detail actions to be taken for both internal and external disasters?	
E. Does the plan detail how it links with the local EM Agencies?	
F. Is the plan widely distributed and readily available throughout the health service/region? Distribution should include hard copies of the plan or an automated method that is readily available to all staff members.	
G. When was the plan last updated?	
H. When was the plan last tested?	

2. ALERTING SYSTEM:	Assessment
A. Does the plan provide for activation within 1-2 hours during normal as well as off hours including weekends and holidays?	
B. Does the plan specify how notification within the region will be carried out?	
C. Does the plan specify the chain of command to notify internal staff and appropriate external personnel?	
D. Does the plan detail responsibility to initiate a system for recalling staff back to duty?	
E. Does the plan provide for alternative systems of notification that considers people, equipment, and procedures?	
F. Does the plan provide mechanisms to ration staffing according to their skill levels and availability?	

3. HEALTH SURVEILLANCE AND EPIDEMIOLOGIC PLANNING:	Assessment
A. Is there a designated coordinator for health surveillance and epidemiology activities relative to a biological or chemical incident ?	
B. Can the coordinator be contacted 24 hours a day/7 days a week ?	
C. Are appropriate staff designated to conduct epidemiologic investigations in the event of a suspected or confirmed biological or chemical incident ? This includes: rapid-response epidemiologic team; rapid-response laboratory team; real-time health surveillance set-up team.	
D. Have designated staff been briefed on their mission, roles, responsibilities, and authorities ?	
E. Have you assured the legal authority for surveillance of biological or chemical incidents by:	
1. Including cases of diseases suspected or confirmed to be caused by high-priority bioterrorism agents on the notifiable diseases list (anthrax, botulism, brucellosis, plague, smallpox, tularaemia) ?	
2. Including any unusual disease or manifestation of illness on the notifiable disease list	
3. Including any unusual cluster of disease or manifestation of illness whether or not on the notifiable diseases list	
4. Including the legal authority to conduct surveillance for any unusual cluster of diseases or manifestation of illness whether or not on the notifiable diseases list.	
F. Have you distributed or publicized bioterrorism-updated notifiable diseases lists to appropriate health care providers ?	

G. Have you established communications with the Department of Health Communicable Disease Branch and local health emergency management coordinators to develop local surveillance and response plans ?	
H. Have you established communications with other health-care providers to develop local surveillance and response plans ? This may include: <ul style="list-style-type: none"> • Emergency Departments at hospitals (both public and private) • Hospitals (Infection Control, Infectious Diseases, Laboratories, Pharmacies) • Occupational health clinics • Pharmacies • Infectious disease specialists • Social service agencies • Mental health agencies • Epidemiologists • Poison Information Centre 	
I. Have you established communications with law enforcement agencies to develop local surveillance and response plans (to include Chain of Custody issues) ?	
J. Are shipping containers readily available to safely transport specimens as requested by agencies such as the CDNA, Federal Police?	
K. Have you established communications with emergency responders to develop local surveillance and response plans (ambulance, police, FESA) ?	
L. Have you established communications with other agencies to develop local surveillance and response plans ? <ul style="list-style-type: none"> • Medical examiners, coroners, funeral directors • Environmental Protection, Environmental Health Officers 	
M. Have you established communications with other available resources to develop local surveillance and response plans ? <ul style="list-style-type: none"> • Laboratories (private, veterinary) • Poison centres • Veterinarians 	
N. Have you developed an emergency or around the clock communications network to respond to a biological or chemical incident, including:	
1. Emergency or real-time reporting of biological or chemical-related diseases or illness ?	
2. Immediate notification of surveillance/epidemiologic response personnel, such as state or local epidemiologist, laboratory director, and state health department ?	
3. Broadcast fax or email capability or other means of emergency dissemination of information (eg Web-site) ?	
O. Have you enhanced collaboration between public health and surveillance partners by the following:	
1. Using broadcast fax or email capability or Web-site	
2. Identifying points of contact and communications	
3. Providing educational seminars about public health surveillance and what diseases to report and where, when, and how to report them	
4. Partnering on educational activities for the general public and general medical community about relevant conditions and syndromes and the role of public health in terrorism preparedness	
5. Providing in-service training or grand rounds on terrorism preparedness	
6. Partnering on collaborative surveillance projects	
P. Have you trained public health staff on issues related to possible terrorism events, including surveillance, epidemiology and infectious disease outbreak investigations ?	
Q. Have you developed training manuals for public health staff and terrorism response partners ?	
R. Have you conducted or participated in exercises to test the adequacy of the public health surveillance system and epidemiologic response ?	

4. ADVANCED HEALTH SURVEILLANCE AND EPIDEMIOLOGIC PLANNING (STATE LEVEL):	Assessment
A. Have you initiated a surveillance system for the early detection of terrorism events by the following:	
1. Identifying influenza-like illnesses, rashes, or other syndromes of interest for inclusion in disease reporting ?	
2. Establishing reporting mechanisms with any of the following systems ? <ul style="list-style-type: none"> • Ambulance dispatch; Poison Information Centre; Health Direct; Unusual deaths or medical examiner reports; veterinarians and animal clinics; EDs; ICUs 	
B. Have you improved the timeliness of developed electronic reporting from any of the following: <ul style="list-style-type: none"> • Clinical laboratories; Hospital information systems; EDs 	
C. Have you developed links with new data sources and systems, such as those listed below, to enhance biological and chemical incident detection and response ? <ul style="list-style-type: none"> • Hospital discharge records; veterinarians and animal clinics; poison centres; pharmacies; emergency first responders; police. 	
D. Have you developed written protocols for epidemiologists and disease practitioners to use in collecting and storing laboratory samples ?	
E. Have you identified a point of contact at local and state levels to answer questions about laboratory samples ?	
F. Have you identified the number of negative pressure rooms that are available and patent ? Have you discussed with hospital colleagues how cohort management may be undertaken ?	

5. LABORATORY IDENTIFICATION AND CHARACTERIZATION:	Assessment
A. Is the State public health laboratory represented in the Emergency Management planning process ?	
B. Does your plan include a listing of all the member laboratories in your State Laboratory Response Network, including the following:	
1. Each laboratory's capability (Level A-C)	
2. Contact information for each laboratory lead person (available on a 24/7 basis) ?	
C. Have you identified the laboratories in your State that have the capacity to begin testing within 4 hours and maintain testing 24hr/day for a minimum of 3 days ?	
D. Have you worked with the relevant police representative to establish guidelines for chain of custody procedures ?	
E. Have you established and distributed guidelines on specimen collection, packaging, labelling, and shipping to interstate laboratories ?	
F. Do you have a system in place to safely and efficiently transport samples between laboratories ?	
G. Have you established and distributed to all network laboratories in your State guidelines for the rapid reporting of suspected bioterrorism-related threat agents to the following response partners: <ul style="list-style-type: none"> • Local Health Services; Local and State Police 	
H. Can the State Health Department receive electronic laboratory reports from diagnostic service providers ? <ul style="list-style-type: none"> • Private laboratories; commercial laboratories; hospital laboratories 	

6. CONSEQUENCE MANAGEMENT PLANNING CHECKLIST:	Assessment
Command and Control	
A. Have you designated a location for health emergency operations ?	
B. Have you designated the public health employees responsible for staffing the Emergency Operations Centre ?	

C. Have you described the relationship between the Commonwealth, state and local response efforts and described procedures to coordinate the efforts of the different levels of government during an emergency ?	
D. Have you determined under what conditions the plan would be activated ?	
E. Have you identified local health-care resources (eg, vaccine supplies, staffing, vacant hospital buildings)	
F. Have you considered procedures for managing volunteers and unexpected medical services responders who want to help? Has risk management been involved to develop a process with the facility insurer to provide insurance, liability, and safety for volunteers?	
Human Epidemic Command Centre	
A. Does the plan indicate where the Command Centre is to be located with preference given to an area away from the Emergency Department?	
B. Has an alternate location been determined?	
C. Is the Command Centre equipped with adequate phone lines, power points, computer terminals, seating, white boards, TV monitor, radio? Is there an area close by for tea/coffee making, reheating meals and accessing toilet facilities?	
D. Have standard operating procedures been developed for the Command Centre?	
E. Do the procedures for the Command Centre specify chain of command and communication channels for the key position holders within the Command Centre? Key position holders should be determined at the initiation of the disaster plan. See Section 16 for additional help in determining roles.	
F. Is there provision for alternative communication arrangements in the event the health service communication system fails or is overloaded?	
G. Have special communication networks been established and tested that will maintain communication between the facility and the local Emergency Management Agency?	
H. Have provisions been designated (e.g., space, equipment, communications) for extra people who may come to provide services (e.g., volunteers and outside agencies) should assistance be requested by the local, or Commonwealth agencies responding for disaster assistance?	
Communications	
A. Have you explained how information will be disseminated accurately to first responders, the public, health –care providers, and decision-makers ?	
B. Have you included the protocol for notifying Emergency Operation Centres in the affected area to facilitate communication and coordination in the event of a terrorism event ?	
C. Have you identified sufficient radio frequencies at the state level to facilitate communication between necessary organisations ?	
D. Have you developed, distributed, as necessary, and maintained a list of contact information for all critical local or state public health, medical, law enforcement, and emergency management personnel ? <ul style="list-style-type: none"> • Is this list updated at least monthly ? 	
E. Have you described the State’s capability to disseminate information within 2 hours to local and state health-care providers, hospitals, clinics, laboratories, and pharmacies about diagnosis and patient management for high-risk terrorism threat agents ?	
F. Have you described the health department’s capability to alert and communicate with its regional public health units ?	
G. Have you identified, by title, the person and alternates authorized to communicate necessary public health information among the health department and emergency response agencies ?	
H. Have you identified, by title, the person and alternates authorized to communicate necessary public health information between the health department and other health agencies and organizations ?	
I. Have you communicated in advance with emergency department directors and hospital administrators in the community to facilitate coordination of emergency activities ?	

J. Does the plan include provisions in the event that normal systems (e.g., telephone, facsimile, cellular phones, and paging) may be overloaded and rendered unserviceable during disasters?	
K. Is there provision for alternative communication arrangements in circumstances where the health service communication system fails/overloads (e.g., unlisted numbers, pay phones, walkie-talkie sets)?	
L. Is there an organized runner, messenger system as back-up for communication system and power failures?	
M. Has a plan been developed to utilize runner personnel and have they been provided with schematic area layout maps showing key areas for disaster operations? Do these schematics currently exist and are readily available in hard copy?	
N. Are mobile phone charging facilities (+ spare batteries) available ?	
Event notification	
A. Have you identified, by title, the person and alternates responsible for the following:	
1. Assessing the public health consequences of the emergency incident ?	
2. Accomplishing interagency notification ?	
3. Notifying the news media or the public ?	
B. Have you specified the notification process for key public health officials ?	
C. Have you identified the ability to receive emergency notification and public health information on a 24-hour basis ?	
Public Alert	
A. Have you described the procedures by which the public will be notified of a public health emergency ?	
B. Have you provided for notification of non-English speaking residents ?	
C. Have you described how the public notification procedures will be tested at least annually ?	
D. Have you described how the public protective action messages will provide the detail necessary to implement the recommended protective actions ?	
Public Education and Emergency Public Information	
A. Has the state established a comprehensive public education program on public health matters of interest to the population as well as the risks associated with biological or chemical agents ? If yes;	
1. Does the public education program provide for the education on non-English speaking residents ?	
2. Have procedures been established for revising the public education materials annually or whenever signification changes warrant revision ?	
3. Have procedures been established for providing the new media with ongoing information about public health initiatives and public health – related emergency preparedness efforts ?	
4. Have criteria been established for releasing information to the public about possible terrorism threats ?	
B. Does a protocol exist for notifying or warning the community of potential hazards resulting from a biological or chemical release ? If yes:	
1. Does this protocol have provisions for informing the public of what hazards to expect, what precautions to take, and whether evacuation or shelter-in-place is required ?	
2. Has the protocol been reviewed with members of the new media ?	
3. Does the public information program include procedures for releasing emergency information to non-English speaking residents in a timely and effective manner ?	
4. In the event of a possible terrorism incident, has one organisation or person been designated to coordinate or speak to the news media ?	
Special populations	
A. Does the plan identify the locations of special population groups including jails, prisons, and other detention facilities as well as intermediate and long-term care nursing facilities ?	

Mental Health	Assessment
A. Have you developed the capability to identify and obtain mental health resources rapidly in an emergency situation ?	
B. Are procedures in place for notifying both disaster victims and emergency workers of the availability of mental health services ?	
C. Have you tailored the mental health counselling to the age of the person seeking mental health services ?	
Mass Fatalities	
A. Have you developed protocols for dealing with a large number of casualties ?	
B. How will casualties be evacuated and transported from the incident site ?	
Pharmaceuticals	
A. What is the current level of stock for the following pharmaceuticals:	
1) Ciprofloxacin, oral and intravenous	
2) Doxycycline, oral	
3) Other fluoroquinolones, oral and intravenous	
4) Bulk Atropine and Pralidoxime Chloride (2-PAM CL)?	
B. Does the pharmaceutical allocation plan make provision for prophylaxis of caregiving staff and their immediate family? Have these job categories been defined?	
C. Has the plan identified and established relationships with another hospital/healthcare facility outside the immediate region as a means to identify potential sources of needed pharmaceuticals as well as equipment, supplies, and staff.	
D. Does the plan identify pharmaceutical warehouses within the local area?	
E. Does the plan outline how pharmaceuticals can be procured, transported, and delivered to the facility while within a secure environment?	
F. Have you developed a plan for the receipt, security and distribution of national stockpile assets (State level) ?	
Patient Decontamination	
A. Have you identified the agencies responsible for patient decontamination ?	
B. Have you established protocols for identifying when decontamination will and will not be required ?	
C. Have you specified the public health community's role in ensuring that decontamination of potentially contaminated people is both timely and thorough?	
D. Have you identified the public health community's role in training staff about the principles of decontamination of ill or injured people safely before receiving treatment ?	
E. Have you established procedures for educating and informing the public of decontamination procedures in the event of a biological or chemical incident ?	
F. Have you established a procedure for interviewing potentially contaminated or infectious cases ?	
G. Have you worked with your coroner to develop protocols for balancing the competing interests of evidence preservation and decontamination of bodies for the immediate fatalities of a biological or chemical incident ?	
Infection Control	
A. Does the plan include measures to ensure the ability to provide handwashing/hand-sanitizing measures?	
B. Does the plan include measures to ensure adequate amounts of personal protective equipment?	
Mass Care	
A. Are you aware of the location(s) of identified mass care centres in your region ?	
B. Have you worked with mass care providers to ensure proper documentation of all emergency and nonemergency medical care occurring at mass care centres ?	
C. Are current toxicological reference materials and antidote information readily available, along with the telephone number of the Poisons Information Centre ?	
D. Does the plan include procedures for incorporating and managing volunteers and unexpected medical services responders who want to help? Has risk	

management been involved to develop a process with the facility insurer to provide insurance, liability, and safety for volunteers?	
E. Has each department developed standard operating procedures to reflect how the department will continue to provide services in a timely and 24 hour manner? These services may include:	
1. Communicable Disease Control Services	
2. Environmental Health Services	
3. Mental Health Services	
4. Radiation Health Services	
5. Toxicology services	
F. Has jurisdictional control been discussed and staff informed of the hierarchy in the event outside law enforcement assistance is requested or required?	
G. Will there be a dedicated contact number established for enquiries?	
Relocation of Patients and Staff	
A. Has provision been made for the movement of patients and staff to an immediate area of safe refuge within the health service in the event the area must be evacuated or staff and patients relocated?	
B. Have satellite locations been pre-determined and confirmed for the housing of patients and staff in the event of an evacuation?	
C. Have transportation requirements been pre-designated for the movement of people?	
D. Has provision been made for the movement of patient records and documents?	
E. Has provision been made for immediate refuge, care, and comfort for the patients and staff on the hospital grounds during inclement and winter weather?	
Environmental Issues	
A. Do you have an agreement in place with the state environmental protection agency to develop a joint post-incident environmental sampling plan ?	
B. Have you developed procedures for ensuring that environmental samples will meet public health safety needs ?	
C. Have you established protocols for identifying when environmental decontamination will and will not be required ?	
D. Have you specified the role of the public health community in ensuring that environmental decontamination is done in a manner that protects worker and public safety ?	
E. Have you identified criteria for re-entry into potentially contaminated areas ?	

7. RESTRICTION OF MOVEMENT:	Assessment
A. Have you identified state or local public health statutes, or regulations that restrict movement of people who may have been exposed to a communicable disease ?	
B. Have you determined the legal sufficiency of such statute, or regulations ?	
C. Have you developed plans to implement existing provisions that restrict movements of people who may have been exposed to a communicable disease?	
1. Do these plans include provisions for credentialing people approved for movement within the quarantine area ?	
D. Have you developed a mechanism to review the effectiveness of these provisions and revise them in a timely manner to meet changing needs ?	
E. Have you prepared a plan to utilize the Commonwealth regulations if state or local public health statutes or regulations that restrict movements of people are inadequate or absent ?	
F. Have you developed a partnership with bordering states to enforce quarantine regulations if an outbreak or a communicable disease threatens to spread across state borders ?	

8. IDENTIFICATION OF AUTHORIZED PERSONNEL:	Assessment
A. Is there an individual designated as a Human Epidemic/Public Health commander on a 24-hour per day basis?	
B. Has the region designated a commander who will be responsible for the regions public health responses during the time the plan is activated?	
C. Have other key position holders who have a role in disaster management been identified? This should be identified in the disaster plan. See #16 Incident Command for a guide to an Incident Command structure	
D. Is a notification system in place that can alert personnel to a potential disaster situation?	
E. Does the plan include lines of authority, role responsibilities, and provide for succession?	
F. Are those who are expected to implement and use the plan familiar with it?	
G. Have job action sheets or role cards been developed for all personnel involved in disaster response?	
H. Does the plan designate how people will be identified (e.g., hospital staff, outside supporting medical personnel, news media, clergy, visitors)?	
I. Can staff gain access to the offices when called back on duty?	
J. Is there designation of assembly points to which all personnel report?	
K. Does the facility have an established process to credential healthcare workers from outside the individual network in order to facilitate safe and qualified patient care?	

9. ACTIVATION OF THE PLAN:	Assessment
A. Does the plan specify the circumstances under which the plan can be activated?	
B. Does the plan stipulate the position holder who has the authority to activate/deactivate the plan including nights, weekends, and holidays?	
C. Have activation stages been established and roles outlined with each stage?	
Alert	Disaster situation possible: there is an increased level of preparedness
Stand by	Disaster situation probable: available for immediate deployment
Call out	Disaster situation exists: there is deployment
Stand down	Disaster situation is contained

10. SECURITY:	Assessment
A. Does the facility have the ability to lock down so entry and exit to all parts of the facility can be controlled? Has this process been tested?	
B. Have steps been taken to minimize and control points of access and egress in buildings and areas without utilization of lock down procedures?	
C. Is there a plan to control vehicular traffic and pedestrians?	
D. Have arrangements been made to meet and escort responding emergency service personnel?	
E. Does the facility have the ability to communicate with individuals immediately outside the facility in the event lock down is initiated?	
F. Does the plan designate how people will be identified within the health service (e.g., hospital staff, outside supporting medical personnel, news media, clergy, visitors)?	
G. Can staff gain access to the health service when called back on duty?	

H. Does the facility security plan recognize the extent of the security problems for the individual facility? These considerations include the uniqueness of the physical plant, geographic location, entrances, etc.	
---	--

11. MEDIA:	Assessment
A. Do the media have a designated area?	
B. Has this been located as not to be in close proximity to the Emergency Department, Command Centre, and waiting areas for relatives, family and friends?	
C. Has a position holder been designated to control and take care of the housekeeping needs of the media?	
D. Does the plan designate an internal spokesperson as a media contact?	
E. Does the plan determine the communication tree connecting the internal spokesperson with the external spokespersons for the Emergency Management Agency or other lead agency?	
F. Have provisions been made to identify the procedures for handling requests for information from the media? Have these provisions been made to work in concert with the State Health Department and the Federal Police?	
G. Have locations been identified for press briefings?	

12. POST DISASTER RECOVERY:	Assessment
A. Does the plan designate who will be in charge of recovery operations?	
B. Does the plan make provision for the following during recovery?	
1) Documentation	
2) Financial matters	
3) Inventory and resupply	
4) Record preservation	
5) Cleanup	
6) Hazard removal and cleanup	
7) Salvage	
8) Garbage and waste disposal	
9) Utility and equipment servicing	
10) Physical plant restoration and renovation	
C. Does the plan address the following programs?	
1) Critical Incident Stress Debriefing Program	
2) Employee Assistance Program	
3) Group/Individual counselling services	
4) Family Support Program	
D. Who will be responsible for evaluation of the response ?	

13. EDUCATION AND TRAINING:	Assessment
A. Does the plan specify who is responsible for the training program?	
B. Does the plan include methods for ramp up and extemporaneous training for new and altered roles?	
C. Do the hospital/healthcare facility departments have ongoing, mandatory disaster training programs?	
D. Has the hospital/healthcare facility considered adapting disaster procedures for application when dealing with routine procedures so personnel can become familiar with them?	
E. Does the program provide disaster education material at staff orientation to facilitate staff awareness?	
F. Does the program provide ongoing disaster education to facilitate staff awareness and currency of procedures?	
G. Does the program have inter-organization joint training sessions that deal with common aspects of disaster response?	

14. KEY INTERNAL PERSONNEL	TELEPHONE / BEEPER / MOBILE PHONE
Facility CEO	
Director, Disease Control Directorate	
Manager, Population Health Service	
Director, Emergency Department	
General Practice Liaison	
Director of Security	
Chief Nursing Officer	
Director of Engineering	
Director of Infection Control/Hospital Epidemiologist	
Director of Microbiology/Laboratory Medical Director	
Director of Medical Services	
Risk Manager	
Public Relations	
Information Technology/Communications	
Director of Pharmacy	
Chaplain/Pastoral Counselling	
Social Services	
Ethics Officer	

15. EXTERNAL PERSONNEL/AGENCIES	TELEPHONE / BEEPER / MOBILE PHONE
Department of Health, Duty Officers, Emergency Management	9480 4960 (24 hours)
Ambulance service	
Fire & Emergency Service	
Police	
BCP Medical Controller	
RFDS	

16. INCIDENT COMMAND SYSTEM

If utilizing the Hospital Emergency Incident Command System (HEICS) as your framework for hierarchy in a disaster scenario, have you identified positions, not an individual(s), to fill each role?

HEICS Position	Current Position	Job Action Sheet Completed? Y or N
Incident Commander (Human Epidemic)		
Public Information Officer		
Liaison Officer		
Safety and Security Officer		
Logistics Chief		
Planning Chief		
Finance Chief		
Operations Chief		
Medical Care Director		
Ancillary Services Director		
Human Services Director		
Medical Staff Director		

17. EXERCISING THE DISASTER PLANNING PROGRAM	Assessment
A. Does the health service conduct an annual exercise?	
B. Does the exercise ensure all key participants are familiar with the contents of the plan?	
C. Are specific aspects of the plan tested?	
D. Is a formal critique performed with results distributed to all key individuals and participating groups?	

TEN ESSENTIAL SERVICES FOR PUBLIC HEALTH

To respond effectively to terrorism, states should have the capacity to:

1. Monitor health status to rapidly detect and identify an event due to hazardous biological, chemical, or radiological agents (e.g., community health profile before an event, vital statistics, and baseline health status of the community);
2. Diagnose and investigate infectious disease and environmental health problems and health hazards in the community specific to detecting and identifying an emergency event (e.g., effective epidemiologic surveillance systems, laboratory support necessary for determining a biological, chemical, or radiological event in a time-sensitive manner);
3. Inform, educate, and empower people about specific health issues pertaining to a threat or emergency event due to the release of a hazardous biological, chemical, or radiological agent (e.g., health communication effectiveness in implementing a rapid and effective response).
4. Mobilise state and local partnerships to rapidly identify and solve health problems before, during, and after an event due to a hazardous biological, chemical, or radiological agent, including issues related to the National Pharmaceutical Stockpile (e.g., demonstrate an effective knowledge of all key partners involved in effectively responding to an emergency event, including terrorism).
5. Develop policies and plans that support individual and community health efforts in preparing for and responding to emergencies due to hazardous biological, chemical, or radiological agents (e.g., demonstration of practical, realistic, and effective emergency response plans);
6. Enforce laws and regulations that protect health and ensure safety in case of an emergency or threat due to a hazardous biological, chemical, or radiological agent (e.g., enforcement of sanitary codes to ensure safety of the environment during a terrorism event);
7. Link people to needed personal health services in the course of a threat or event due to a hazardous biological, chemical, or radiological agent (e.g., services that increase access to health care in a timely and effective manner);
8. Assure a competent and trained public and personal health-care workforce for rapid response to a threat or event due to a hazardous biological, chemical, or radiological agent (e.g., education and training for all public health-care providers in effective response to an emergency event or threat);
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services available to respond to a threat or event due to a hazardous biological, chemical, or radiological agent (e.g., continuous evaluation of public health programs which respond effectively to a public health emergency); and
10. Participate in research for new insights and innovative solutions to health problems resulting from exposure to a hazardous biological or chemical agent (e.g., links with academic institutions and capacity for epidemiologic and economic analyses of a chemical or bioterrorism event).

The Public Health Response To Biological and Chemical Terrorism. Interim Planning Guidelines for State Public Health Officials. US Department of Health and Human Services. Centres for Disease Control and Prevention. July 2001.