

PUBLIC HEALTH EMERGENCY RESPONSE PLAN

Emergency Support Function #8 Public Health and Medical Services



CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
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I. INTRODUCTION

The Connecticut Department of Public Health (DPH) is the lead administrative and planning agency for public health initiatives, including public health emergency preparedness. DPH works with federal, state, regional, and local partners to improve the state's ability to respond to public health emergencies. The Connecticut Public Health Emergency Response Plan (CT PHERP) identifies the DPH response activities during a public health emergency. This plan supports the public health and medical care component, Emergency Support Function (ESF) #8, in existing state disaster and emergency plans.¹

A. Purpose

The purpose of the CT PHERP is to support the following four functions of the Connecticut emergency response effort:

- ❑ Maximize the protection of lives and health care properties while minimizing preventable morbidity and mortality;
- ❑ Document the DPH procedures to implement when responding to a natural, biological, chemical, radiological, nuclear, or explosive emergency that threatens the public health of Connecticut;
- ❑ Contribute to emergency support functions (ESF), as appropriate, particularly ESF #8 (Public Health and Medical Services) at the state level to define policies and procedures for DPH and other public health partners in preparation for and in response to a public health emergency; and
- ❑ Enable the State of Connecticut to continue to operate and provide services as normally and effectively as possible in the event of a public health emergency.

B. Scope of the Plan

The CT PHERP represents the jurisdiction of public health that includes state and local public health departments and health care providers. It is compatible with Federal and State emergency response plans, promotes the coordination of an efficient and effective statewide response, utilizes the National Incident Management System, and establishes common goals, strategies, and terminology with regional and local plans. The CT PHERP applies primarily to large-scale emergencies and disasters that would cause severe illness, injury and/or fatalities sufficient to overwhelm local public health or healthcare service capabilities.

The CT PHERP presents emergency situations, planning assumptions, and detailed descriptions of the roles and responsibilities of the DPH in a public health emergency, including the direction of local and regional public health and health care providers. The Appendices include a list of acronyms, glossary of definitions, and bibliography of Federal, State, and local plans referenced in the document, in addition to Connecticut maps that illustrate public health and emergency response

¹ Connecticut Office of Emergency Management. *Natural Disaster Plan*. Hartford, CT. 1999.; Connecticut Mass Casualty Response Concept Plan (draft), Hartford, CT. 2004.

regions. Annexes to the Plan include DPH Division- and hazard-specific public health protocols for biological, chemical, radiological, and nuclear response.

II. SITUATION AND ASSUMPTIONS

A. Situation

The CT PHERP highlights the pivotal role of the public health system in emergency preparedness and response. A major statewide emergency that may cause numerous fatalities, severe illness and/or injuries, disruption of normal life systems and, possibly, property loss will have a powerful impact on Connecticut's economic, physical, and social infrastructures. To prepare for and respond to an emergency of great severity and magnitude will require rapid response surveillance and communications systems, a trained and available public and private health and medical workforce, and volunteers to help perform essential tasks. All these efforts must be anticipated and coordinated.

Connecticut recognizes a public health emergency as "An occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability." [C.G.S. PA 03-236] Therefore, the entire population of 3.4 million residents could be affected by a public health emergency.

Specific to intentional threats, Connecticut is the home to the U.S. Naval Base-Groton, U.S. Coast Guard Academy, Pratt & Whitney Aircraft, Sikorsky Aircraft, General Dynamics-Electric Boat Naval Shipyard, Pfizer Chemical, the world headquarters of General Electric and Union Carbide, and two functional nuclear power plants (Millstone II and III in Waterford). The presence of these industries and military installations in Connecticut offers targets for terrorists that would significantly threaten the state's population. Additionally, the southwestern portion of Connecticut is a neighbor to the New York City. Connecticut towns from Greenwich to New Haven are part of a 60-mile long urban corridor carrying traffic to and from New York City. There are a number of hourly commuter trains that serve this commuter corridor. Each day, nearly 100,000 Connecticut residents take these trains or drive to New York City. Thus, any major bioterrorist or chemical exposure in New York is likely to affect a significant number of Connecticut residents. Theoretically, any exposure with a latent period to onset of symptoms (e.g., anthrax, smallpox) may first be detected within Connecticut's resident population.

B. Assumptions

- ❑ A major statewide emergency that may cause numerous fatalities, debilitating illnesses or injuries, property loss, and disruption of normal life support systems and possible health care property loss will have an impact on the statewide economic, physical, and social infrastructures.
- ❑ The all-hazards approach to planning and implementing response efforts has the greatest chance of providing a successful outcome.
- ❑ Physical control of the incident scene requires planning and advanced coordination by all first responders. The Incident Command / Management system using Unified Command is integral to the overall success of the operation.
- ❑ Release of biological, chemical, nuclear, radiological or incendiary agent will result in public health hazard.
- ❑ Resources in a local or regional affected area will be inadequate to respond to an emergency. State assistance will be required.
- ❑ Disruption of sanitation services, loss of power, massing of people in shelters will increase risk of disease and injury.
- ❑ Primary medical treatment facilities may be damaged or inoperable. State coordination will be required.
- ❑ An intentional release/attack using infectious or chemical agents may not be recognized as a Weapons of Mass Destruction (WMD) or terrorist event. The first indications of an attack may be upon manifestation and recognition of the first medical symptoms occurring hours to days later.
- ❑ The natural emergence and spread of a virulent infectious disease agent would create a public health emergency similar in impact to that caused by a WMD.
- ❑ It is of the utmost importance to ensure that the healthcare system is alerted to these occurrences in a rapid and timely manner so that providers can take appropriate action to promptly recognize and treat exposed and ill individuals and limit the potential for others to be affected. Actions may include decontamination, medical treatment, vaccination and isolation.
- ❑ As with any mass casualty incident, the potential for substantial loss of life is significant and survival is dependent on resource availability and efficiency of deployment.
- ❑ Resources from governmental agencies (Local, State, and Federal) and private organizations will be made available upon request.
- ❑ Terrorist incidents may involve damage or disruption to computer networks, telecommunication systems, or Internet systems. In addition, disruption of vital community networks for utilities, transportation, and/or communication could endanger the health and safety of the population. Further, interruptions of emergency response operations could result in substantial economic losses.
- ❑ Extensive media interest in a terrorist event will necessitate media management operations and resources beyond those needed for other types of emergency management operations.

III. CONCEPT OF OPERATIONS

A. Activation

In the event of a statewide or regional public health emergency, the Governor may order the Commissioner of Public Health to implement all or a portion of the public health emergency response plan.

B. Direction and Control

In Connecticut, when the Governor declares a "State of Emergency", the state's Incident Command System is activated. The Governor and his Commissioners gather at the State Emergency Operation Center (SEOC). The DPH, and other State agencies, staff the State EOC. If the emergency is considered a public health emergency, then the DPH will activate the Department's Emergency Command Center (ECC) to coordinate public health operations. The ECC is equipped with computers having Internet access, a fax machine, numerous land-line telephones, cellular telephones, satellite telephones, televisions with cable service, and interactive web access to the State EOC.

The DPH will follow Federal and State management of an emergency through the National Incident Management System and the National Response Plan.

C. Response Alert and Notification

Alert or Warning

Based on information from a variety of possible sources including a citizen report, a reported outbreak, or a warning from law enforcement, the Commissioner of Public Health in collaboration with the Governor's office will determine whether it is necessary for DPH to go on a public health alert and whether a public health emergency exists.

An alert of a threatened or actual emergency can also be assumed from warnings by the perpetrators or unexplained disruption or failure of a computer network, telecommunications system, or Internet service.

The United States Government Interagency Domestic Terrorism Concept of Operations Plan (CONPLAN) establishes a range of threat levels determined by the FBI that serves to frame the nature and scope of the Federal response. Connecticut has adopted this classification scheme and has modified it only where necessary to delineate the State's perspective.

Each threat level provides for an escalating range of actions that will be implemented concurrently for crisis and consequence management. Specific actions will take place, which are synchronized to each threat level, ensuring that all agencies are operating jointly with consistent executed plans. Federal and State governments will notify and coordinate with local municipalities, as necessary. These threat levels are described below:

- ❑ **Minimal Threat** - Received threats do not warrant actions beyond normal liaison notifications or placing assets or resources on a heightened alert (agencies are operating under normal day-to-day conditions).
- ❑ **Potential Threat** - Intelligence or an articulated threat indicates a potential for a terrorist incident. However, this threat has not yet been assessed as credible.
- ❑ **Credible Threat** - A threat assessment indicates that the potential threat is credible, and confirms the involvement of a weapon of mass destruction in the developing terrorist incident. Intelligence will vary with each threat, and will impact the level of the response. At this threat level, the situation requires tailoring response actions to use resources needed to anticipate, prevent, and/or resolve the crisis. The crisis management response will focus on law enforcement actions and is predominantly concerned with preventing and resolving the threat. The consequence management response will focus on contingency planning and pre-positioning of tailored resources, as required. The threat increases in significance when the presence of an explosive device or weapon of mass destruction is confirmed or when intelligence and circumstances indicate a high probability that a device exists. In this case, the threat has developed into a weapon of mass destruction terrorist situation requiring an immediate response to identify, acquire, and plan the use of State and Federal resources to augment regional and local authorities in lessening or averting the potential consequence of a terrorist use of a weapon of mass destruction.
- ❑ **Weapons of Mass Destruction Incident** - A weapon of mass destruction terrorism incident has occurred which requires an immediate response to identify, acquire, and plan the use of State and Federal resources to augment regional and local authorities in response to limited or major consequences of a terrorist use or employment of a weapon of mass destruction. This incident may have resulted in mass casualties. The response is primarily directed toward public safety and welfare and the preservation of human life.

Notification

Upon alert, the CT DPH must be notified of a potential or realized public health emergency. In the event that first responders or others suspect or the incident or threatened incident is the result of a terrorist act or involves a weapon of mass destruction, the Connecticut State Police, CT Department of Emergency Management and Homeland Security (DEMHS), and CT DPH must be notified. As a precaution, the Incident Commander will ensure that the regional office of the FBI has been notified in addition to any other appropriate agencies.

DPH will notify the appropriate local and regional public health and healthcare partners through available and immediate communication technologies.

D. Response Levels

Local Response

Under most conditions, a municipal official will provide the initial emergency response to a known, suspected, or threatened public health emergency within its borders. The first responding units would establish an incident command of appropriate local organizations and initiate required notification, site security, and response operations in accordance with established procedures.

Consistent with municipal Emergency Operations Plans, a municipal, or local, Emergency Operations Center (EOC) may be activated. Through the EOC, additional local resources and capabilities can be made available to the unified command by activation of a neighboring municipal Emergency Operations Plan, as well as specialized procedures for hazardous materials response, mass casualty incident management, search and rescue, and other related plans.

At the local level, Connecticut's 91 local health departments and districts serve the population in all 169 municipalities. Local directors of health have broad powers to preserve the public health and prevent the spread of disease within their jurisdictions (C.G.S. §19a-206). In Connecticut, there are 49 full-time municipal health departments and 42 part-time municipal health departments. The full-time departments include 30 individual municipal health departments and 19 health districts (containing from two to 18 towns). Full-time health departments serve approximately 3,138,341 people or 90% of the State's population. Municipal local health departments, whether part-time or full-time, serve under the direction of the municipal governing body of the community served. Municipalities having a population of 40,000 or more are required to be served by a full-time director of health. Health Districts are defined as towns, cities, boroughs united to form district health departments. A Board of Health comprised of representatives from each municipality or borough governs Health Districts. There are also two Sovereign nations in Connecticut, both of which have local health departments, the Mohegan Tribal Health and the Mashantucket Pequot Health Department. Local health departments are critical providers of essential public health services in Connecticut.

An exception to the initial response coming from the local health department would be when a possible outbreak or illness requiring an emergency response is reported first to DPH. In this case, DPH would initiate an investigative response, when possible in concert with the local health department.

Regional Response

In the event that a municipal capacity is not adequate to respond to a public health emergency, the local Incident Commander (IC) or designated authority will notify the dispatcher and request mutual-aid assistance from surrounding towns (the region) and appropriate State and/or Federal agencies. The local IC will also verify that the Chief Executive Officer, local Emergency Management Director and DEMHS Area Coordinator have been notified and made aware of the situation.

State Response

Authority to direct and control State forces resides with the Governor acting through the established agency chain of command.

Connecticut's DEMHS will assume area of command to coordinate the State's response. State forces involved at the scene of an emergency will be under the operational control of the local Incident Commander, although direction of State forces will at all times remain with the Governor acting through the agency chain of command.

During a civil preparedness emergency proclaimed by the Governor (under Section 28-9, C.G.S.), the Governor may take direct operational control of any or all parts of the civil preparedness forces and functions in the State. Civil preparedness forces include all State and local police and fire personnel and any other organized personnel engaged in carrying out civil preparedness functions.

The DPH Commissioner will coordinate public health response.

Federal Response

All Federal Crisis Management Resources will operate as defined under the United States Government Interagency Domestic Terrorism Concept of Operations Plan (CONOPS) and the National Response Plan (NRP). The Federal Bureau of Investigation (FBI) is the Lead Federal Agency (LFA) for Crisis Management and conducts criminal investigation side-by-side with the DPH public health investigation. The Federal Emergency Management Agency (FEMA) is the lead federal agency for Consequence Management. The US Department of Health and Human Services Centers for Disease Control and Prevention (CDC) and the National Institute of Occupational Safety and Health (NIOSH) provide technical and logistical support including epidemiologists, environmental sampling personnel, laboratory support for public health investigations. The Environmental Protection Agency (EPA) provides support for environmental sampling and environmental intervention.

DPH relies on the Federal government for guidance, staffing support and materiel, as needed to carry out a necessary public health response.

Non-Government Responders

It is possible that the nature of a terrorist event could require non-government participants in the emergency response organization. Participants that may need to be considered include the following:

- ❑ Owners or operators of the facility in which the event is occurring;
- ❑ Owners or operators of the transportation center, or modes of transportation (for example, airplane, boat, railroad), in which the event is occurring;
- ❑ Non-government expert advisors or consultants, such as university scientists, physicians, or private contractors.
- ❑ Non-government laboratories for threat agent identification;
- ❑ The manufacturer of the threat agent;

- ❑ Rental agents or contractors providing vehicles, equipment, or supplies involved in the event;
- ❑ Health and medical care facilities and mortuaries managing the victims of the incident, and;
- ❑ The owners, operators, clients, or support organizations for computer networks, telecommunication systems, and Internet services threatened by a cyber terrorist attack.

IV. ORGANIZATIONAL RESPONSIBILITIES

The Governor has overall authority for protecting the health, safety, and welfare of residents, as directed in the Connecticut General Statutes (C.G.S.) §28-9. However, DPH is responsible to provide the essential public health services related to statewide epidemics.

A. DPH Responsibilities

DPH is mandated to coordinate, plan, and administer a statewide emergency response to public health threats (C.G.S. §19a-176, PA 03-236) and to secure, compile, and disseminate information concerning the prevention and control of epidemics and conditions affecting or endangering the public health (C.G.S. §19a-2a). The DPH Commissioner is designated as the principal official responsible for leading the State's Public Health Preparedness Initiative. Responsibilities include:

- ❑ Consult with local public health officials, hospitals, nursing homes, and other health/medical facilities as appropriate to determine the magnitude and extent of public health/medical problems associated with a catastrophic disaster and assist local public health officials in developing appropriate strategies to address such problems;
- ❑ Define the types and amounts of public health and medical assistance required by state, local and private health/medical organizations, developing specific requests for assistance under ESF #8, including medical personnel, equipment, and supplies;
- ❑ Determine assistance needed to move patients to definitive care facilities that are part of the National Disaster Medical System (NDMS) network;
- ❑ Assist public health and sanitation efforts through the use of state laboratories for micro-bacteriological and chemical analyses;
- ❑ Organize, operate, and supervise teams for immunization of the general public or selected populations;
- ❑ Staff Disaster Recovery Centers (DRCs) and Disaster Field Offices (DFOs) as requested by DEMHS to answer health-related questions from the public;
- ❑ Conduct and oversee necessary public health investigation including surveillance, epidemiologic and environmental investigation in collaboration with federal, state agency, local public health, hospitals and medical provider partners.
- ❑ Coordinate and assure public health intervention including antibiotics or other medical preventive treatment, vaccination, isolation, quarantine, and advice to the

public regarding personal protection in collaboration with local public health, hospital, medical provider and federal partners.

- ❑ Assist the Governor's Office with public information on public health matters;
- ❑ Provide information on safety of food at homes and at commercial locations (i.e., restaurants and retail markets);
- ❑ Provide information on clean up and contamination;
- ❑ Assist the Department of Environmental Protection (DEP) and local health departments in assessing biological, chemical, and radiation risks.
- ❑ Provide 24 hour staffing of the state Emergency Operations Center (EOC) as requested by the Office of Emergency Management (DEMHS);
- ❑ Submit written reports regarding the impact or potential impact of a disaster or emergency upon public health as required by DEMHS;
- ❑ Determine the need for and coordinate the delivery of medical and pharmaceutical supplies necessary for the mitigation of public health threats;
- ❑ Provide ongoing field assessments in conjunction with local public health authorities and federal health officials as available; and possibly with the Rapid Needs Assessment Team (RNAT) to identify public health and medical issues, determine actions to be taken and define requirements and needs for federal assistance.

B. DPH Incident Command System

Within the Department of Public Health, the Incident Command System will serve as the operating protocol for the DPH response. Under the DPH ICS, the following responsibilities are detailed in job action sheets for each of the major components.

Incident Commander

Duties and Responsibilities

- ❑ Organizes and directs emergency operations for the DPH Emergency Command Center (ECC).
- ❑ Reports to the State Emergency Operations Center Incident Commander;
- ❑ Serves as spokesperson for DPH;
- ❑ Continuously monitors organizational effectiveness and ensures appropriate modifications take place;
- ❑ Works with DPH staff to establish overall objectives and strategies for managing the emergency response and recovery;
- ❑ Approves the incident action plan for each operational period;
- ❑ Authorizes evacuation, if necessary; and
- ❑ Obtains authorization for or authorizes large expenditures and/or emergency programs.

Immediate Tasks / Activation

- ❑ Activates the DPH ECC and commences duties as the CT DPH Incident Commander;

- ❑ Notifies DEMHS EOC of status and that the DPH ECC is open;
- ❑ Calls out the appointed Section Chiefs and support staff as needed;
- ❑ Receives initial status reports and briefings from available sources;
- ❑ Assigns a Documentation Recorder;
- ❑ Verifies the DPH ECC is properly set up and ready for operations;
- ❑ Immediately establishes a DPH ECC check-in procedure;
- ❑ Verifies completion and posting of a DPH ECC organization and staffing;
- ❑ Announces status/action plan meeting of all Section Chiefs to be held within 5-10 minutes;
- ❑ Holds a status/action plan meeting of all Section Chiefs;
- ❑ Establishes a time for the next status/planning meeting;
- ❑ Provides for briefings of management and general staff members upon their arrival;
- ❑ Reviews safety considerations with the Safety Officer;
- ❑ Assures contact and resource information has been established with outside agencies through the Liaison Officer;
- ❑ Notifies agencies of DPH ECC status.

Intermediate / Operational Tasks

- ❑ Determines if a declaration of a public health emergency is necessary;
- ❑ Authorizes resources as needed or requested by Section Chiefs;
- ❑ Makes decisions on limitations of movement;
- ❑ Makes decisions on limitation of information;
- ❑ Authorizes plan of action;
- ❑ Recommends to the Commissioner and Governor the location for landing the SNS;
- ❑ Observes all personnel for signs of stress and inappropriate behavior and reports concerns to Human Services / Psychological / Support Section;
- ❑ Provides for staff rest periods and relief;
- ❑ Verifies the Liaison Officer is providing for and maintaining effective interagency coordination and communication;
- ❑ Briefs relief workers at shift change to ensure proper identification of ongoing activities and the required follow-up actions;
- ❑ Conducts periodic briefings with the general staff to ensure strategic objectives are current and appropriate;
- ❑ Consults with Section Chiefs on need for staff, physician and volunteer responder food and shelter.

Extended / Demobilization Tasks

- ❑ Reviews and approves recommendations for any release of resources and supplies from the DPH ECC staff;
- ❑ Makes work assignments so that any open actions not yet completed will be handled after demobilization;

- ❑ As needed, approves DPH media releases submitted by PIO. [Assures no conflict with public messages from State EOC];
- ❑ As appropriate, coordinates with the Information Chief to arrange news conferences for the media;
- ❑ Authorizes demobilization of sections, branches and units when they are no longer required;
- ❑ Assures all required forms or reports are completed prior to demobilization;
- ❑ Is prepared to provide input to the After Action Report;
- ❑ Deactivates the DPH ECC at the designated time;
- ❑ Proclaims termination of the DPH emergency response and proceeds with recovery operations;
- ❑ Conducts post-incident debriefing meeting with management and general staff members to identify areas where DPH ECC performed well and areas for improvement;
- ❑ Terminates and critiques emergency preparedness operations;
- ❑ Prepares report of emergency preparedness operations.

Deputy Incident Commander

Duties and Responsibilities

- ❑ Reports to the CT DPH Incident Commander;
- ❑ Facilitates the overall functioning of the DPH ECC;
- ❑ Assists and serves as an advisor to the DPH Incident Commander and DPH ECC staff as needed;
- ❑ Provides information and guidance related to the internal functions of the DPH ECC and ensures compliance with operational area emergency plans and procedures;
- ❑ Assists the Liaison Officer in ensuring proper procedures are in place for directing agency representatives and conducting VIP/visitor tours of the DPH ECC;
- ❑ Serves as acting DPH Incident Commander when the Emergency Command Center Director is called away or goes off-duty.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to DPH Incident Commander;
- ❑ Meets with DPH Incident Commander and section chiefs for briefing and development of an initial action plan. Designates time for follow-up meetings;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during the shift;
- ❑ Briefs unit leaders on current situation, outlines action plan and designates time for next briefing;
- ❑ Requests an immediate assessment of each service's capabilities, human resources and needs.
- ❑ Provides assistance and information regarding section staffing to all general staff.

Intermediate / Operational Tasks

- ❑ Assists the EOC Manager and the general staff in developing overall strategic objectives as well as section objectives for the action plan;
- ❑ Assists the Planning Section in the development, continuous updating, and execution of the incident action plan;
- ❑ Provides overall procedural guidance to general staff as required;
- ❑ Provides general advice and guidance to the Emergency Command Center Director as required;
- ❑ Ensures that all communications with appropriate emergency response agencies is established and maintained;
- ❑ Assists Emergency Command Center Director in preparing for and conducting briefings with agency staff;
- ❑ Assists the Liaison Officer with coordination of all DPH ECC visits and agency contacts;
- ❑ Provides assistance with shift change activity as required.

Extended / Demobilization Tasks

- ❑ Deactivates assigned position and closes out logs when authorized by the Emergency Command Center Director;
- ❑ Completes all required forms, reports, and other documentation. Submits all forms through the Emergency Command Center Director to the Planning Section prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report;
- ❑ Ensures relief staff are thoroughly briefed;
- ❑ Lists all supplies and resources that need replenishment.

Safety and Security Officer

Duties and Responsibilities

- ❑ Monitors and has authority over the safety of DPH operations and any associated hazardous conditions.
- ❑ Organizes and enforces security requirements for the DPH ECC facility and associated spaces;
- ❑ Reports to the DPH Incident Commander and serves as a member of Management;
- ❑ Provides twenty-four hour security for DPH ECC;
- ❑ Controls personnel access to the DPH ECC in accordance with DPH policies;
- ❑ Establishes, monitors, and maintains security for the DPH ECC and associated spaces and persons involved in the incident and response;
- ❑ Organizes and enforces operational security for DPH ECC;
- ❑ Monitors response activities for hazardous and unsafe situations and develops measures for assuring personnel safety;
- ❑ Exercises emergency authority to stop or prevent unsafe acts in DPH ECC when immediate action is required;
- ❑ Develops safety plan for DPH ECC and associated spaces, including safety messages in each incident action plan.

Immediate Tasks / Activation

- ❑ Checks in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to the DPH Incident Commander;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Determines resource needs such as a computer, phone, plan copies, and other reference documents.

Intermediate / Operational Tasks

- ❑ Determines the current EOC security requirements and arranges for staffing as needed. Limits access to EOC. With Planning Section Chief, establishes check-in area and assigns staff;
- ❑ Establishes Security Command Post and ensures sensitive areas are secured and unauthorized persons are removed from restricted areas;
- ❑ Identifies hazardous situations on-scene that impact DPH personnel and resolves existing issues. Depending on nature of incident, considers area monitoring, responder Personal Protective Equipment requirements, and establishment of exclusion zones;
- ❑ Advises EOC Manager and Section Chiefs on safety matters. Prepares and presents safety briefings at appropriate meetings. Prepares site safety plan for inclusion in incident action plan;
- ❑ Reviews incident action plan to identify potentially unsafe situations. Receives reports from the field. Surveys the area and response activities as appropriate;

- ❑ Advises incident personnel in matters affecting personnel safety. Coordinates appropriate actions to ensure safety of responders and others;
- ❑ Exercises emergency authority to prevent or stop unsafe acts. Coordinates with appropriate supervisory personnel to correct unsafe acts or conditions;
- ❑ Establishes contact with Zone Captains to monitor status of evacuations or shelter in place activities. Makes recommendations to DPH Incident Commander to expand evacuation area, or signal 'all clear' as appropriate;
- ❑ Coordinates investigation of accidents that occur within the incident area;
- ❑ Coordinates with Medical Unit Leader on preparation of the medical plan;
- ❑ Coordinates additional security functions for:
 - Media briefing areas
 - Phone bank areas
 - Other ancillary DPH ECC areas
- ❑ Works with Operations Section Chief to execute evacuation or shelter in place orders;
- ❑ Provides executive and VIP security as appropriate and required;
- ❑ Provides pedestrian (and vehicular) traffic control as necessary for DPH ECC and DPH offices.

Extended / Demobilization Tasks

- ❑ Deactivates assigned position and closes out logs when authorized by the DPH Incident Commander;
- ❑ Completes all required forms, reports, and other documentation. All forms to be submitted through supervisor to the Planning Section, as appropriate, prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report.

Fiscal Section Chief

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander and is a member of the Management Staff;
- ❑ Monitors the use of financial assets, oversees the acquisition of supplies and services necessary to carry out the DPH public health emergency response mission and supervises the documentation of expenditures relevant to the emergency incident.
- ❑ Organizes and operates the finance section. Activates and supervises the units within the section. Monitors activities and modifies the organization as needed;
- ❑ Participates in the development of the incident action plan;
- ❑ Determines purchase order limits for the procurement function in Logistics;
- ❑ Ensures all financial records are maintained throughout the event or disaster;

- ❑ Ensures workers' compensation claims resulting from the response are processed within a reasonable time, given the nature of the situation;
- ❑ Ensures all recovery documentation is accurately maintained during the response and submitted on the appropriate forms to the Federal Emergency Management Agency (FEMA) and/or DEMHS.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to CT DPH Incident Commander;
- ❑ Establishes a Financial Section Operations Center. Ensures adequate documentation/recording personnel;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Ensures the Finance Section is set up properly and that appropriate personnel, equipment, and supplies are in place;
- ❑ Based on the situation, activates units within section as needed and designate Unit Leaders for each element:
 - a. Compensation and Claims Unit
 - b. Human Resources Unit
 - c. Cost Unit
 - d. Procurement Unit
- ❑ Distributes corresponding Job Action Sheets and vests;
- ❑ Meets with Unit Leaders after meeting with CT DPH Incident Commander; reviews Unit responsibilities; develops a section action plan;
- ❑ Ensures sufficient staff is available for a twenty-four hour schedule, or as required;
- ❑ Meets with the Logistics Section Chief and reviews financial and administrative support requirements and procedures; determines the level of purchasing authority to be delegated to Logistics Section;
- ❑ Notifies the DPH Incident Commander when the Finance Section is operational.

Intermediate / Operational Tasks

- ❑ Approves a "cost-to-date" incident financial status report submitted by the Cost Unit Leader every eight hours summarizing financial data relative to personnel, supplies and miscellaneous expenses;
- ❑ Obtains briefings and updates from DPH Incident Commander as appropriate. Relates pertinent financial status reports to appropriate chiefs and unit leaders;
- ❑ Schedules planning meetings to include Finance Section unit leaders to discuss updating the section's incident action plan and termination procedures;
- ❑ Ensures Finance Section personnel maintain position logs and other necessary files properly;
- ❑ Ensures Finance Section displays are current and that posted information is legible and concise;

- ❑ Participates in all planning meetings. Provides input on finance matters;
- ❑ Develops an operating plan for finance section;
- ❑ Briefs all Unit Leaders and ensures they are aware of the DPH ECC objectives as defined in the action plan;
- ❑ Receives periodic briefings from unit leaders on unit status and activities;
- ❑ Keeps the DPH Incident Commander and Management Staff aware of the current fiscal situation and other related matters on an on-going basis;
- ❑ Coordinates with the Logistics Section to ensure that the Procurement Unit processes purchase orders and develops contracts in a timely manner;
- ❑ Ensures the Compensation and Claims Unit processes all claims including but not limited to workers' compensation claims, resulting from the disaster, in a reasonable time frame, given the nature of the situation;
- ❑ Ensures the Human Resources Unit identifies related issues and works to resolve them promptly.

Extended / Demobilization Tasks

- ❑ Observes all staff, volunteers and patients for signs of stress and inappropriate behavior. Reports concerns to Human Resources. Provides for staff rest periods and relief;
- ❑ Ensures that all recovery documentation is accurately maintained and submitted on the appropriate forms to Federal Emergency Management Agency (FEMA) and/or DEMHS;
- ❑ Assures that all requests for personnel or supplies are copied to the Communications Unit Leader in a timely manner;
- ❑ Deactivates assigned position and closes out logs when authorized by the Emergency Command Center Director;
- ❑ Completes all required forms, reports, and other documentation. All forms should be submitted through supervisor to the Planning Section, as appropriate, prior to your departure;
- ❑ Provides input to the After Action Report.

Liaison Officer

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander;
- ❑ Functions as incident contact person for representatives from other agencies;
- ❑ Oversees all liaison activities, including coordinating outside agency representatives assigned to the DPH ECC;
- ❑ Provides a point of contact for assisting/cooperating agency representatives. Establishes and maintains a central location for incoming agency representatives, providing workspace and support as needed;
- ❑ Identifies agency representatives from each agency including communications link and location;

- Responds to requests from incident personnel for inter-organizational problems;
- If other agencies such as Red Cross, law enforcement, public works or engineering organizations assign agency representatives to the incident, coordinates their activities. As appropriate, partner representatives with existing DPH ECC staff;
- Ensures that briefings of situation status reports and a copy of the DPH ECC Action Plan are provided to agency representatives upon check-in;
- In conjunction with the DPH Deputy Incident Commander, provides orientations for VIPs and other visitors to the DPH ECC.

Immediate Tasks / Activation

- Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- Reports to CT DPH Incident Commander;
- Establishes and maintains a position log that chronologically describes actions taken during shift;
- Establishes contact with Communications Unit Leader in ECC. Obtains one or more aides as necessary from Labor Pool;
- Reviews municipal and/or regional emergency organizational charts to determine appropriate contacts and message routing. Coordinates with Communications Chief;
- Obtains information to provide to the State EOC and area hospitals upon request. The following information should be gathered for relay:
 - a. The number of Urgent and Non-urgent patients that can be received and treated immediately (Patient Care Capacity).
 - b. Any current or anticipated shortage of personnel, supplies, etc.
 - c. Current condition of hospital structure and utilities (hospital's overall status).
 - d. Number of patients to be transferred to another hospital.
 - e. Any resources that are requested by other facilities (i.e. staff, equipment, and supplies).
- Establishes communications with other area hospitals, the State EOC, or Local Health Officers with the assistance of the Communication Chief;
- Establishes contact with liaison counterparts of each assisting and cooperating agency. Keeps governmental Liaison Officers updated on changes and development of the DPH response to the incident.

Intermediate / Operational Tasks

- Obtains briefing from DPH Incident Commander, including summaries of response and incident organization, list of agencies currently involved in incident, and any special instructions;
- Obtains supplemental status reports from Section Chiefs;
- Contacts agency representatives already on-site, ensuring that they:

- a. Have signed into the DPH ECC.
 - b. Understand their assigned functions.
 - c. Know their work locations.
- ❑ Briefs agency representatives upon check-in. Provides copies of situation status reports and action plan as requested;
- ❑ Determines if additional representation is required from:
 - a. Volunteer organizations such as the Red Cross;
 - b. Public works utilities such as gas, water, electricity;
 - c. Regional COG, CADH and local public health departments;
 - d. Additional State representatives.
- ❑ If representation is not required, determines if notification is required and completes as soon as possible;
- ❑ Coordinates agency activities with appropriate State EOC Section;
- ❑ Requests that other agency representatives, if any, located at DPH ECC maintain communications with their agencies and obtain situation status reports regularly;
- ❑ Maintains a roster of other agency representatives, if any, at the DPH ECC. Roster should include assignment within the DPH ECC and be distributed internally on a regular basis.
- ❑ Identifies and works to resolve potential inter-agency problems;
- ❑ Provides routine updates to DPH Incident Commander;
- ❑ Prepares to assist Support/Nursing Labor Pool Unit Leader with problems encountered in the volunteer credentialing process;
- ❑ Relays any special information obtained to appropriate personnel in the receiving facility (i.e. information regarding toxic decontamination or any special emergency conditions);
- ❑ Assists the Medical Staff Director and Support/Nursing Labor Pool Unit Leader in activating physicians and other health care providers, under the Medical Reserve Corp or other program, willing to volunteer as Disaster Service Workers outside of the hospital, when appropriate;
- ❑ Inventories any material resources that may be sent upon official request. Lists method of transportation, if appropriate;

- ❑ Supplies casualty data to the appropriate authorities. Prepares the following minimum data:
 - a. Number of casualties received and types of injuries treated.
 - b. Number hospitalized and number discharged to home or other facilities
 - c. Number dead.
 - d. Individual casualty data: Name or physical description, sex, age, address, seriousness of injury of condition.

Extended / Demobilization Tasks

- ❑ Observes all staff and volunteers for signs of stress, fatigue and inappropriate behavior. Reports concerns to Human Services Unit Chief. Provide for staff rest periods and relief;
- ❑ Releases agency representatives that are no longer required in the State EOC when authorized by the DPH Incident Commander;
- ❑ Deactivates assigned position and closes out logs when authorized by the DPH Incident Commander;
- ❑ Completes all required forms, reports, and other documentation and all forms should be submitted through supervisor to the Planning Section, as appropriate, prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report.

Logistics Section Chief

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander and is a member of the Management Staff;
- ❑ Organizes and directs those operations associated with maintenance of the physical environment, including adequate levels of food, shelter and supplies to support DPH objectives;
- ❑ Organizes and operates the Logistics Section of the DPH ECC to support the incident response, including providing communication and transportation services, acquiring equipment, supplies, personnel, facilities, and transportation services, as well as arranging for food, housing, medical services and other services as required;
- ❑ Establishes the appropriate level of branch and/or unit staffing within the Logistics Section, continuously monitoring the effectiveness of the organization and modifying as required;
- ❑ Ensures section objectives as stated in the incident action plan are accomplished within the operational period or within the estimated time frame;
- ❑ Coordinates closely with the Operations and Planning Section Chiefs to establish priorities for resource allocation during the response;
- ❑ Keeps the DPH Incident Commander informed of all significant issues relating to the Logistics Section;

- ❑ Supervises the staff of the Logistics Section.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC.
- ❑ Reports to DPH Incident Commander;
- ❑ Appoints Logistics Section Unit Leaders for Service, Support, Materials Supply, Transportation, Communications, Medical, Food / Nutritional Supply, and Housing Units as appropriate for the incident; and distributes Job Action Sheets and vests;
- ❑ Briefs unit leaders on current situation. Outlines action plan and designates time for next briefing;
- ❑ Establishes Logistics Section Center in or near DPH ECC;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Ensures the Logistics Section is set up properly and that appropriate personnel, equipment and supplies are in place, including resource listings, vendor references, and other resource directories;
- ❑ Advises Branches and Units within the section to coordinate with appropriate branches in the Operations Section and Resource Unit to prioritize and validate resource requests;
- ❑ Meets with the EOC Director and Management Staff and identifies immediate resource needs;
- ❑ Meets with the Fiscal Section Chief and determines level of purchasing authority and purchasing process for the Logistics Section;
- ❑ Assists Branch Directors and Unit Leaders in developing objectives for the section as well as plans to accomplish their objectives within the first operational period, or in accordance with the initial action plan.

Intermediate / Operational Tasks

- ❑ Receives from and provides routine information to unit leaders and officers on a regular basis. Maintains current status of all areas. Passes status information to Situation-Status Unit Leader;
- ❑ Provides to and receives frequent status reports from the DPH Incident Commander;
- ❑ Obtains needed supplies with assistance of the DPH Finance Section Chief, Public Information Officer and the Communications and the (Legislative) Liaison Officer;
- ❑ Ensures Logistics Section personnel properly maintain position logs and other necessary files;
- ❑ Meets regularly with section staff to work for consensus on section objectives for upcoming operational periods;
- ❑ Participates in preparing the incident action plan. Develops necessary documents as requested by Planning Section Chief prior to planning meetings;
- ❑ Attends and participates in all Management Staff meetings;

- ❑ Ensures the Materials Supply Unit coordinates closely with the Finance Section Procurement Unit and that all required documents and procedures are completed and followed;
- ❑ Ensures DPH meets transportation requirements to support incident response operations;
- ❑ Ensures all requests for facilities and facility support are addressed;
- ❑ Ensures the Medical Plan addresses medical issues above and beyond local / health district EMS plans;
- ❑ Ensures DPH addresses food/meal requirements for responders and staff as required;
- ❑ Ensures DPH addresses shelter and housing for responders and staff as required;
- ❑ Ensures communications between on-scene responders, DEMHS EOC, DPH ECC and other organizations are established and maintained as required;
- ❑ Responds to additional service and support requests as appropriate. Coordinates with Resource Unit if operational planning work sheets require changing;
- ❑ Keeps Planning Section and Resource Unit status boards current.

Extended / Demobilization Tasks

- ❑ Observes all staff, volunteers and patients for signs of stress and inappropriate behavior. Reports concerns to Human Resources and provides for staff rest periods and relief;
- ❑ Works with Planning Section to coordinate demobilization of Logistics Section. Demobilizes according to plan;
- ❑ Assures all communications are copied to the Communications Unit Leader;
- ❑ Documents actions and decisions on a continual basis;
- ❑ Deactivates assigned position and closes out logs when authorized by the Emergency Command Center Director;
- ❑ Completes all required forms, reports and other documentation. Submits all forms through the Emergency Command Center Director to the Planning Section prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report.

Support Systems Leader

Duties and Responsibilities.

- ❑ Reports to the DPH Logistics Chief;
- ❑ Manages the support activities of the response;
- ❑ Coordinates the acquisition of supplies and materials for the response. Interfaces with Planning, Operations, and Finance Section staff to ensure timely and appropriate order fulfillment;
- ❑ Oversees the acquisition or use of required transportation resources. Develops the transportation plan portion of incident action plan;

- ❑ Supervises the Support Branch. In a small-scale response without activation of Unit Leaders, performs all support branch functions.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to CT DPH Incident Commander;
- ❑ Establishes and maintains a position log that chronologically describes your actions taken during your shift.

Intermediate / Operational Tasks

- ❑ Establishes and maintains a position log and other necessary files;
- ❑ Meets with Logistics Chief to discuss section activities. Makes sure all objectives are being achieved;
- ❑ Organizes Support Branch. Prepares organization and assignments for initial support operations. Based on the situation, activates units within section as directed by Logistics Section Chief. Assembles and briefs branch personnel;
- ❑ Performs operational planning for support branch. Participates in planning activities of Logistics Section for next operational period. Determines if support branch resources are adequate and resolves discrepancies with Logistics Section Chief;
- ❑ Supervises Support Branch operations. Maintains communications with unit leaders. Periodically checks work progress of assigned tasks. Coordinates activities between support units;
- ❑ Resolves support problems with requests from Operations Section and workplace assignment lists from Resource Unit Leader;
- ❑ Keeps the Logistics Section Chief informed of significant issues affecting Support Branch.

Extended / Demobilization Tasks

- ❑ Deactivates assigned position and closes out logs when authorized by the Logistics Section Chief;
- ❑ Completes all required forms, reports, and other documentation. All forms should be submitted through supervisor to the Planning Section, as appropriate, prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report.

Operations Section Chief

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander and is a member of the Management Staff;
- ❑ Directs aspects relating to the Operations Section. Carries out directives of the DPH Incident Commander. Coordinates and supervises all Subsections of the Operations Section.

- ❑ Activates and manages all operations in accordance with the incident action plan. Ensures the operational objectives and assignments identified in the incident action plan are carried out effectively;
- ❑ Assists in formulating the incident action plan and directing its execution;
- ❑ Establishes the appropriate level of staffing within the Operations Section. Continuously monitors Section effectiveness and modifies as required;
- ❑ Provides the Planning Section with frequent status reports as appropriate;
- ❑ Conducts periodic Operations briefings for the DPH Incident Commander as required or requested.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to CT DPH Incident Commander;
- ❑ Appoints Operations Subsection Directors and transfers the corresponding Job Action Sheets (May be pre-established);
- ❑ Briefs all Operations Section directors on current situation and develops the section's initial action plan. Identifies operational needs and objectives for the first operational period. Designates time for next briefing;
- ❑ Establishes Operations Section Center in or near to the DPH ECC;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Ensures the Operations Section is set up properly and that appropriate personnel, equipment and supplies are in place. Confirms set-up of maps, status boards and other incident displays with Situation Status Unit Leader;
- ❑ Meets with Planning Section Chief; obtains a preliminary situation briefing;
- ❑ Obtains a current communications status briefing from the Communications Unit Leader in Logistics Section. Ensures there is adequate equipment and frequencies available for the section;
- ❑ Confirms activation notification to IPP Manager and other section staff and determines estimated times of arrival;
- ❑ Confers with the DPH Incident Commander to ensure that the Planning and Logistics Sections are staffed at levels necessary to provide adequate information and support for operations;
- ❑ Requests additional personnel for the section as necessary for twenty-four hour operation;
- ❑ Determines need for Mutual Aid;
- ❑ Recommends declaration of public health emergency to DPH Incident Commander;
- ❑ Establishes communications with on-scene incident commander;
- ❑ Based on the situation known or forecasted, determines likely future needs of the Operations Section.

Intermediate / Operational Tasks

- ❑ Designates times for briefings and updates with all Operations Section directors to develop/update section's action plan;

- ❑ Ensures the subsections are adequately staffed and supplied;
- ❑ Briefs the DPH Incident Commander routinely on the Operations Section status;
- ❑ Develops operations portion of incident action plan. Discusses situation with operations staff and recommends actions planned for next operational period(s);
- ❑ Develops operational tactics for each division. Determines resource assignments in conjunction with Resources Unit;
- ❑ Attends and participates in all appropriate meetings;
- ❑ Ensures all section personnel are maintaining their individual position logs;
- ❑ Ensures situation and resource information is provided to the Planning Section on a regular basis or as the situation requires;
- ❑ Ensures that all media contacts are referred to the DPH Public Information Officer;
- ❑ Ensures all resource needs are coordinated through Logistics Section;
- ❑ Ensures that fiscal and administrative requirements are coordinated through the Fiscal Section (notification of emergency expenditures and daily time sheets);
- ❑ Continuously monitors field operations. Determines adequacy of progress;
- ❑ Determines need for additional resources. Provides periodic updates to DPH Incident Commander. Requests additional resources through Resource Unit;
- ❑ Based on field reports, recommends changes to the plan to DPH Incident Commander and coordinates changes with Management Staff;
- ❑ As appropriate, establishes and maintains staging areas for assembly of resources and responders near the incident site. Coordinates with Logistics Section. Assigns staging area manager as appropriate;
- ❑ Reports special incidents/accidents involving responders. Reports to contain: nature of event, location, magnitude, personnel involved, initial action taken, and appropriate subsequent actions.
- ❑ Coordinates with Safety and Security Officer. Briefs the DPH Incident Commander as soon as possible. Requests assistance as needed.

Extended / Demobilization Tasks

- ❑ Observes all staff, volunteers and patients for signs of stress and inappropriate behavior. Reports concerns to Human Resources. Provides for staff rest periods and relief;
- ❑ Assures that all communications are copied to the Communications Unit Leader; documents all actions and decisions;
- ❑ Recommends staff resources needed from other sources, i.e. CDC, FEMA, etc.
- ❑ Deactivates assigned position and closes out logs when authorized by the DPH Incident Commander;
- ❑ Completes all required forms, reports, and other documentation. Submits all forms through Emergency Command Center Director to the Planning Section prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report;
- ❑ Ensures relief personnel are thoroughly briefed.

Planning Section Chief

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander and is a member of the Management Staff;
- ❑ Establishes the appropriate level of organization and staffing;
- ❑ Ensures the responsibilities of the Planning Section (collecting, analyzing, and displaying situation information) are addressed as required;
- ❑ Prepares periodic Situation Reports;
- ❑ Prepares and distributes the EOC Action Plan and facilitates the Action Planning meetings;
- ❑ Provides technical support services to the various EOC sections and branches, and documents and maintains files on all EOC activities;
- ❑ Exercises overall responsibility for the coordination of branch/unit activities within the section;
- ❑ Keeps the DPH Incident Commander informed of significant issues affecting the Planning Section;
- ❑ In coordination with the other Section Chiefs, ensures Branch Status Reports are completed and used as a basis for Situation Status Reports and the Action Plan;
- ❑ Supervises the Planning Section.

Immediate Tasks / Activation

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to DPH Incident Commander;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Ensures the Planning Section is set up properly and that appropriate personnel, equipment and supplies are in place, including maps and status boards;

- Based on the situation, activates units within section as needed and designate Unit Leaders for each element:
 - a. Resource Unit
 - b. Technical Specialists
 - c. Situation Unit
 - d. Documentation Unit
- Ensures sufficient staff is available for a twenty-four hour schedule, or as required;
- Meets with Operations Section Chief; obtains and reviews any major incident reports;
- Meets with all Unit Leaders and ensures responsibilities are clearly understood;
- Identifies key issues to be addressed by Planning in consultation with section staff;
- Identifies objectives to be accomplished during the initial operational period;
- Notifies the DPH Incident Commander when the Planning Section is operational.

Intermediate / Operational Tasks

- Ensure that Planning Section position logs and other necessary files are maintained;
- Ensure that the Situation Unit is maintaining current information for the situation status report. Ensure frequent communication flow with the Operations Section;
- Ensure that all status boards and other displays are kept current and that posted information is neat and legible;
- Ensure that the CT DPH Public Information Officer has immediate and unlimited access to all status reports and displays;
- Conduct periodic briefings with section staff and work to reach consensus among staff on section objectives for forthcoming operational periods;
- Supervise the development of daily action plans including information collection, plan approval and distribution. Facilitate meetings required to develop action plans in accordance with established schedule;
- Work closely with each unit in the Planning Section to ensure the section objectives as defined in the current action plan are being addressed;
- Ensure that the Documentation Unit maintains files on all response activities and provides reproduction and archiving services for the DPH ECC, as required.

Extended / Demobilization Tasks

- Deactivate your assigned position and close out logs when authorized by the DPH ECC Incident Commander;
- Complete all required forms, reports, and other documentation. All forms should be submitted through the Documentation Unit, as appropriate, prior to your departure;
- Be prepared to provide input to the debriefing meeting and After Action Report;

Public Information Officer (PIO)

Duties and Responsibilities

- ❑ Reports to the DPH Incident Commander;
- ❑ Organizes and coordinates the release of information to the news media and families;
- ❑ Serves as the coordination point for all media releases for DPH;
- ❑ Develops accurate information about the incident and response activities as appropriate for staff, other agencies and the public;
- ❑ Coordinates media releases with Public Information Officers representing other emergency response agencies as required;
- ❑ Maintains a positive relationship with the media representatives;
- ❑ Establishes and maintains communication channels for information dissemination to staff, students, parents and other interested parties;
- ❑ Supervises the Public Information Branch.

Immediate Tasks / Activation Phase

- ❑ Signs in with the Check-in Recorder or Security upon arrival at the DPH ECC;
- ❑ Reports to DPH Incident Commander;
- ❑ Meets with Emergency Command Center Director and other section chiefs for briefing and development of an initial action plan. Designates time for follow-up meetings;
- ❑ Establishes and maintains a position log that chronologically describes actions taken during shift;
- ❑ Appoints Communications unit leaders;
- ❑ Distributes corresponding packets containing job action sheets and appropriate forms;
- ❑ Brief unit leaders on current situation, outline action plan and designate time for next briefing;
- ❑ Requests an immediate assessment of each service's capabilities, human resources and needs;
- ❑ Identifies restrictions in contents of news release information from the DPH Incident Commander. Coordinates this activity with PIO at State EOC;
- ❑ Determines resource needs of Public Information Branch such as computers, phones, plan copies, and other reference documents.

Intermediate / Operational Tasks

- ❑ Obtains policy guidance from the State EOC with regard to media releases;
- ❑ Maintains up-to-date status boards and other references for DPH ECC use;
- ❑ Develops and publishes a briefing schedule for the media that includes briefing location and format as well as the preparation and distribution of handout materials;
- ❑ Establishes contact with outside agencies to determine availability of outside resources;

- ❑ Ensures that all news releases have the approval of the DPH Incident Commander and State EOC PIO;
- ❑ Issues an initial incident information report to the news media;
- ❑ Informs on-site media of the physical areas to which they have access and those that are restricted. Coordinates with Safety and Security Officer;
- ❑ Contacts other at-scene agencies to coordinate released information;
- ❑ Obtains progress reports from Section Chiefs as appropriate. Reviews with DPH Incident Commander during periodic meetings. Communicates information to State EOC;
- ❑ Ensures that file copies are maintained of all information released;
- ❑ Provides copies of all media releases to the State EOC;
- ❑ Conducts shift change briefings in detail, ensuring that in-progress activities are identified and follow-up requirements are known.

Extended / Demobilization Tasks

- ❑ Notifies media about casualty status;
- ❑ Observes all staff, volunteers and patients for signs of stress and inappropriate behavior. Reports concerns to Human Resources;
- ❑ Provides for staff rest periods and relief;
- ❑ Completes all required forms, reports and other documentation. All forms should be submitted through supervisor to the Planning Section, as appropriate, prior to departure;
- ❑ Provides input to the debriefing meeting and After Action Report.

C. Local Health Departments

- ❑ Lead in organization of delivery of medical interventions (e.g., mass vaccination clinics);
- ❑ Lead in implementation of community-based isolation and quarantine;
- ❑ Assist DPH in epidemiological investigation, as needed;
- ❑ Assist DPH in provision of information to health care providers and the public.

D. Hospitals and Medical Care Providers

- ❑ Lead in delivery of medical interventions to hospital staff and patients (e.g., smallpox vaccination, post-exposure antibiotic prophylaxis);
- ❑ Lead in isolation and quarantine of hospital staff and patients;
- ❑ Assist local health in delivery of medical interventions based in the community;
- ❑ Assist DPH with epidemiological investigations of patients, staff in hospital.

E. All Tasked Organizations

- ❑ Develop specialized procedures necessary to implement any applicable responsibilities of this Plan;
- ❑ Evaluate the applicability and consistency of existing procedures under the State's Emergency Operations Plan to the types of unique operations required of

the tasked organization during the response to an incident involving a public health emergency;

- Identify the type and number of resources likely to be needed by the tasked organization to support response to a public health emergency;
- Coordinate training support as needed for implementation of this Plan and the related responsibilities of the tasked organization;
- Support the State of Connecticut's continuous process of defining its capabilities to respond to such an incident;
- Support the CT Department of Public Health in maintaining and updating this Plan and all corresponding implementation procedures;

V. RESPONSE ACTIONS

A. Communications Technology

The Health Alert Network (HAN) is a nationwide information and communication system that links federal, state and local health agencies to provide communities with critical information about bioterrorism and other health threats. The Connecticut Health Alert Network (CT HAN) has been in development since 1999. The goal of the CT HAN is to securely facilitate communication of critical health, epidemiological and bioterrorism related information on a 24/7 basis to local health departments, health organizations and other key partners. The CT HAN is a composite of communication mechanisms including a restricted web site with mass e-mailing and "Bulletin Board" features, broadcast fax, satellite telephones, VHF radios and a Wide Area Notification System (WANS).

Restricted Web Site

The restricted web site was developed as a portal for the 91 local health departments and the two Sovereign nations' health departments to access information during an emergency and on a day-to-day basis. Local health directors have access to functions such as the DPH emergency "Bulletin Board", town specific infectious disease data, mass e-mailing, directories, and have the ability to submit data to DPH. The Connecticut Association of Directors of Health (CADH) staff and select DPH staff have access to various components of the restricted web site. The 31 acute care hospital infection control practitioners utilize the restricted web site to enter data in the Hospital Admissions Surveillance System (HASS) for the Epidemiology and Emerging Infections Program. Users are assigned Ids and passwords to access the restricted site. Health directors can create additional user Ids within their department and assign privileges. The restricted web site is in the process of being migrated to a secure site.

The Mass E-mailing feature enables users of the restricted web site to send e-mail messages with attachments simultaneously to local health departments individually, in groups or as a whole and also to other lists of key partners.

The "Bulletin Board" feature on the restricted web site allows the DPH to post critical information during emergencies. In the event of an emergency, users will be notified to go to the "Bulletin Board" for further information. The "Bulletin" has a time date

stamp. When a user logs into the restricted web site and a new "Bulletin" has been posted, the "Bulletin" is automatically displayed.

Broadcast Fax

The Department utilizes a service offered through MCI to broadcast fax information through a fax machine or the web. The broadcast fax allows the department to rapidly disseminate health alerts and other communications by transmitting faxes simultaneously to a list or lists that are part of the HAN.

Wide Area Notification system (WANS)

The DPH purchased *Command Caller* from Voice Technologies in 2003. *Command Caller* is a Wide Area Network System (WANS) with autodialing and voice messaging capability. The WANS can contact individuals by telephone, cellular phone, satellite phone, fax, e-mail and pagers. The WANS utilizes a database of contact information. It cycles through the individual's contact information until that individual answers the call and submits the response requested. If there is no answer, the WANS will leave a message. The WANS will make three attempts to contact each individual.

Nextel phones

Nextel phones are cellular phones with a two-way radio (direct connect) feature. They were purchased for the local health directors and select DPH staff so these individuals could be accessed on a 24/7 basis. The Nextel phone is the primary contact number when the WANS is activated.

MEDSAT and Iridium Satellite Phones

MEDSAT is a satellite telecommunications system that links the 31 acute care hospitals and VA hospital in New Haven with DPH, the Connecticut Hospital Association (CHA), and the Connecticut Department of Emergency Management and Homeland Security (DEMHS). The MEDSAT system offers both direct-dial telephone and two-way radio "group call" capability. Group call allows all of the users of the MEDSAT system to monitor all transmissions on the MEDSAT network at the same time. There are 40 satellite phones in total with five (5) of which are portable phones and one (1) as a spare. In addition to the MEDSAT system, the DPH has two handheld two handheld Motorola Iridium (low earth orbiting) satellite telephones.

VHF radio system

DPH has a VHF radio system, which consists of six base units strategically placed around the state and 12 mobile and 22 portable units. The system is used for communications between the DPH Command Center, the state Emergency Operations Center and DPH staff in the field. Additional mobile and portable units are being purchased.

Another VHF radio system, MEDNET, is used to communicate with the 13 Connecticut Medical Emergency Dispatches (CMEDs) around the state. The mobile and portable VHF radios can also be used with MEDNET.

To communicate within the department, DPH utilizes landline telephones, cellular telephones, satellite telephones, Internet email, pager systems, and face-to-face communication to alert, notify, and share information during an emergency. DPH maintains a current telephone contact list of key agency personnel needed in an emergency situation (see Annex A).

Information-sharing Technology

The current technical infrastructure also includes secure, encrypted, virtual private network (VPN) connections used to receive some lab testing and vital record information. The Connecticut Department of Information Technology (DOIT) is a central information technology department for Connecticut government and provides the interface between the DPH and the Internet. This interface includes complete firewall protection enforced by a combination of firewall hardware and Check Point software. No external Internet traffic is currently allowed to pass through the firewall.

All servers and desktop computers located at the DPH and/or DOIT run virus-scanning software that uses a combination of periodic and active virus checking. All virus signatures are updated automatically on a periodic basis. Redundant hardware/software platforms are available to provide continuity of operations in the event of some hardware failures. There are duplicate copies of each critical database and application server that are both updated via the replication process, where necessary.

B. Public and Crisis Information (Risk Communication)

Telephone Lines

DPH will route at least two dedicated telephone lines to the Communications Command Post to field media and public calls. The Office of Public Health Preparedness will establish and staff an information line for health directors, health care providers, and community partners. All other calls will be directed to the DPH Customer Service Information line. The Office of Public Health Preparedness will monitor the information received and requested from the media and the public.

DPH Web Site

The Office of Communications will post CDC-approved media and public materials to the DPH web site and the web site will be used for most of the media updates related to a public health emergency. At the very least, public health updates will be posted twice daily (morning and late afternoon) to the DPH web site and sent to appropriate partner organizations.

Media

In collaboration with CDC, the Governor's Office, and DEMHS, the Office of Communications will create and disseminate a media advisory that provides

information regarding the situation, the major actions being taken, information about disease, public guidance, and resources. Rumor control will be a primary concern, and it will be imperative to immediately issue information updates and to correct errors and misperceptions as needed.

The Office of Communications will release pre-approved messages, and develop new materials, as needed, to address the needs of the media, public, and key stakeholders. The Office of Health Communications will notify all public information officers (PIOs) in the acute care hospitals. As appropriate and feasible, field team communications staff will tailor disease education and communication materials to community needs.

Press Briefings

Prior to press briefings, interviews, teleconferences, etc., it will be explained that DPH's primary focus is "to identify the public health threat and take actions to protect the public's health." Initially, daily or twice daily teleconferences will be established, preferably around 10 a.m. and 4 p.m. Teleconferences are preferable to press briefings; the latter will be used only for major public health announcements. The briefings should be characterized as public health response updates to reinforce the role of DPH in the response. Ideally, the same DPH and health and government officials will conduct the media briefings. These experts must present themselves in the briefings as professional, confident, knowledgeable, and reassuring. Once these daily briefings are established, they will be invaluable in terms of relaying rapidly changing messages. If necessary, these daily activities can be extended.

Personnel responding to media calls or local community calls from health care providers or individuals should take notes that enable identification and tracking types of questions or concerns, and as frequently as possible.

Personal Appearances

DPH has employed or access to many topic/subject experts that are available to speak to public, media, and organized workgroups or committees on public health emergencies.

C. Response Training

The response to a public health emergency will require both routine and specialized emergency operations, often in an area potentially contaminated with hazardous materials. Therefore, it is vitally important to assure that response personnel are adequately trained to fulfill their responsibilities without endangering their safety and the safety of others. This includes training emergency services and health care personnel to recognize a possible terrorist event, as well as training those who would respond to that event. The Professional and Workforce Development Section of the Planning Branch is responsible for developing and coordinating training activities for DPH personnel.

In an emergency, the Professional and Workforce Development Section will identify existing, readily available training and refresher courses for public health and health care providers that address the particular event. These resources may be web-

based, written, CD ROM, DVD or available through satellite broadcast. DPH will provide broad distribution of the available resource or in the case of a satellite broadcast, and will coordinate the broadcast to all available satellite sites as appropriate.

The resources utilized will include the DPH Videotape Library that includes cataloged learning resources in a variety of formats including videotape, CD ROMs and DVDs. Topics are organized in an access database searchable by subject and other fields. Self-study manuals will also be available.

D. Public Health Investigation

The goal of public health investigation in an emergency is to gather information to inform public health intervention and communication. The objectives of public health investigation are to: 1) define the problem in person, place and time (who and how many are at risk, where is/was the risk, when did the risk begin and when did it end); 2) identify the source and magnitude of exposure; and 3) determine whether exposure or the consequences of it are ongoing (is there person-person transmission? is there lingering environmental contamination of concern? are there consequences of exposure that may result in health problems later?); and 4) monitor the impact of intervention.

Tools of public health investigation include: health-related surveillance, epidemiological and laboratory investigation, environmental investigation and communication with investigative partners and persons who may have been exposed.

Organization of Public Health Investigation

Depending on the nature of the investigation (terrorism versus "natural"; biologic agents versus chemical or radiological agents; investigation of disease versus exposure only), a number of investigative teams may need to be formed. These could include:

- ❑ Investigation oversight team - coordinates investigation and communication with the various incident command teams, investigation partners and the public health intervention team.
- ❑ Surveillance team - conducts prospective and retrospective surveillance for cases of disease
- ❑ Case investigation team- obtains complete clinical information on all suspect cases to determine whether they are true cases
- ❑ Field epidemiology team - conducts interviews of cases to determine potential exposures - may do it collaboratively with the FBI in a possible criminal investigation
- ❑ Epidemiology team - conducts analytic studies, including case-control studies
- ❑ Environmental sampling team - conducts sampling of the environment for agents of concern to determine whether contamination is present and its extent

- ❑ Laboratory team - conducts appropriate testing of patient and environmental samples. In a criminal investigation, maintains chain of custody and stores specimens appropriately.
- ❑ Exposure and Risk Assessment team - provides qualitative and quantitative estimates of exposure to a chemical agent and assesses the health risk to the general population.
- ❑ Data team – develops and/or manages pre-developed databases to track suspected cases, environmental samples collected and tested, persons being quarantined, persons eligible for antibiotic prophylaxis, and other information, as needed.

Investigation Partnerships

In addition to previously mentioned Federal and State partners in emergency response, a public health investigation may rely on the following additional partnerships:

- ❑ Department of Environmental Protection - primary state agency to conduct environmental sampling for hazardous agents; liaison agency with DPH when there are wildlife concerns (e.g., West Nile virus).
- ❑ Department of Public Safety - may assist the FBI in criminal investigations, assure chain of custody of specimens.
- ❑ Department of Agriculture - liaison agency with DPH for agents that may affect agricultural animals.
- ❑ Local Health Departments - provide assistance to DPH in a statewide or criminal epidemiological or environmental investigation; primary agency responsible for conducting investigations of problems limited to their jurisdictions.
- ❑ Hospitals, healthcare providers - assist in surveillance, diagnosis of cases.
- ❑ Laboratories - assist in surveillance, confirmation of cases.
- ❑ Veterinarians - assist in surveillance when animals may be affected.

Organization within DPH

Within DPH, the responsibility for investigation depends on the type and nature of the problem. It is assumed that for any investigation that is terrorism-related, that is multi-state and affects many Connecticut residents or that is very large, the CDC will be invited to send technical and, possibly, logistic support for investigation. The following shows the responsible groups within DPH for investigation of selected types of public health emergencies:

Infectious Diseases

- ❑ Investigation oversight team - lead by Infectious Diseases Section Chief (State Epidemiologist) and Epidemiology and Emerging Infections Program Coordinator (Associate State Epidemiologist), potentially also with a CDC co-team leader if CDC is invited to join the investigation.
- ❑ Surveillance team - lead by senior staff from Epidemiology and Emerging Infections Program.

- ❑ Case investigation team - lead by EIS Officer in the Epidemiology and Emerging Infections Program or other CDC medical epidemiologist with assistance from Epidemiology and Emerging Infections staff.
- ❑ Field epidemiology team - lead by the six field epidemiologists, working with instructions from the Senior Epidemiologist and/or EIS Officer in the Epidemiology and Emerging Infections Program.
- ❑ Epidemiology team - lead by senior staff from the Epidemiology and Emerging Infections Program in consultation with the State and Associate State Epidemiologists.
- ❑ Environmental sampling team - lead by DEP and/or CDC staff with HAZMAT training in consultation with the State and Associate State Epidemiologists.
- ❑ Laboratory team - led by the DPH Laboratory Director and designated Bioterrorism Coordinator, in consultation with the Investigation Oversight Team.
- ❑ Epidemiology Surge Capacity - Epidemiological support, if needed, will come from: Epidemiologists in the Yale Emerging Infections Program and other Infectious Disease programs (HIV/AIDS, Immunizations, STD, TB) first, followed by Epidemiologists in Health Information Systems Reporting Section.
- ❑ Laboratory Surge Capacity - If needed, laboratory surge capacity will come from other laboratories in the Connecticut LRN, followed by CDC and other state health departments.
- ❑ Environmental Investigation Surge Capacity - If needed, environmental investigation surge capacity will come from CDC/NIOSH, the DPH Environmental Health Section and local health departments.

Chemical Exposure

- ❑ Investigation oversight team: Led by Environmental Health Section Chief potentially also with a CDC co-team leader if CDC is invited to join the investigation.
- ❑ Exposure and risk assessment team: Led by senior staff from the Program in Environmental and Occupational Health Assessment.
- ❑ Exposure and risk assessment team, surge capacity: ATSDR Regional Representative.
- ❑ Environmental sampling team: Led by DEP Oil and Chemical Spills Unit in collaboration with the Exposure and risk assessment team.
- ❑ Environmental sampling team, surge capacity: EPA National Response Center and/or ATSDR Emergency Response Center.
- ❑ Field epidemiology/surveillance team: Led by senior staff from the Program in Environmental and Occupational Health Assessment in collaboration with Local Health Director and staff from Infectious Disease Epidemiology.
- ❑ Patient management team: Led by CT Poison Control Center
- ❑ Water Emergencies Assessment and Response (WEAR) team: Led by DPH Drinking Water Section in collaboration with senior staff from the Program in Environmental and Occupational Health Assessment.

- Technical information team: Led by senior staff from the Program in Environmental and Occupational Health Assessment. Purpose is to collect pertinent technical information and inform key players.

Radiological Exposure

- Investigation oversight team: Led by Environmental Health Section Chief potentially also with a CDC co-team leader if CDC is invited to join the investigation.
- Environmental sampling team: Led by DEP Radiation Unit in collaboration with senior staff from the Program in Environmental and Occupational Health Assessment.
- Environmental sampling team, surge capacity: EPA National Response Center and/or ATSDR Emergency Response Center and/or National Radiation Training and Assistance Center.
- WEAR team: Led by DPH Drinking Water Section in collaboration with senior staff from the Program in Environmental and Occupational Health Assessment.
- Patient management team: Led by Connecticut Radiation Emergency Response Planning Group.
- Field epidemiology/surveillance team: Led by senior staff from the Program in Environmental and Occupational Health Assessment in collaboration with Local Health Director and staff from Infectious Epidemiology.
- Technical information team: Led by senior staff from the Program in Environmental and Occupational Health Assessment. Purpose is to collect pertinent technical information and inform key players.

E. Public Health Intervention

The overall goal of public health intervention is to minimize morbidity and mortality in the setting of a public health emergency. More specific goals are to use medical methods (prophylaxis, vaccination) and physical separation methods (isolation, quarantine, personal protection, cancellation of public events) to prevent disease in those exposed and/or to limit the potential for exposure in those not yet exposed. Both the established medical care system and public health use similar methods to prevent illness or exposure. While the medical care system generally deals with individuals with illness or potential illness and prevention of exposure within the medical setting, the public health system deals with populations and prevention that occurs outside of established medical settings. Thus, when medical or infection control-type intervention is needed for large groups outside the medical setting (e.g., mass vaccination, preventive antibiotics for a community, isolation or quarantine at home), public health agencies are responsible for organizing and providing such services.

Types of Public Health Intervention

Prophylaxis. Antibiotics, immune globulin, antiviral agents or chemical blocking agents may be used to prevent development of disease in persons exposed to infectious or potentially toxic agents with a sufficient incubation period to allow use of

such agents. Examples of agents for which mass prophylaxis may be urgently needed are: anthrax, plague, botulism, pandemic influenza, radiation from a nuclear disaster

Vaccination. Vaccination may be used to prevent disease in persons anticipating possible exposure to an agent or who are in the earliest stages of incubation following exposure. Diseases for which mass vaccination may be urgently needed include smallpox, anthrax and pandemic influenza.

Isolation. Isolation is the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are infected with a communicable agent of concern to prevent them from coming into contact with and infecting others. Diseases that might present a public health emergency for which isolation is needed include smallpox, plague, viral hemorrhagic fever, SARS and influenza.

Quarantine. Quarantine is the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who have been exposed to a communicable agent of concern and who have not completed the incubation period. Quarantine is needed until it they no longer pose an imminent threat of developing illness and transmitting the agent to others.

Diseases that might present a public health emergency for which quarantine could be needed include smallpox, plague, viral hemorrhagic fever, SARS and influenza.

Personal Protection and Restriction of Public Gatherings. Personal protective measures can be used by individuals and by public health officials to minimize the potential for exposure and spread of illness. Thus, persons with or without symptoms of disease can be advised to use masks to limit the potential for spread or exposure when they go to public places. In addition, public health officials can limit public activity (e.g., shut down schools) to minimize the potential for large gatherings that might facilitate disease transmission. Examples of diseases for which masks might be used on a population basis include pandemic influenza and SARS. Diseases that could result in restrictions on public activity include pandemic influenza, SARS and smallpox.

Public Education. Given that not all agents require the same type of public health intervention, a critical component of public health intervention is getting accurate information to the public so that they can be empowered to do what is potentially helpful to do to minimize exposure to an agent of concern during a public health emergency, and not to panic and do unconstructive things.

Organization of Public Health Intervention Response within DPH

The unit within DPH that leads the technical aspects of the public health response to infectious disease public health emergencies is the Infectious Diseases Section. Within this unit are two programs that participate in the response: the Epidemiology and Emerging Infections Program and the Bioterrorism Medical Response Program (BTMR). The Environmental Health Section manages the response to environmental exposure. The DPH Laboratory will also address both biological and chemical exposures.

The Epidemiology and Emerging Infections Program leads the epidemiological investigation to identify individuals and groups at risk who might need vaccination, post-exposure prophylaxis, isolation or quarantine (see Section X. Surveillance and Epidemiological Investigation). It also provides guidance and supports local health in implementation of community-based isolation and quarantine.

The BTMR Program leads in provision of guidance/recommendations for what medical interventions are most appropriate and to whom interventions should be directed. Together with the SNS leader, it assures provision of medical materiel (e.g., vaccines, antibiotics, etc.); supports local health in delivery of medical interventions; and provides information to health care providers and the public re: public health intervention.

BTMR Program

The BTMR Program is the intervention arm traditionally associated with public health infectious disease epidemiology and surveillance, and performed by public health medical epidemiologists along with their other duties. This program was created within the Infectious Disease Section to provide the dedicated infrastructure needed for planning and response to quickly mount the necessary large scale and complicated medical public health interventions.

The Coordinator of the BTMR reports directly to the Infectious Disease Section Chief, who is the State Epidemiologist, and who oversees and ensures tight coordination between these epidemiology/surveillance and medical response functions. If the Department initiates the ICS during an emergency, then both the Epidemiology and BTMR programs and staff would be assigned to the Operations Section, but would retain their coordination and reporting relationship to the State Epidemiologist.

The primary focus of the BTMR is to develop and support the activation of prophylaxis recommendations and clinic infrastructure to protect the public against infectious diseases that are likely to be agents of bioterrorism, esp. those diseases CDC has designated "Category A" agents, because of their high threat to the public's health resulting from their high morbidity and mortality, fearful reputation, ease of spread or potential for environmental contamination, and need for intensive interventions to control. The most problematic of these based on CDC's criteria and currently the main focus of preparation is smallpox. Though agents of bioterrorism are the first priority, other emerging infections that are not intentionally spread may also cause public health emergencies that require intensive or large-scale interventions (e.g., pandemic influenza, SARS) and are also addressed by the program. This preparedness portfolio is consistent with the DPH doctrine of all-hazards preparedness, as it fosters a rational use of infrastructure, such as smallpox mass vaccination clinics, to address other mass dispensing situations (e.g., pandemic influenza mass vaccination clinics). In this role the program collaborates closely with the DPH Strategic National Stockpile (SNS) program to ensure the delivery of medications, vaccines, and supplies to support the intervention protocols.

The DPH emergency response for each specific infectious disease outbreak causing a public health emergency has elements in common. However, as each particular

infectious disease agent causing the outbreak has its unique features, some aspects of the response are unique. Therefore, disease-specific appendices are attached to this plan.

BTMR Program Basic Response

The BTMR in the preparedness phase is very small, three positions, and may need a lot of surge help for larger scale responses.

During a response the major activities of the program will include:

- ❑ Making the decision to activate intervention plans;
- ❑ Deciding what response infrastructure to mobilize;
- ❑ Crafting of mobilization orders, collaborating with the DPH ICS planning unit on Incident Action Plans (IAPs);
- ❑ Developing and distributing technical assistance and medical recommendations;
- ❑ Communicating with EOCs and intervention partners;
- ❑ Monitoring dispensing site activities, coordinating with special response teams;
- ❑ Communicating with the media;
- ❑ Communicating with health providers, both community and hospital-based; and in conjunction with the infectious disease epidemiology staff in the Operations Section; and
- ❑ Evaluating the effect of the response.

BTMR Program Staff Emergency Duties

During activation of this plan in response to an emergency, the current program staff will all be situated in the Operations Section.

Coordinator – The program coordinator will be responsible for oversight of the program and activities of the surge staff listed below, and will report to the State Epidemiologist, as usual, but in the context of DPH ICS activation. The coordinator will review and approve important documents developed for the medical response, and will be an agency spokesperson as requested by the PIO. The coordinator will supervise any secretarial staff assigned to the program during the emergency.

Nurse consultant - The nurse consultant will report to the coordinator and cover the coordinator's duties in the absence of the coordinator, unless the coordinator's ICS supervisor reassigns those duties to others. The Nurse Consultant will be responsible for oversight of the hotline and local intervention monitoring staff. This person may also be assigned to a mobile vaccination team, if that is needed and deemed higher priority.

Epidemiologist – The epidemiologist will be responsible for oversight of the databases that track response teams and the interventions. This will include preparing status reports on the intervention and collaborating with other staff developing relevant status reports. This individual will also be available to

participate on state epidemiological field teams or epidemiological analysis working groups, if needed.

Training – It is assumed that the staff involved in the BT Medical Response during an emergency has already had Public Health Emergency Preparedness 101 (PHEP 101), and training on ICS. Current staff is also assumed to have been adequately trained on the likely agents that would cause an emergency. Therefore, situation orientation would be the main anticipated training need of the BT Medical Response Program staff.

Surge needs

The surge needs of the BTMR program will require the reassignment of DPH staff, both clinically trained staff and support staff. As noted earlier, specific agents may require specific responses and create specific surge needs. However, most of these needs will be generic and not vary significantly based on the scenario or disease agent.

Local intervention (clinics) oversight - The interventions often involve complicated prophylaxis protocols involving medical providers and clinic support staff in public health or medical facility settings. In large-scale responses many local or regional points of dispensing will be activated to ensure an efficient response. These will also serve as a medical screening venue to identify affected individuals and contacts. The BTMR program will require DPH staff to communicate by telephone with the large number of operating local dispensing sites to offer technical assistance. These individuals may also need to make site visits to assess problematic situations.

The IT Data Management program will have considerable data needs to manage response team inventories and to collect intervention data such as the levels of vaccination or prophylaxis achieved during the response. This data is needed to compare the intervention against the epidemiological data to evaluate the response and to characterize the outbreak over time.

The Strategic National Stockpile (SNS)

- The SNS is a federal asset managed jointly by the Department of Homeland Security and the Department of Health and Human Services and activated through the CDC.
- It is comprised of antibiotics, antidotes, medical supplies and equipment and certain controlled substances to be used by the state in response to any public health emergency.
- A formal request for SNS activation follows consultation between the Governor and the CDC based on epidemiological information provided by DPH in collaboration with DEMHS, DEP and DHS.

F. Environmental Management

The Environmental and Occupational Health Assessment (EOHA) program assesses the risks from chemical or chemical agent releases or exposures that result from WMD (Weapons of Mass Destruction) or other terrorist related events, natural or man made disasters, transportation, radiological, or fire related incidents.

Staff of EOHA consists of toxicologists, epidemiologists, industrial hygienists, and program support and clerical personnel. Staff from EOHA provides support on a consultative basis to local health departments, other state agencies, and either the DPH Command Center or EOC at the State Armory.

The Program's primary role in all emergency situations is in making technical expertise available, either directly or indirectly. The staff of the Program in Environmental and Occupational Health Assessment act within the command structure of the Department of Public Health and the State EOC. EOHA is also uniquely positioned to interface with key external agencies; e.g., the Department of Environmental Protection, and the various local health departments because staff interfaces with representatives of these outside agencies on a daily basis.

When notified of an emergency situation, program supervisors and staff will be responsible for initiating communication between appropriate contacts within and outside DPH. Supervisors and staff will also be responsible for collecting and disseminating appropriate or requested information. This information may include making recommendations on environmental sampling, evacuation, cleanup, and follow-up environmental surveillance. It may also include pertinent advice to health care professionals on medical management of exposed individuals.

Drinking Water Supplies

In response to emergencies and situations of an unexpected or uncertain nature, which could have an immediate detrimental public health impact through the State's drinking water, the Drinking Water Section (DWS) is prepared to act immediately, according to emergency contingency procedures.

The Water Emergencies Assessment and Response (WEAR) Team, made up of 10 staff representative of each DWS Program/Unit, is trained in all phases of emergency assessment and response. The technical staff, consisting of professional engineers, scientists, and environmental planners respond to emergency drinking water situations; providing expert advice, networking resources, and extending technical support, on an as needed basis.

The DWS has regulations in place to assure immediate notification to the department in the event of a water supply emergency. Section 19-13B46 of the Regulations of Connecticut State Agencies (RSCA) "Notification by water officials in water supply emergencies" states "Whenever the security of a public water system is threatened or suspicious activities are observed on or near water company land or the treatment of a public water supply is interrupted or the source of supply is damaged so as to impair the quality or the sufficiency of the supply, the person, firm or corporation in charge of such public water system shall immediately notify the state department of public health and the local directors of health of all cities, towns and boroughs where water from such systems is supplied. Such notification shall be made immediately either by telephone or messenger or whatever other means of rapid communication is available.

DWS staff has the capacity to contact the 94 community systems, serving 1,000 or more people and the 500 systems, serving between 25 and 999 people each. A computerized inventory of systems, contact personnel, and phone numbers is

readily available (sample attached). DWS engineering staff utilize the historical system record and the Emergency Contingency Plans of the large systems to determine degree of severity of emergency and appropriate measures to be implemented.

Food Protection

The Food Protection Program seeks to reduce the risk of food borne illness by ensuring reasonable protection from contaminated food and by improving the sanitary conditions of food service establishments. The Program acts as an agent of the Commissioner in the event a local health department cannot or will not act in emergency situations to protect the public. The Program staff are trained to conduct environmental investigation as part of a food borne illness outbreak investigation and can provide assistance to local health departments involved in the emergency response. Program staff also acts as intermediaries between local health departments and state and federal agencies (e.g., FDA and USDA).

DPH response in the event of an emergency, such as a food borne outbreak or contamination of food at the retail level (e.g., restaurant, retail food store), includes the following responsibilities:

- Advise local health department regarding conducting environmental investigations and implementing controls such as immediate closure, destruction of food, sample collection and transport to State Laboratory;
- Notify other agencies as required, including local health departments, Departments of Consumer Protection, Departments of Agriculture, FDA, USDA, and other federal or state agencies;
- Notify public, as needed, in conjunction with the Incident Command Public Information Officer;
- Notify retail establishments in conjunction with the retail food industry organizations.

Decontamination

The complexities of this type of broad representation demand the standardization of equipment and training as it relates to region-wide mass decontamination practices. This plan does not supercede any existing Emergency Action Plan or any decontamination procedures currently in place at healthcare facilities for the more detailed technical decontamination that might be employed as a base line pre-incident process prior to a large-scale event. Nor does it supercede the more traditional decontamination processes employed by any fire department when working at a HAZMAT scene to assure personnel safety and equipment decontamination.

G. Laboratory

Connecticut's clinical (Level A) laboratory community consists of 31 hospital, 6 local health department, and 4 commercial laboratories. The DPH is the only Level B/C laboratory for this jurisdiction.

The DPH Laboratory is responsible for the following preparedness and response activities:

- Specimen Collection
- Clinical History
- Labeling
- Chain of Custody
- Secure Storage
- Specimen Processing
- Reagents
- Analytical Processing
- Quality Assurance/Quality Control
- Result Reporting
- Packaging of Suspected Infectious Material for Transport to DPH Lab
- Transportation to Secondary Laboratory
- Referral to Department of Public Health (DPH) Lab
- Decontamination of Biohazard Waste
- Biohazard Waste Disposal

The Laboratory has written protocols that clearly outline the roles of the BioResponse Laboratory Coordinator (BLC), volunteer BioResponse Action Team (BRATs) members, and evidence in-take and reporting staff. Although the role of the DPH Laboratory to date has been to provide surge capacity (New York City Laboratory, US Postal Service, EPA), we would be looking to the Massachusetts Public Health Laboratory for assistance in the event of a botulism outbreak. Connecticut discontinued its mouse testing some time ago and will rely on Massachusetts until rapid methods become available from CDC. The laboratory has five staff trained and certified in the shipment of hazardous materials, and maintains an adequate inventory of approved shipping materials. The laboratory recently demonstrated its ability to work in a coordinated effort to address anthrax. This included interactions with several state and Federal agencies representing health, environment, public safety, justice, and postal authorities. It is important to note that these working relationships continue albeit on a less intense level, but could be activated at any time. The laboratory has a protocol for reporting terror-related results that has been reviewed and approved by the Connecticut Office of the US Attorney General. All bioterrorism results are entered into a specially secured part of the laboratory's electronic information system. This system is old and in desperate need of updating.

The DPH Laboratory has a well established working relationships and written protocols with the Connecticut FBI Weapons of Mass Destruction agents, the Connecticut Department of Public Safety Emergency Services Unit and the Connecticut Department of Environmental Protection HazMat Response Group. We maintain 24/7 lines of communications with all three groups and continue to work

with them through the criminal investigation aspects of our recent anthrax events and on new incidents as they occur (less than 10/week at this point).

The DPH Laboratory developed operational plans and protocols that include worker safety, appropriate BioSafety level working conditions, staffing and training of personnel, establishment of quality control and assurance protocols, sample triage and storage of critical agents.

The DPH Laboratory can effectively process clinical and environmental samples for anthrax, tularemia, plague and brucellosis. Our capacity for these agents utilizes Level C protocols for Anthrax and Plague using Real Time PCR methodologies and will expand as new protocols and reagents become available through the Laboratory Response Network.

The DPH Laboratory has a security guard on-site from 7:00 AM until 9:00 PM weekdays. The building also has a security system with alarm and motion detection. The temporary BSL-3 laboratory remains locked at all time and can only be accessed by the BLC and members of the BRAT team. Evidence is stored in a secure location with only two senior staff members having access to that room. During the recent anthrax events, it became necessary to staff specimen/sample accessioning under chain of custody on a 24/7 basis. In addition, a secured Evidence Room was necessary to meet the evidence requirements of the FBI and US Attorney General's Office.

The DPH Laboratory BioResponse Laboratory Coordinator is key to the continuous updating of protocols and procedures related to the Laboratory's interaction with its local, state and federal partners during terror-related events. The Coordinator is available by cell phone and pager on a 24/7 basis (with backup from the Manager of the BioSciences Section and the Laboratory Director) and acts as the primary point of contact in an event and mobilizes the laboratory response.

H. Medical Management

The overall goal of medical management in emergency response is to minimize morbidity and mortality in the setting of a public health emergency. More specific goals are to treat all ill persons as promptly and fully as possible by coordinating care across medical settings and assuring adequate and appropriate distribution of staff and supplies to make optimal medical care happen.

DPH, in collaboration with healthcare partners (32 acute care hospitals, long term care facilities, community health centers, school-based health centers, urgent care centers) has developed individual hospital response protocols to respond to a surge in patient care due to a public health emergency. Coordinated healthcare system plans are in development. The State is actively involved in the Mobile and Surgical Hospital (MaSH) initiative as an alternative care site that would serve as a Level C facility.

For purposes of this section, medical intervention is limited to the specific medical care needed for secondary and tertiary prevention of death and disability. This section does not cover:

- a. Emergency care outside the hospital/clinic setting;

- b. Acute medical care needed for individuals who have extreme psychological consequences requiring medical treatment as a result of a terrorist event; or
- c. Chronic medical care needed for persons with medical sequelae of an acute illness.

Medical care providers outside the public health system will provide all individual patient medical care. However, for large-scale emergencies requiring additional supplies and/or coordination of resources across hospitals, the public health system is responsible for coordinating available resources and getting additional ones. In addition, public health is the agency that is charged with providing information related to the nature of the public health emergency and what can be done to the public.

Public Health Tools to Assist Medical Management

SNS. The Department of Public Health is the state agency that can order and distribute additional medical supplies from the Strategic National Stockpile. Supplies range from respirators to medications.

MASH Hospital. The State of Connecticut has submitted an RFP to purchase a mobile hospital that can be deployed on short notice to provide up to 100 extra emergency care and/or isolation beds.

Communications. In the event of a public health emergency requiring coordination and pooling of resources across many hospitals, the DPH would activate an interactive critical care tracking and communications system with all hospitals to determine which hospitals at any moment in time had bed capacity and supplies that could be shared to meet demand. Certain portions of this critical care tracking, such as bed capacity, are already being done on a daily basis, while other inventory capability is in the process of development.

Public Education. The potential demand for information from a hospital during a public health emergency could be overwhelming. While hospitals are in charge of communicating individual patient information and examining patients with symptoms, the burden of responding to inquires re: the magnitude and nature of the problem and determining who has been exposed is a public health responsibility.

Health Care Facilities

DPH requires reports and information relating to the safety of life and promotion of health from all public dispensaries, hospitals, asylums, infirmaries, prisons, and schools, and from all other public institutions. DPH shall give the information concerning any threatened danger to the public health, to local directors of health and to all other sanitary authorities in the state that shall cooperate to prevent the spread of disease, and for the protection of life and the promotion of health (C.G.S. §19a-47).

There are 32 acute-care hospitals in Connecticut. Most of these hospitals are fully independent of each other and the State and serve catchment areas that include many towns. All of these hospitals have intensive care units, and most have laboratory, outpatient and emergency services attached to them.

Each support organization, agency, and/or individual designated with emergency response duties will have the following responsibilities, as appropriate to their role to support the system:

- ❑ Conduct and/or participate in training, planning, exercises, equipment maintenance, and administrative duties in accordance with the requirements established by the State of Connecticut, and as stipulated in any contractual agreements;
- ❑ Maintain readiness for deployment to the scene of a known, suspected, or threatened terrorist incident,
- ❑ Maintain capabilities to provide specialized emergency response services or arrange for them to be provided through Support Agreements or Memorandums of Understanding including, as needed;
- ❑ Field detection of a known or suspected weapon of mass destruction and characterization of the agent(s);
- ❑ Isolate, stabilize, or “render safe” a known or suspected weapon of mass destruction;
- ❑ Consult on and/or provide services in the suppression, control, and/or disposal of a known or suspected weapon of mass destruction;
- ❑ Consult on public protective measures and initial medical management of victims;
- ❑ Validate the impacted area and implement control zones or isolation area;
- ❑ Provide technical support for victim search and rescue in the impacted area;
- ❑ Assist with triage of the victims injured or sickened by a known or suspected weapon of mass destruction;
- ❑ Provide initial specialized pharmaceuticals or decontamination agents for victim treatment;
- ❑ Provide technical direction and coordination of victim, property and environmental decontamination, and;
- ❑ Provide technical advice to the Incident Commander.

I. Clean-up/Recovery

DPH will coordinate with federal and state agencies to determine the appropriate course of action dependent upon the type of contamination. In the event of a criminal investigation, the removal of these materials will be coordinated with the investigating agency.

Local emergency management, environmental health, and local public health will coordinate with law enforcement agencies to limit access to a site to prevent the spread of the contamination.

Local emergency management, environmental health, and local public health will consult with the HAZMAT Team to determine the best course of action to pursue containment and clean-up.

Local emergency management, environmental health, and local public health will work with state and federal agencies for disposal of contaminants.

Local public health will coordinate with DPH, local coroner/medical examiner, and emergency operations on the removal and care of human remains. In instances where infectious agents have been involved, protocols for removal/care may need to be developed. Lead responsibility for these protocols would be DPH or CDC.

Local public health and emergency management will coordinate the removal and disposal of hazardous wastes and biologic waste at the local level. This will be done in conjunction with the area HAZMAT Teams according to their clean-up and removal procedures. In instances where city sewage/treatment is involved, local officials and public waste water system operators will be included in the discussions.

DPH and local public health will assist with continued monitoring and assessment before allowing entry into the site.

VI. ADMINISTRATION AND LOGISTICS

Each agency/department head will submit such reports or ledgers to the State EOC relating to their agency's expenditures and obligations during the emergency situation, as prescribed by the Department of Emergency Management and Homeland Security or the State Comptroller. General policies on keeping financial records, reporting, tracking resource needs, tracking the source and use of resources, acquiring ownership of resources, and compensating the owners of private property used by the jurisdiction.

When State resources prove to be inadequate during emergency operations, requests should be made to obtain assistance from other state jurisdictions, higher levels of government, and other agencies in accordance with existing or emergency negotiated mutual aid agreements and understandings. All agreements and understandings should be entered into by duly authorized officials and should be formalized in writing.

VII. PLAN DEVELOPMENT AND MAINTENANCE

The CT Public Health Emergency Response Plan (PHERP) will be reviewed and updated annually by the State Health Planning Section of the Planning Branch at DPH for the purposes of correcting deficiencies identified through actual emergency response operations, drills and exercises; changes in government structure, and technological changes. Minor changes shall be accumulated and made with major changes. If no major changes occur and there are no minor changes to be made, the Department of Emergency Management and Homeland Security will notify all holders of the Plan in writing. In no case shall review, updating and notification to holders of the plan exceed a period of four (4) years. The Department of Emergency Management and Homeland Security shall provide revisions to all holders of the Plan.

Plan Exercises

The CT PHERP shall be exercised annually in collaboration, where possible, with other State agencies. The exercise type will alternate between tabletop and functional, with utilization of regional assets, and State and Federal assets when in conjunction with a region-wide exercise. A formal, written critique of an actual response to a major terrorism incident will also be prepared and distributed as with an exercise. Specific exercises of the Plan shall address the following, at a minimum:

- ❑ Key roles in terrorism crisis and consequence management;
- ❑ Detection, assessment, notification, and classification of a terrorist event;
- ❑ Deployment and operations of Emergency Response Teams;
- ❑ Ability of the DPH ECC to respond to and support local authorities;
- ❑ Practice of selected operations to respond to the use of a weapon of mass destruction, such as search and rescue, intelligence gathering, cyber technology, mass casualty management, decontamination, media management, and other issues.

VIII. AUTHORITY AND REFERENCES

Authority for this Plan is contained in State of Connecticut General Statutes, Public Act 03-236, Section 8, and such Executive Orders and Special Acts, as may be applicable.

The Public Health Emergency Management Program of the Connecticut Department of Public Health is developed and maintained in accordance with current Federal and State emergency management requirements.

This Plan has been developed following the guidance provided in “*SLG-101: Guide for All-Hazard Emergency Operations Planning*” published by the Federal Emergency Management Agency (FEMA). The State’s Emergency Response Plans and Annexes are required under Section 28-7(a) of Title 28, Chapter 517 of the Connecticut General Statutes.

This Plan will become effective upon the approval from the Department of Emergency Management and Homeland Security and the final approval from the Governor. When approved, this Plan will supersede any and all previously written and approved Public Health Emergency Response Plans.

IX. APPENDICES

APPENDIX A – PUBLIC HEALTH EMERGENCY RESPONSE ACT (PA 03-236)

APPENDIX B - ACRONYMS

APPENDIX C - GLOSSARY

APPENDIX D - BIBLIOGRAPHY OF REFERENCED PLANS

APPENDIX A

Public Health Emergency Response Act (PA 03-236)

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (NEW) (*Effective from passage*) As used in sections 1 to 10, inclusive, of this act, and section 19a-221 of the general statutes, as amended by this act:

- (1) "Animal" means all vertebrate and invertebrate species;
- (2) "Bioterrorism" means the intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, animal, plant or another living organism in order to influence the conduct of government or to harm, intimidate or coerce a civilian population;
- (3) "Commissioner" means Commissioner of Public Health;
- (4) "Communicable disease" means a disease or condition, the infectious agent of which may pass or be carried, directly or indirectly, from the body of one person or animal to the body of another person or animal;
- (5) "Contaminated" or "contamination" means contaminated or contamination by a biological toxin or a chemical, radioactive or any other substance sufficient to pose a substantial risk of death, disability, injury or harm to other persons;
- (6) "Isolation" means the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are infected with a communicable disease or are contaminated, or whom the commissioner reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease to the general public;
- (7) "Public health authority" means a person or entity authorized to respond to a public health emergency in accordance with the plan for emergency responses to a public health emergency prepared in accordance with section 8 of this act, including, but not limited to, licensed health care providers or local and district health directors;

(8) "Public health emergency" means an occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability;

(9) "Quarantine" means the physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are exposed to a communicable disease or are contaminated, or whom the commissioner reasonably believes have been exposed to a communicable disease or to be contaminated or have been exposed to others who have been exposed to a communicable disease or contamination, to prevent transmission to the general public;

(10) "Respondent" means an individual ordered isolated or quarantined under section 19a-221 of the general statutes, as amended by this act, or section 3 of this act.

Sec. 2. (NEW) (*Effective from passage*) (a) In the event of a state-wide or regional public health emergency, the Governor shall make a good faith effort to inform the legislative leaders specified in subsection (b) of this section before declaring that the emergency exists and may do any of the following: (1) Order the commissioner to implement all or a portion of the public health emergency response plan developed pursuant to section 8 of this act; (2) authorize the commissioner to isolate or quarantine persons in accordance with section 3 of this act; (3) order the commissioner to vaccinate persons in accordance with section 6 of this act; or (4) apply for and receive federal assistance.

(b) (1) Any declaration issued pursuant to this section shall become effective upon its filing with the Secretary of the State and with the clerks of the House of Representatives and Senate. The declaration shall state the nature of the public health emergency, the political subdivisions or geographic area subject to the declaration, the conditions that have brought about the public health emergency, the duration of the public health emergency and the public health authority responding to the emergency. Any such declaration issued by the Governor may be disapproved and nullified by majority vote of a committee consisting of the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the cochairpersons and ranking members of the joint standing committee of the General Assembly having cognizance of matters relating to public health. Such disapproval shall not be effective unless filed with the Secretary of the State not later than seventy-two hours after the filing of the Governor's declaration with the Secretary of the State.

(2) Any declaration issued pursuant to this section may be renewed by the Governor upon its filing with the Secretary of the State and with the clerks of the House of Representatives and Senate. The renewal declaration shall state the nature of the continuing public health emergency, the political subdivisions or geographic area subject to the renewal, the conditions that have brought about the renewal declaration, the duration of the renewal declaration and the public health authority responding to the public health emergency. Any such renewal declaration issued by the Governor may be disapproved and nullified by majority vote of a committee consisting of the legislative leaders specified in subsection (b) of this section. Such disapproval shall not be effective unless filed with the Secretary of the State not later than seventy-two hours after the filing of the Governor's renewal declaration with the Secretary of the State.

(3) The Governor shall declare a public health emergency to be terminated before the duration stated in the declaration, upon a finding, after informing the legislative leaders specified in subsection (b) of this section, that the circumstances that caused such emergency to be declared no longer pose a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

(c) The Governor shall ensure that any declaration or order issued pursuant to the provisions of this section shall be (1) published in full at least once in a newspaper having general circulation in each county, (2) provided to news media, and (3) posted on the state Internet web site. Failure to take the actions specified in subdivisions (1) to (3), inclusive, of this subsection shall not impair the validity of such declaration or order.

(d) Any individual who, during the course of a public health emergency declared under this section, violates the provisions of any order issued pursuant to sections 1 to 10, inclusive, of this act, or who intentionally obstructs, resists, hinders or endangers any person who is authorized to carry out, and who is engaged in an activity that carries out, any of the provisions of the order shall be fined not more than one thousand dollars or imprisoned not more than one year, or both, for each offense.

(e) The commissioner may request the Attorney General to apply to the Superior Court for an order enforcing the provisions of any order issued by the commissioner pursuant to sections 1 to 10, inclusive, of this act, and such other equitable relief as the court deems appropriate.

(f) The commissioner may delegate to an employee of the Department of Public Health or any local health director, as much of the authority of the commissioner described in this section as the commissioner determines appropriate. Such authorized employee or director shall act as an agent of the commissioner.

Sec. 3. (NEW) (*Effective from passage*) (a) Notwithstanding the provisions of section 19a-221 of the general statutes, as amended by this act, or 19a-265 of the general statutes, if the Governor has declared a public health emergency, the commissioner, if so authorized by the Governor pursuant to section 2 of this act, may order into quarantine or isolation, as appropriate, any individual, group of individuals or individuals present within a geographic area whom the commissioner has reasonable grounds to believe to be infected with, or exposed to, a communicable disease or to be contaminated or exposed to contamination or at reasonable risk of having a communicable disease or being contaminated or passing such communicable disease or contamination to other persons if the commissioner determines that such individual or individuals pose a significant threat to the public health and that quarantine or isolation is necessary and the least restrictive alternative to protect or preserve the public health. No individual or group of individuals or individuals present in a geographic area shall be quarantined or isolated unless they meet the conditions in this subsection.

(b) The commissioner shall adhere to the following conditions and principles when quarantining or isolating individuals, groups of individuals or individuals present within a geographic area: (1) Quarantine and isolation shall be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination to others and may include, but not be limited to, confinement to private homes or other private or public premises; (2) quarantined individuals shall be confined separately from isolated individuals; (3) the health status of quarantined or isolated individuals shall be monitored frequently to determine if they continue to require quarantine or isolation; (4) if a quarantined individual subsequently becomes infected or contaminated or is reasonably believed to have become infected with a communicable disease or contaminated, such individual shall be promptly moved to isolation; (5) quarantined or isolated individuals shall be immediately released when they are no longer infectious or capable of contaminating others or upon the order of a court of competent jurisdiction; (6) the needs of individuals quarantined or isolated shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in quarantine or isolation and outside those settings, medication and competent medical care; (7) premises used for quarantine and isolation shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals quarantined or isolated; (8) to the extent possible without jeopardizing the public health, family members and members of a household shall be kept together, and guardians shall stay with their minor wards; and (9) to the extent possible, cultural and religious beliefs shall be considered in addressing the needs of individuals and establishing and maintaining premises used for quarantine and isolation.

(c) An order to quarantine or isolate issued by the commissioner shall be in writing and shall include: (1) The name of any individual, group of individuals or individuals present within a geographic area to be quarantined or isolated, or the geographic area where such communicable disease is present or contamination exists; (2) the basis for the commissioner's belief regarding the presence of a communicable disease or that contamination exists within the geographical area; (3) the period of time during which the order shall remain effective; (4) the premises subject to quarantine or isolation, that may include, but need not be limited to, private homes or other private or public premises; and (5) other terms and conditions as may be necessary to protect and preserve the public health. In determining the length of such order, the commissioner shall consider, to the extent known, the length of incubation of the communicable disease or contamination, the date of the individual's exposure and the individual's medical risk of exposing others to such communicable disease or contamination. The order shall be effective for not more than twenty days, provided further orders of quarantine or isolation meeting the requirements of this section may be issued as to any respondent for successive periods of not more than twenty days if issued before the last business day of the preceding period of quarantine or isolation.

(d) Such order shall also inform the individuals quarantined or isolated that they have the right to consult an attorney, the right to a hearing pursuant to this section, clear instructions on how to request a hearing, and that if such a hearing is requested, such individual has the right to be represented by counsel, that counsel will be provided at the state's expense if such individual is unable to pay for such counsel, and that if such a hearing is requested, court fees shall be waived. A copy of the order shall be provided to each individual quarantined or isolated or notice of the order shall be provided by a means likely to reach those affected.

(e) Any individual subject to a quarantine or isolation order under this section shall be confined in a place designated by the commissioner until such time as the commissioner determines such individual is no longer infectious or capable of contaminating others, or is released by order of a court of competent jurisdiction for the district in which such individual is isolated or quarantined. Any individual who desires treatment by prayer or spiritual means without the use of any drugs or material remedies, but through the use of the principles, tenets or teachings of any church incorporated under chapter 598 of the general statutes, or any other religious or spiritual practice, may be so treated during such individual's quarantine or isolation.

(f) An individual subject to a quarantine or isolation order under this section may appeal such order to the Probate Court for the district in which such person is quarantined or isolated and, if such individual or such individual's representative asks the court, in writing, including, but not limited to, by means of first class mail, facsimile machine or the Internet, for a hearing,

notwithstanding the form of such request, the court shall hold a hearing not later than seventy-two hours after receipt of such request, excluding Saturdays, Sundays and legal holidays. The court may extend the time for a hearing based on extraordinary circumstances. Court fees for such hearing shall be paid from funds appropriated to the Judicial Department, but if funds have not been included in the budget of the Judicial Department for such purpose, such fees shall be waived by the court. If such individual cannot appear personally before the court, a hearing shall be conducted only if his or her representative is present. The commissioner shall be a party to the proceedings. Such hearing may be held via any means that allows all parties to fully participate in the event an individual may infect or contaminate others. A request for a hearing shall not stay the order of quarantine or isolation issued by the commissioner under this section. The hearing shall concern, but need not be limited to, a determination of whether (1) the individual ordered confined is infected with a communicable disease or is contaminated or has a reasonable risk of having a communicable disease or having been contaminated or passing a communicable disease or contamination to other individuals, (2) the individual poses a reasonable threat to the public health, and (3) the quarantine or isolation of the individual is necessary and the least restrictive alternative to prevent the spread of a communicable disease or contamination to others in order to protect and preserve the public health.

(g) Notice of the hearing shall be given to the respondent and shall inform the respondent that his or her representative has a right to be present at the hearing; that the respondent has a right to counsel; that the respondent, if indigent or otherwise unable to pay for or obtain counsel, has a right to have counsel appointed to represent the respondent; and that the respondent has a right to cross-examine witnesses testifying at the hearing. If the court finds such respondent is indigent or otherwise unable to pay for or obtain counsel, the court shall appoint counsel for such respondent, unless such respondent refuses counsel and the court finds that the respondent understands the nature of his or her refusal. The court shall provide such respondent a reasonable opportunity to select such respondent's own counsel to be appointed by the court. If the respondent does not select counsel or if counsel selected by the respondent refuses to represent the respondent or is not available for such representation, the court shall appoint counsel for the respondent from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator. If the order of quarantine or isolation applies to individuals present in a described geographic area, the court may appoint one or more attorneys to represent all the individuals present in the described geographic area where there is a commonality of interests of such individuals, except that an individual may choose to be represented by his or her own attorney on an individual basis. The reasonable compensation of appointed counsel shall be established by, and paid from funds appropriated to, the Judicial Department, but, if funds have not been included in the budget of the Judicial Department

for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(h) Prior to such hearing, the Probate Court, such respondent or such respondent's counsel and the commissioner shall be afforded access to all records including, but not limited to, hospital records if such respondent is hospitalized, and shall be entitled to take notes therefrom. If such respondent is hospitalized at the time of the hearing, the hospital, upon order of the Probate Court, shall make available at such hearing for use by the respondent or his or her counsel all records in its possession relating to the condition of the respondent. All records relating to the condition of the respondent shall be admissible at the request of any party or the Probate Court at the hearing. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(i) The court shall cause a recording of the testimony at such hearing to be made, to be transcribed only in the event of an appeal from the order rendered. A copy of such transcript shall be furnished without charge to any appellant whom the Probate Court finds unable to pay for the same. The cost of such transcript shall be paid from the funds appropriated by the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, the cost of such transcription shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(j) At such hearing, the commissioner shall have the burden of showing, by a preponderance of the evidence, that the conditions of this subsection are met. If the court, at such hearing, finds that the respondent is infected with a communicable disease or is contaminated, or is reasonably believed to have been exposed to a communicable disease or to contamination, or is at reasonable risk of having a communicable disease or having been contaminated and poses a reasonable threat to the public health and that quarantine or isolation of the respondent is necessary and the least restrictive alternative to protect and preserve the public health, it shall order (1) the continued quarantine or isolation of the respondent under such terms and conditions as the court deems necessary to prevent the exposure of others to a communicable disease or contamination, until such time as it is determined by the commissioner that release of the respondent would not constitute a reasonable threat to the public health, or (2) the release of the respondent under such terms and conditions as it deems appropriate to protect the public health.

(k) If the court, at such hearing, fails to find that the conditions required for an order for quarantine or isolation under subsection (a) of this section have been proven, it shall order the immediate release of the respondent.

(l) A respondent may, not more than every thirty days, move the court to terminate or modify an order made under subsection (j) of this section, in which case a hearing shall be held in accordance with this section. If the court, at a hearing held upon motion of the respondent or its own motion, fails to find that the conditions which required quarantine or isolation still exist, it shall order the immediate release of the respondent. If the court finds that such conditions still exist but that a different remedy is appropriate under this section, the court shall modify its order accordingly.

(m) Any person aggrieved by an order of the Probate Court under this section may appeal to the Superior Court. The appeal shall be confined to the record, which shall consist of the transcript of the hearing and all evidence received or considered by the Probate Court.

Sec. 4. (NEW) (*Effective from passage*) Notwithstanding the provisions of section 19a-220 of the general statutes, as amended by this act, in the event of a public health emergency declared by the Governor under section 2 of this act, if any individual refuses to obey an order of quarantine or isolation issued by the commissioner pursuant to section 3 of this act, the commissioner may direct any law enforcement officer to immediately take such individual into custody and place him or her into quarantine or isolation, as the case may be. The commissioner shall notify the law enforcement officer or other personnel concerning any necessary infection control procedures required.

Sec. 5. (NEW) (*Effective from passage*) Entry into quarantine or isolation premises shall be limited to authorized individuals. The authorized individuals shall be determined by the commissioner, and shall include, but need not be limited to, any physician licensed under chapter 370 of the general statutes, other licensed, certified or registered health care providers or other individuals, including family or household members, the commissioner deems necessary to meet the needs of quarantined or isolated individuals.

Sec. 6. (NEW) (*Effective from passage*) (a) In the event of a public health emergency declared by the Governor under section 2 of this act, the commissioner, as authorized by the Governor pursuant to section 2 of this act, may issue an order for the vaccination of such individuals or individuals present within a geographic area as the commissioner deems reasonable and necessary in order to prevent the introduction or arrest the progress of the communicable disease or contamination that caused the declaration of such public health emergency. The commissioner shall inform individuals subject to such vaccination order of the benefits and risks of the vaccine and an individual's option to refuse to be vaccinated for any reason, including, but not limited to, health, religious or conscientious objections. No individual shall be vaccinated unless such individual or, if such individual is a minor, such individual's parent or guardian has provided written consent for such vaccination.

(b) The commissioner may issue an order pursuant to section 3 of this act to quarantine or isolate, as the case may be, any individual or group of individuals who is unable or unwilling for any reason, including, but not limited to, health, religion or conscience to undergo vaccination pursuant to this section. A parent or legal guardian may refuse such vaccination on behalf of a minor in the case where an order of vaccination requires a minor to be vaccinated. For purposes of this subsection, a minor is any person under the age of eighteen. Refusal of such vaccination shall not be grounds for quarantine or isolation without a reasonable belief that the individual or group of individuals is infected with a communicable disease or is contaminated, or may be exposed to a communicable disease or contamination, or may have been exposed to a communicable disease or to contamination, or is at reasonable risk of having a communicable disease or having been contaminated, and poses a reasonable threat to the public health.

(c) Any individual subject to vaccination pursuant to this section may appeal to the Probate Court for the district in which such individual has been ordered vaccinated, and, if such individual or such individual's representative asks the court, in writing, including, but not limited to, by means of first class mail, facsimile machine or the Internet, for a hearing, notwithstanding the form of such request, the court shall hold a hearing not later than seventy-two hours after receipt of such request, excluding Saturdays, Sundays and legal holidays. Such request shall be received by the Probate Court not later than forty-eight hours after the individual receives the order. The commissioner may make application to the court to extend the time for a hearing based on extraordinary circumstances. Court fees for such hearing shall be paid from funds appropriated to the Judicial Department, but if funds have not been included in the budget of the Judicial Department for such purpose, such fees shall be waived by the court. In considering whether to grant such extension, the court shall give due regard to the rights of affected individuals, the protection of the public's health, the severity of the need and available witnesses and evidence. If such individual cannot appear personally before the court, a hearing shall be conducted only if his or her representative is present. The commissioner shall be a party to the proceedings. The hearing may be held via any means that allow all parties to fully participate in the event an individual may infect or contaminate others.

(d) Notice of the hearing shall be given to the respondent and shall inform the respondent that such respondent or his or her representative has a right to be present at the hearing; that the respondent has a right to counsel; that the respondent has the right to present testimony from a licensed practitioner of the healing arts, as defined in section 20-1 of the general statutes; that court fees shall be waived; that the respondent, if indigent or otherwise unable to pay for or obtain counsel, has a right to have counsel appointed to represent the respondent; and that the respondent has a right to cross-examine

witnesses testifying at the hearing. If the court finds such respondent is indigent or otherwise unable to pay for or obtain counsel, the court shall appoint counsel for such respondent, unless such respondent refuses counsel and the court finds that the respondent understands the nature of his or her refusal. The court shall provide such respondent a reasonable opportunity to select such respondent's own counsel to be appointed by the court. If the respondent does not select counsel or if counsel selected by the respondent refuses to represent such respondent or is not available for such representation, the court shall appoint counsel for the respondent from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator. If the order of vaccination applies to individuals present in a described geographic area, the court may appoint one or more attorneys to represent all the individuals present within the described geographic area where there is a commonality of interests of such individuals, except that an individual may choose to be represented by his or her own attorney on an individual basis. The reasonable compensation of appointed counsel shall be established by, and paid from funds appropriated to, the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(e) Prior to such hearing, the Probate Court, such respondent or such respondent's counsel or the commissioner shall be afforded access to all records including, but not limited to, hospital records if such respondent is hospitalized, and shall be entitled to take notes therefrom. If such respondent is hospitalized at the time of the hearing, the hospital, upon order of the Probate Court, shall make available at such hearing for use by the respondent or his or her counsel all records in its possession relating to the condition of the respondent. All records relating to the condition of the respondent shall be admissible at the request of any party or the Probate Court at the hearing. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(f) The court shall cause a recording of the testimony at such hearing to be made, to be transcribed only in the event of an appeal from the order rendered. A copy of such transcript shall be furnished without charge to any appellant whom the Probate Court finds unable to pay for the same. The cost of such transcript shall be paid from the funds appropriated by the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, the cost of such transcription shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(g) At such hearing, the commissioner shall have the burden of showing, by a preponderance of the evidence, that the conditions of subsection (a) of this section are met. If the court, at such hearing, finds that vaccination of the

respondent is necessary and the least restrictive alternative to protect and preserve the public health, the court shall order the respondent to undergo vaccination, provided the court may order the isolation or quarantine of any respondent who is unable or unwilling for reasons of health, religion or conscience to undergo vaccination, for a period of time sufficient to ensure such respondent is not able to infect or contaminate others.

(h) If the court, at such hearing, fails to find that the conditions required for an order for vaccination under subsection (a) of this section have been proven, it shall vacate the order of vaccination.

(i) Any person aggrieved by an order of the Probate Court under this section may appeal to the Superior Court. The appeal shall be confined to the record, which shall consist of the transcript of the hearing and all evidence received or considered by the Probate Court.

Sec. 7. (NEW) (*Effective from passage*) Notwithstanding any provision of the general statutes, if the Governor has declared a public health emergency pursuant to section 2 of this act, the Commissioner of Public Health may authorize any qualified person, including, but not limited to, any person licensed under chapter 379, 384 or 384d of the general statutes, to administer vaccinations, if the commissioner determines that such action is necessary to protect the health, safety and welfare of the public. Such authorization shall be in writing, and shall contain the categories of qualified persons included in the authorization, any additional training required before performance of the vaccination by such persons and the duration of the authorization.

Sec. 8. (NEW) (*Effective from passage*) The Commissioner of Public Health shall establish a Public Health Preparedness Advisory Committee. The advisory committee shall consist of the Commissioner of Public Health, the president pro tempore of the Senate, the speaker of the House of Representatives, the majority and minority leaders of both houses of the General Assembly and the chairpersons and ranking members of the joint standing committees of the General Assembly having cognizance of matters relating to public health, public safety and the judiciary, the director of the Office of Emergency Management, and representatives of town, city, borough and district directors of health, as appointed by the commissioner, and any other organization or persons that the commissioner deems relevant to the issues of public health preparedness. The Public Health Preparedness Advisory Committee shall develop the plan for emergency responses to a public health emergency. Such plan may include an emergency notification service. Not later than January 1, 2004, and annually thereafter, the committee shall submit a report, in accordance with section 11-4a of the general statutes, to the Governor and the joint standing committees of the General Assembly having cognizance of matters relating to public health and public safety, on the status of a public health emergency plan and the resources needed for implementation of such plan.

Sec. 9. (NEW) (*Effective from passage*) If the Governor declares a public health emergency, the commissioner, in consultation with the Chief Medical Examiner, may designate authorized personnel to register death certificates as needed and carry out other duties related to the registration of deaths, including, but not limited to, the issuance of burial transit, removal and cremation permits.

Sec. 10. (NEW) (*Effective from passage*) The provisions of sections 4-165 and 5-141d of the general statutes shall apply to any person acting on behalf of the state, within the scope of such person's practice or profession, and pursuant to sections 1 to 9, inclusive, of this act. The provisions of this section shall not apply if a vaccination has been administered without consent.

Sec. 11. (NEW) (*Effective from passage*) The commissioner may issue an order to temporarily suspend, for a period not to exceed sixty consecutive days, the requirements for licensure, certification or registration, pursuant to chapters 368d, 370, 376, 378, 378a, 381a, 383 to 383c, inclusive, 384d, 385, 395, 400a and 400j of the general statutes, to allow persons who are appropriately licensed, certified or registered in another state or territory of the United States or the District of Columbia, to render temporary assistance within the scope of the profession for which a person is licensed, certified or registered, in managing a public health emergency in this state, declared by the Governor pursuant to section 2 of this act. Nothing in this section shall be construed to permit a person to provide services beyond the scope allowed in the chapter specified in this section that pertains to such person's profession.

Sec. 12. Section 19a-221 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) Any town, city, borough or district director of health may order any person isolated or quarantined whom such director has reasonable grounds to believe to be infected with a communicable disease or to be contaminated, if such director determines such person poses a substantial threat to the public health and isolation or quarantine is necessary to protect or preserve the public health, except that in the event the Governor declares a public health emergency, pursuant to section 2 of this act, each town, city, borough and district director of health shall comply with and carry out any order the Commissioner of Public Health issues in furtherance of the Governor's order pursuant to the declaration of the public health emergency.

(b) (1) The director shall adhere to the following conditions and principles when isolating or quarantining persons: (A) Isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination to others and may include, but not be limited to, confinement to private homes or other private or public premises; (B) quarantined persons shall be confined separately from isolated persons;

(C) the health status of isolated or quarantined persons shall be monitored frequently to determine if they continue to require isolation or quarantine; (D) if a quarantined person subsequently becomes infected or contaminated or is reasonably believed to have become infected with a communicable disease or contaminated, such person shall be promptly moved to isolation; (E) isolated or quarantined persons shall be immediately released when they are no longer infectious or capable of contaminating others or upon the order of a court of competent jurisdiction; (F) the needs of persons isolated or quarantined shall be addressed in a systematic and competent fashion, including, but not limited to, providing adequate food, clothing, shelter, means of communication with those in isolation or quarantine and outside those settings, medication and competent medical care; (G) premises used for isolation and quarantine shall be maintained in a safe and hygienic manner and be designed to minimize the likelihood of further transmission of infection or other harms to individuals isolated or quarantined; (H) to the extent possible without jeopardizing the public health, family members and members of a household shall be kept together, and guardians shall stay with their minor wards; and (I) to the extent possible, cultural and religious beliefs shall be considered in addressing the needs of persons and establishing and maintaining premises used for quarantine and isolation.

(2) The order by the director shall be in writing setting forth: (A) The name of the person to be isolated or quarantined, (B) the basis for the director's belief that the person has a communicable disease or has been contaminated and poses a substantial threat to the public health and that isolation or quarantine is necessary to protect or preserve the public health, (C) the period of time during which the order shall remain effective, (D) the place of isolation or quarantine that may include, but need not be limited to, private homes or other private or public premises, as designated by the director, and (E) such other terms and conditions as may be necessary to protect and preserve the public health. Such order shall also inform the person isolated or quarantined that such person has the right to consult an attorney, the right to a hearing under this section, and that if such a hearing is requested, he has the right to be represented by counsel, and that counsel will be provided at the state's expense if he is unable to pay for such counsel. A copy of the order shall be given to such person. In determining the duration of the order, the director shall consider, to the extent known, the length of incubation of the communicable disease or contamination, the date of the person's exposure and the person's medical risk of exposing others to such communicable disease or contamination. Within twenty-four hours of the issuance of the order, the director of health shall notify the Commissioner of Public Health that such an order has been issued. The order shall be effective for not more than twenty days, provided further orders of confinement pursuant to this section may be issued as to any respondent for successive periods of not more than twenty

days if issued before the last business day of the preceding period of isolation or quarantine.

(c) A person ordered isolated or quarantined under this section shall be isolated or quarantined in a place designated by the director of health until such time as such director determines such person no longer poses a substantial threat to the public health or is released by order of a Probate Court for the district in which such person is isolated or quarantined. Any person who desires treatment by prayer or spiritual means without the use of any drugs or material remedies, but through the use of the principles, tenets or teachings of any church incorporated under chapter 598, may be so treated during such person's isolation or quarantine in such place.

(d) A person isolated or quarantined under this section shall have the right to a hearing in Probate Court and, if such person or such person's representative requests a hearing in writing, such hearing shall be held not later than seventy-two hours after receipt of such request, excluding Saturdays, Sundays and legal holidays. A request for a hearing shall not stay the order of isolation or quarantine issued by the director of health under this section. The hearing shall be held to determine if (1) the person ordered isolated or quarantined is infected with a communicable disease or is contaminated, (2) the person poses a substantial threat to the public health, and (3) isolation or quarantine of the person is necessary and the least restrictive alternative to protect and preserve the public health. The commissioner shall have the right to be made a party to the proceedings.

(e) Jurisdiction shall be vested in the court of probate for the district in which such person resides or is isolated or quarantined. The appeal shall be heard by the judge of probate for such district, except that on motion of the respondent for appointment of a three-judge court, the Probate Court Administrator shall appoint a three-judge court from among the several judges of probate to conduct the hearing. Such three-judge court shall consist of at least one judge who is an attorney-at-law admitted to practice in this state. Such three-judge court when convened shall be subject to all of the provisions of law as if it were a single-judge court. The isolation or quarantine of a person under this section shall not be ordered by the court without the vote of at least two of the three judges convened hereunder. The judges of such court shall designate a chief judge from among their members. All records for any case before the three-judge court shall be maintained in the court of probate having jurisdiction over the matter as if the three-judge court had not been appointed.

(f) Notice of the hearing shall be given the respondent and shall inform the respondent that his or her representative has a right to be present at the hearing; that the respondent has a right to counsel; that the respondent, if indigent or otherwise unable to pay for or obtain counsel, has a right to have counsel appointed to represent the respondent; and that the respondent has

a right to cross-examine witnesses testifying at the hearing. If the court finds such respondent is indigent or otherwise unable to pay for counsel, the court shall appoint counsel for such respondent, unless such respondent refuses counsel and the court finds that the respondent understands the nature of his or her refusal. The court shall provide such respondent a reasonable opportunity to select his or her own counsel to be appointed by the court. If the respondent does not select counsel or if counsel selected by the respondent refuses to represent such respondent or is not available for such representation, the court shall appoint counsel for the respondent from a panel of attorneys admitted to practice in this state provided by the Probate Court Administrator. The reasonable compensation of appointed counsel shall be established by and paid from funds appropriated to, the Judicial Department, but, if funds have not been included in the budget of the Judicial Department for such purposes, such compensation shall be established by the Probate Court Administrator and paid from the Probate Court Administration Fund.

(g) Prior to such hearing, such respondent or respondent's counsel shall be afforded access to all records including, without limitation, hospital records if such respondent is hospitalized. If such respondent is hospitalized at the time of the hearing, the hospital shall make available at such hearing for use by the respondent or the respondent's counsel all records in its possession relating to the condition of the respondent. Nothing in this subsection shall prevent timely objection to the admissibility of evidence in accordance with the rules of civil procedure.

(h) At such hearing, the director of health who ordered the isolation or quarantine of the respondent shall have the burden of showing by a preponderance of the evidence that the respondent is infected with a communicable disease or is contaminated and poses a substantial threat to the public health and that isolation or quarantine of the respondent is necessary and the least restrictive alternative to protect and preserve the public health.

(i) If the court, at such hearing, finds by a preponderance of the evidence that the respondent is infected with a communicable disease or is contaminated and poses a substantial threat to the public health and that isolation or quarantine of the respondent is necessary and the least restrictive alternative to protect and preserve the public health, it shall order (1) the continued isolation or quarantine of the respondent under such terms and conditions as it deems appropriate until such time as it is determined that the respondent's release would not constitute a reasonable threat to the public health, or (2) the release of the respondent under such terms and conditions as it deems appropriate to protect the public health.

(j) If the court, at such hearing, fails to find that the conditions required for an order for isolation or quarantine have been proven, it shall order the immediate release of the respondent.

(k) A respondent may, at any time, move the court to terminate or modify an order made under subsection (i) of this section, in which case a hearing shall be held in accordance with this section. The court shall annually, upon its own motion, hold a hearing to determine if the conditions which required the isolation or quarantine of the respondent still exist. If the court, at a hearing held upon motion of the respondent or its own motion, fails to find that the conditions which required isolation or quarantine still exist, it shall order the immediate release of the respondent. If the court finds that such conditions still exist but that a different remedy is appropriate under this section, the court shall modify its order accordingly.

(l) Any person aggrieved by an order of the Probate Court under this section may appeal to the Superior Court.

Sec. 13. Subsection (a) of section 28-11 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) During the existence of a civil preparedness or public health emergency, as defined in section 1 of this act, the Governor may, in the event of shortage or disaster making such action necessary for the protection of the public, take possession (1) of any land or buildings, machinery or equipment; (2) of any horses, vehicles, motor vehicles, aircraft, ships, boats, rolling stock of steam, diesel or electric railroads or any other means of conveyance whatsoever; (3) of any antitoxins, pharmaceutical products, vaccines or other biological products; and (4) of any cattle, poultry or any provisions for persons or beast, and any fuel, gasoline or other means of propulsion necessary or convenient for the use of the military or naval forces of the state or of the United States, or for the better protection of the welfare of the state or its inhabitants according to the purposes of this chapter.

Sec. 14. Subsection (c) of section 45a-82 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(c) All payments from said fund authorized by sections 5-259, 17a-77, 17a-274, 17a-498, 17a-510, 19a-221, section 3 of this act, section 6 of this act, 45a-1 to 45a-12, inclusive, 45a-18 to 45a-26, inclusive, 45a-34 to 45a-56, inclusive, sections 45a-62 to 45a-68, inclusive, 45a-74 to 45a-83, inclusive, 45a-90 to 45a-94, inclusive, 45a-98, 45a-99, 45a-105, 45a-119 to 45a-123, inclusive, 45a-128, 45a-130, 45a-131, 45a-133, 45a-152, 45a-175 to 45a-180, inclusive, 45a-199 and 45a-202, shall be made upon vouchers approved by the Probate Court Administrator.

Sec. 15. (NEW) (*Effective from passage*) (a) For purposes of this section:

(1) "Child day care service" means a child day care center, group day care home or family day care home, as defined in section 19a-77 of the general statutes, and licensed pursuant to section 19a-80 or 19a-87b of the general statutes;

(2) "Public health emergency" means a public health emergency, as defined in section 1 of this act;

(3) "Commissioner" means the Commissioner of Public Health;

(4) "Nursing home facility" means any nursing home, as defined in section 19a-521 of the general statutes, but shall not include residential care homes; and

(5) "Youth camp" means any facility licensed pursuant to chapter 368r of the general statutes.

(b) Notwithstanding any provision of the general statutes, during a public health emergency, the commissioner may authorize any nursing home facility, child day care service or youth camp to provide potassium iodide to residents, staff members, minors or other persons present in such facility, day care service or camp, provided (1) prior written permission has been obtained for such provision from each resident or representative of a resident, staff member, or parent or guardian of a minor, and (2) each such person providing permission has been advised, in writing (A) that the ingestion of potassium iodide is voluntary only, (B) about the contraindications of taking potassium iodide, and (C) about the potential side effects of taking potassium iodide.

(c) The commissioner shall adopt regulations, in accordance with the provisions of chapter 54 of the general statutes, to establish criteria and procedures for obtaining the required written permission, and for the storage and distribution of potassium iodide to residents, staff members, minors or other persons present in such facility, day care service or camp.

Approved July 9, 2003

APPENDIX B

Acronyms

ACIP	Advisory Committee on Immunization Practices
APIC	Association for Professionals in Infection Control and Epidemiology
ARC	American Red Cross
ASTHO	Association of State and Territorial Health Officials
ATSDR	Agency for Toxic Substances and Disease Registry
BPRP	Bioterrorism Preparedness and Response Program, CDC
BSL	Biosafety Level
BW	Biological Warfare
CAO	Chief Administrative Officer
CDC	Centers for Disease Control and Prevention
CDOT	Connecticut Department of Transportation
CEO	Chief Executive Officer
CFR	United States Code of Federal Regulations
CGL	Commercial General Liability
CHS	Community Health Services
CIO	Center/Institute/Office
CMED	North Central Connecticut EMS Council, Inc
DEM	Division of Emergency Management
DGR	Dangerous Goods Regulations
DHHS	Department of Health and Human Services
DoD	Department of Defense
DOJ	Department of Justice
DOT	Department of Transportation
DP&C	Division of Disease Prevention and Control
DPH	CT Department of Public Health
DQ	Division of Quarantine, CDC
DVRD	Division of Viral and Rickettsial Diseases, CDC
DWI	Disaster Welfare Information System
ECC	Emergency Coordination Center
EEl	Essential element of information
EH	Environmental Health Programs at state or local level
EISO	Epidemic Intelligence Service Officer
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operation Plans
EPA	Environmental Protection Agency
Epi-X	Emergency Preparedness Information Exchange
EPO	Epidemiology Program Office, CDC
EPRB	Emergency Preparedness and Response Branch, CDC

FBI	Federal Bureau of Investigation
FBI	Federal Bureau of Investigations
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HEICS	Hospital Emergency Incident Command System
HHS	Health and Human Services
HIP	Hospital Infections Program, CDC
HSAS	Homeland Security Advisory System
IATA	International Air Transportation Association
IC	Incident Commander
ICS	Incident Command System
IMS	Incident Management System
JIC	Joint Information Center
JIS	Joint Information System
JPIC	Joint Public Information Center
JTTF	Joint Terrorism Task Force
LEPC	Local Emergency Planning Committee
LHD	Local Health District
LRN	Laboratory Response Network
MCI	Mass Casualty Incident
MDT	Mobile Dispatch Team
MEMS	Modular Emergency Medical System
MMRS	Metropolitan Medical Response System
NACCHO	National Association of County and City Health Officials
NCEH	National Center for Environmental Health, CDC
NCID	National Center for Infectious Diseases, CDC
NIOSH	National Institute for Occupational Safety and Health, CDC
NIP	National Immunization Program, CDC
NPS	National Pharmaceutical Stockpile
NPSB	National Pharmaceutical Stockpile Branch, CDC
DEMHS	CT Office of Emergency Management
OEMS	CT DPH Office of Emergency Medical Services
OEP	Office of Emergency Preparedness, DHHS
OGC	Office of General Council, CDC
OHS	Office of Health and Safety, CDC
OSG	Office of the Surgeon General
OSHA	Occupational Safety and Health Administration
PAHO	Pan-American Health Organization
PCR	Polymerase Chain Reaction
PHA	Public Health Advisor
PHN	Public Health Nurse

PHPPO	Public Health Practice Program Office, CDC
PHS	Public Health Service
RICCS	Regional Integrated Communication and Coordination System
RRAT	Rapid Response and Advanced Technology Laboratory, CDC
SERC	State Emergency Response Commission for Hazardous Materials
SNS	Strategic National Stockpile (new name for NPS)
SOP	Standard Operating Procedure
TIM	North Central Connecticut Traffic Management System
UC	Unified Command
UPS	United Parcel Service
USAMRIID	United States Army Medical Research Institute of Infectious Diseases
USAR	Urban Search and Rescue
USDA	United States Department of Agriculture
USPS	United States Postal Service
VEHB	Viral Exanthems and Herpesvirus Branch, CDC
VHF	Viral Hemorrhagic Fever
VMI	Vendor Managed Inventory
VOAD	Voluntary Organizations Active in Disaster
WHO	World Health Organization
WMD	Weapon of Mass Destruction

APPENDIX C

Glossary

This glossary of standardized terms provides common and readily understandable definitions for emergency response and terrorism in order to facilitate communications and operations among planners and responders.

Abatement: The actions taken to reduce the amount, degree of the hazard, or intensity of the release or threatened release of a hazardous material.

Absorption: The process of absorbing or "picking up" a liquid hazardous material to prevent enlargement of the contaminated area; 2) Movement of a toxicant into the circulatory system by oral, dermal, or inhalation exposure.

Acceptable Risk: A risk judged to be outweighed by corresponding benefits or one that is of such a degree that it is considered to pose minimal potential for adverse effects.

Adjuvant: A substance used in pesticide formulation to aid its action. (Also used in the manufacture of drugs.)

Adsorption: Process of adhering to a surface.

Aerosols: Liquid droplets, or solid particles dispersed in air, that are of fine enough particle size (0.01 to 100 microns) to remain dispersed for a period of time.

Air Purifying Respirator - powered: An APR with a portable motor to force air through the filtering/purifying cartridges for use only in atmospheres where the chemical hazards and concentrations are known.

Air Purifying Respirators (APR): Personal Protective Equipment; a breathing mask with specific chemical cartridges designed to either filter particulates or absorb contaminants before they enter the worker's breathing zone. It is intended to be used only in atmospheres where the chemical hazards and concentrations are known.

Air Quality Management District: A local/regional air pollution agency responsible for regulation and monitoring of air quality.

Airborne Pollutants: Contaminants that are carried/released into the atmosphere or air.

Animal: all vertebrate and invertebrate species.

Asphyxiant: A vapor or gas that can cause unconsciousness or death by suffocation (lack of oxygen).

Base (Chemical): A hydroxide containing (-OH) corrosive material that when in a water solution is bitter, more or less irritating, or caustic to the skin.

Base (ICS): Location at which additional equipment, apparatus, and personnel are assembled for primary support of activities at the incident scene. The command post may be located at the "base". (NIIMS)

Biohazard: Infectious agents presenting a risk or potential risk to living organisms, either directly through infection or indirectly through disruption of the environment.

Biological Agents: Biological materials that are capable of causing acute or long term damage to living organisms.

Biological Weapon: Microorganisms or toxins from living organisms that have infectious or noninfectious properties that produce lethal or serious effects in plants and animals.

Bioterrorism: The intentional use of any microorganism, virus, infectious substance or biological product that may be engineered as a result of biotechnology, or any naturally occurring or bioengineered component of any such microorganism, virus, infectious substance, or biological product, to cause death, disease or other biological malfunction in a human, animal, plant or another living organism in order to influence the conduct of government or to harm, intimidate or coerce a civilian population;

Boiling Liquid Expanding Vapor Explosion (BLEVE): A container failure with a release of energy, often rapidly and violently, which is accompanied by a release of gas to the

atmosphere and propulsion of the container or container pieces due to an overpressure rupture.

Boom: A floating physical barrier serving as a continuous obstruction to the spread of a contaminant.

Breakthrough Time: The elapsed time between initial contact of the hazardous chemical with the outside surface of a barrier, such as protective clothing material, and the time at which the chemical can be detected at the inside surface of the material.

Buffer Zone: The area of land that surrounds a hazardous waste facility on which certain usages and activities are restricted to protect the public health and safety, and the environment from existing or potential hazards caused by the migration of hazardous waste.

Carboy: A container, usually encased in a protective basket or crate, used to ship hazardous materials, particularly corrosives.

Carcinogen: An agent that produces or is suspected of producing cancer. (FEMA HMCP)

Cease and Desist Order: Legal direction to stop any and all activities.

Celsius (Centigrade) C: The internationally used scale for measuring temperature, in which 100o is the boiling point of water at sea level (1 atmosphere), and 0o is the freezing point.

Chemical Protective Clothing Material: Any material or combination of materials used in an item of clothing for the purpose of isolating parts of the wearer's body from contact with a hazardous chemical. (NFPA 1991,1-3)

Chemical Protective Suit: Single or multi-piece garment constructed of chemical protective clothing materials designed and configured to protect the wearer's torso, head, arms, legs, hands, and feet. (NFPA 1991, 1-3)

Chemical Resistance: The ability to resist chemical attack. The attack is dependent on the method of test and its severity is measured by determining the changes in physical properties. Time, temperature, stress, and reagent may all be factors that affect the chemical resistance of a material.

Chemical Resistant Materials: Materials that are specifically designed to inhibit or resist the passage of chemicals into and through the material by the processes of penetration, permeation or degradation.

Chemical Transportation Emergency Center (CHEMTREC): The Chemical Transportation Center, operated by the Chemical Manufacturers Association (CMA), can provide information and technical assistance to emergency responders.

Chemical Weapon: Solids, liquids, or gases that have chemical properties that produce lethal or serious effects in plants and animals.

Chronic Effect: Delayed or slowly developing harm resulting from a chemical exposure which is often hard to recognize.

Clean Water Act (CWA): Federal legislation to protect the nation's water and set State water quality standards for interstate navigable waters as the basis for pollution control and enforcement. The main objective is to restore and maintain the chemical, physical and biological integrity of the Nation's waters.

Cleanup Company (Hazardous Waste): A commercial business entity available for hire to specifically remove, transport, and/or dispose of hazardous wastes; and when appropriate, must meet California Highway Patrol and Department of Toxic Substances Control requirements.

Cleanup Operation: An operation where hazardous substances are removed, contained, incinerated, neutralized, stabilized, cleared up, or in any other manner processed or handled with the ultimate goal of making the site safer for people or the environment. (8 CCR 5192(a)(3))

Cleanup: Incident scene activities directed toward removing hazardous materials, contamination, debris, damaged containers, tools, dirt, water, and road surfaces in accordance with proper and legal standards, and returning the site to as near a normal state as existed prior to the incident. (Sacramento Fire Department HMRT)

Cold Zone: The area outside of the warm zone. Equipment and personnel are not expected to become contaminated in this area. This is the area where resources are assembled to support the hazardous materials operation.

Combustible Liquid: Liquids with a flashpoint above 100o F. (49 CFR 173.120 (b)(2).)

Command Post: The location from which the primary command functions are executed, usually co-located with the incident base.

Command: The act of directing, ordering, and/or controlling resources by virtue of explicit legal, agency, or delegated authority. (NIIMS)

Communicable Disease: A disease or condition, the infectious agent of which may pass or be carried, directly or indirectly, from the body of one person or animal to the body of another person or animal;

Compatibility Charts: Permeation and penetration data supplied by manufacturers of chemical protective clothing to indicate chemical resistance and breakthrough time of various garment materials as tested against a battery of chemicals. This test data should be in accordance with ASTM and NFPA standards.

Compatibility: The matching of protective chemical clothing to the hazardous material involved to provide the best protection for the worker.

Compressed Gas: Any material or mixture having an absolute pressure exceeding 40 p.s.i. in the container at 70o F or, regardless of the pressure at 70o F, having an absolute pressure exceeding 104 p.s.i. at 130o F; or any liquid flammable material having a vapor pressure exceeding 40 p.s.i. absolute at 100o F as determined by testing. Also includes cryogenic or "refrigerated liquids" (DOT) with boiling points lower than -130o F at 1 atmosphere.

Confinement: Procedures taken to keep a material in a defined or localized area.

Consequence Management: Measures to protect public health and safety, restore essential government services, and provide emergency relief to governments, businesses, and individuals affected by the consequences of terrorism.

Contact: Being exposed to an undesirable or unknown substance that may pose a threat to health and safety.

Container: Any device, in which a hazardous material is stored, transported, disposed of, or otherwise handled.

Containment: All activities necessary to bring the incident to a point of stabilization and to establish a degree of safety for emergency personnel greater than existed upon arrival.

Contamination Control Line: The established line around the contamination reduction zone that separates it from the support zone.

Contamination Reduction Zone: Term used by the Coast Guard to identify the area of moderate hazard where threat of contamination spread to the immediate surrounding area is low. It is the area immediately outside of the inner hot zone. (See Warm Zone.)

Contamination: An uncontained substance or process that poses a threat to life, health, or the environment.

Contingency Plan: A pre-planned document presenting an organized and coordinated plan of action to limit potential pollution in case of fire, explosion, or discharge of hazardous materials; defines specific responsibilities and tasks.

Control Zones: The designation of areas at a hazardous materials incident based upon safety and the degree of hazard. (NFPA 472, sections 1-3) (See Support Zone, Warm Zone, Hot Zone, and Decontamination Corridor.)

Control: The procedures, techniques, and methods used in the mitigation of a hazardous materials incident, including containment, extinction, and confinement.

Corrosive: The ability to cause destruction of living tissue or many solid materials surfaces by chemical action.

Crisis Management: Measures to identify, acquire, and plan the use of resources needed to anticipate, prevent, and/or resolve a threat or act of terrorism.

Cryogenic: Gases, usually liquefied, that induce freezing temperatures of -150o F and below (liquid oxygen, liquid helium, liquid natural gas, liquid hydrogen, etc.).

Damming: A procedure consisting of constructing a dike or embankment to totally immobilize a flowing waterway contaminated with a liquid or solid hazardous substance. (EPA, 600/2-77-277)

Dangerous When Wet: A label required for water reactive materials (solid) being shipped under U.S. DOT, ICAO, and IMO regulations. A labeled material that is in contact with water or moisture may produce flammable gases. In some cases, these gases are capable of spontaneous combustion. (49 CFR 171.8)

Decontamination (Decon):The physical and/or chemical process of reducing and preventing the spread of contamination from persons and equipment used at a hazardous materials incident. (Also referred to as "contamination reduction".) (NFPA 472, 1-3)

Decontamination Corridor: A distinct area within the warm zone that functions as a protective buffer and bridge between the hot zone and the cold zone, where decontamination stations and personnel are located to conduct decontamination procedures.

Decontamination Officer: A position within the FIRESCOPE ICS HM-120 that has responsibility for identifying the decontamination corridor location & types of decontamination, assigning stations, and managing all decontamination procedures.

Decontamination Team: A group of personnel and resources operating within a decontamination corridor.

Degradation: The loss in physical properties of an item of protective clothing due to exposure to chemicals, use, or ambient conditions.

Delayed Toxic Exposure Effect: The condition in which symptoms of an exposure are not present immediately after the exposure, but are delayed for a relatively short period of time (such as pulmonary edema a few hours after an inhalation exposure).

Dispersion: To spread, scatter, or diffuse through air, soil, surface or ground water.

Diversion: The intentional, controlled movement of a hazardous material to relocate it into an area where it will pose less harm to the community and the environment.

Dose: The amount of substance ingested, absorbed, and/or inhaled per exposure period.

Double gloving: A set of gloves worn over those already in place for enhanced protection.

Ecosystem: A habitat formed by the interaction of a community of organisms with their environment.

Edema: The swelling of body tissues resulting from fluid retention.

Emergency Medical Services (EMS): Functions as required to provide emergency medical care for ill or injured persons by trained providers.

Emergency Operations Center (EOC): The secured site where government officials exercise centralized coordination in an emergency. The EOC serves as a resource center and coordination point for additional field assistance. It also provides executive directives to and liaison for State and federal government representatives, and considers and mandates protective actions.

Emergency Operations Plan: A document that identifies the available personnel, equipment, facilities, supplies, and other resources in the jurisdiction, and states the method or scheme for coordinated actions to be taken by individuals and government services in the event of natural, man-made, and attack related disasters.

Emergency Response Personnel: Personnel assigned to organizations that have the responsibility for responding to different types of emergency situations. (NFPA 1991, 1-3)

Emergency Support Function (ESF): - That portion of a comprehensive emergency management plan that describes a grouping of similar or interrelated support activities necessary for managing the impacts of a disaster.

Endothermic: A process or chemical reaction which is accompanied by absorption of heat.

Entry Point: A specified and controlled location where access into the hot zone occurs at a hazardous materials incident.

Etiological Agent: A viable microorganism or its toxin, which causes or may cause human disease.

Evacuation: The removal of potentially endangered, but not yet exposed, persons from an area threatened by a hazardous materials incident.

Explosive: Any chemical compound, mixture, or device, of which the primary or common purpose is to function by explosion, i.e., with substantial instantaneous

Exposure: The subjection of a person to a toxic substance or harmful physical agent through any route of entry.

Fahrenheit: The scale of temperature in which 212o is the boiling point of water at 760 mm Hg and 32o is the freezing point.

First Responder, Awareness Level: Individuals who are likely to witness or discover a hazardous substance release who have been trained to initiate an emergency response sequence by notifying the proper authorities of the release. They would take no further action beyond notifying the authorities of the release. (8 CCR 5192(q)(6))

First Responder, Operations Level: Individuals who respond to releases or potential releases of hazardous substances as part of the initial response to the site for the purpose of protecting nearby persons, property, or the environment from the effects of the release. They are trained to respond in a defensive fashion without actually trying to stop the release. Their function is to contain the release from a safe distance, keep it from spreading, and prevent exposures. (8 CCR 5192(q)(6))

First Responder: The first trained person(s) to arrive at the scene of a hazardous materials incident. May be from the public or private sector of emergency services.

Flammable Liquid: Any liquid having a flash point below 100o F (37.8o C). (49 CFR 173.115(a))

Flashpoint: The minimum temperature of a liquid at which it gives off vapors sufficiently fast to form an ignitable mixture with air and will flash when subjected to an external ignition source, but will not continue to burn.

Fully Encapsulating Suits: Chemical protective suits that are designed to offer full body protection, including Self Contained Breathing Apparatus (SCBA), are gas tight, and meet the design criteria as outlined in NFPA Standard 1991.

Fume: Airborne dispersion consisting of minute solid particles arising from the heating of a solid material such as lead, in distinction to a gas or vapor. This physical change is often accompanied by a chemical reaction, such as oxidation. Fumes flocculate and sometimes coalesce. Odorous gases and vapors should not be called fumes.

Gas: A state of matter in which the material has very low density and viscosity; can expand and contract greatly in response to changes in temperature and pressure; easily diffuses into other gases; readily and uniformly distributes itself throughout any container. A gas can be changed to a liquid or solid state by the combined effect of increased pressure and/or decreased temperature.

Hazard: Any situation that has the potential for causing damage to life, property, and/or the environment.

Hazardous Chemical: A term used by the United States Occupational Safety and Health Administration (OSHA) to denote any chemical that would be a risk to employees if exposed in the workplace. The list of hazardous chemicals is found in 29 CFR.

Hazardous Material: A substance or combination of substances which, because of quantity, concentration, physical, chemical or infectious characteristics may cause, or significantly contribute to an increase in deaths or serious illness; and/or pose a substantial present or potential hazard to humans or the environment.

Hazardous Substance: Hazardous Substance, as used by the California Department of Toxic Substances Control, encompasses every chemical regulated by both the Department of Transportation (hazardous materials) and the Environmental Protection Agency (hazardous waste), including emergency response (8 CCR 5192).

Hazardous Waste Facility: Any location used for the treatment, transfer, disposal or storage of hazardous waste as permitted and regulated by the California Department of Toxic Substances Control.

Herbicide: An agricultural chemical intended for killing plants or interrupting their normal growth. (See Pesticides.)

High Performance Liquid Chromatography (HPLC): A procedure used in organics analysis to separate chemical mixtures based on differential ionic absorption to various substrates.

Hot Zone: An area immediately surrounding a hazardous materials incident, which extends far enough to prevent adverse effects from hazardous materials releases to personnel outside the zone. This zone is also referred to as the "exclusion zone", the "red zone", and the "restricted zone" in other documents. (NFPA 472, 1-3)

Immediately Dangerous to Life or Health (IDLH): An atmospheric concentration of any toxic, corrosive or asphyxiant substance that poses an immediate threat to life or would cause irreversible or delayed adverse health effects or would interfere with an individual's ability to escape from a dangerous atmosphere. (8 CCR 5192(a)3)

Incident Action Plan (IAP): A plan developed at the field response level which contains objectives reflecting the overall incident strategy and specific tactical actions and supporting information for the next operational period. The plan may be oral or written.

Incident Command System (ICS): The combination of facilities, equipment, personnel, procedures, and communications operating within a common organizational structure, with responsibility for the management of resources to effectively accomplish stated objectives pertinent to an incident.

Incident Command: A disciplined method of management established for the specific purpose of control and direction of resources and personnel.

Incident Commander (IC): The individual responsible for overall management of the incident at the field level.

Incident Management System (IMS): A standardized management system designed for control and coordination of field emergency response operations under the direction of an Incident Commander through the allocation and utilization of resources within pre-defined functional and/or geographic areas.

Incident: An event involving a hazardous material or a release or potential release of a hazardous material.

Information Officer (IO): The individual assigned to act as the liaison between the Incident Commander and the news media, as well as other groups.

Ingestion: The process of taking substances such as food, drink, and medicine into the body through the mouth.

Irritant: A material that has an anesthetic, irritating, noxious, toxic, or other similar property that can cause extreme annoyance or discomfort. (49 CFR)

Isolating the Scene: Preventing persons and equipment from becoming exposed to a release or threatened release of a hazardous material by the establishment of site control zones.

Isolation: The physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are infected with a communicable disease or are contaminated, or whom the commissioner reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease to the general public.

Joint Operations Center (JOC): The location at or near the scene of a terrorist incident from where Federal response operations in crisis management are coordinated.

LC50 (lethal concentration, 50%): The amount of a toxicant in air which is deadly to 50% of the exposed lab animal population within a specified time.

LD50 (lethal dose, 50%): The amount of a toxicant administered by other than inhalation which is deadly to 50% of the exposed lab animal population within a specified time.

Leak: The uncontrolled release of a hazardous material which could pose a threat to health, safety, and/or the environment.

- Level A - Vapor protective suit for hazardous chemical emergencies.
- Level B - Liquid splash protective suit for hazardous chemical emergencies.
- Level C - Limited use protective suit for hazardous chemical emergencies.

Level of Protection: In addition to appropriate respiratory protection, designations of types of personal protective equipment to be worn based on NFPA standards.

Local Disaster Plan: A plan developed and used by local government for extraordinary events.

Local Emergency Planning Committee (LEPC):A committee appointed by a State emergency response commission, as required by SARA Title III, to formulate a comprehensive emergency plan for its corresponding Office of Emergency Services mutual aid region.

Lower Explosive Limit (LEL):The lowest concentration of the material in air that can be detonated by spark, shock, or fire, etc.

Material Safety Data Sheet (MSDS):A document which contains information regarding the specific identity of hazardous chemicals, including information on health effects, first aid, chemical and physical properties, and emergency phone numbers.

Mitigation:Any action employed to contain, reduce, or eliminate the harmful effects of a spill or release of a hazardous material.

Mutual Aid:An agreement to supply, if available, specifically agreed upon aid or support in an emergency situation between two or more agencies, jurisdictions, or political sub-divisions without the expectation of reimbursement.

Narcosis:Stupor or unconsciousness produced by chemical substances.

Necrosis:Death in a particular part of a living tissue.

Nephrotoxic:A substance that negatively affects the kidneys.

Neurotoxic:A substance that negatively affects the nervous system.

OES Warning Center:The Governor's Office of Emergency Services Warning Center facilitates emergency communications with government agencies at all levels. The Warning Center monitors seismic activity, weather and other conditions that could cause a disaster and is the central reporting office for any release or threatened release of a hazardous material. The Warning Center is the initial point in the state where coordination begins to mobilize federal, state and local agencies during a disaster.

Operations:The coordinated tactical response of all field operations in accordance with the Incident Action Plan.

Oxygen Deficiency:A concentration of oxygen insufficient to support life.

Oxygen Deficient Atmosphere:An atmosphere that contains an oxygen content less than 19.5 % by volume at sea level.

Parts Per Million (ppm):A unit for measuring the concentration of a particular substance equal to one (1) unit combined with 999,999 other units.

Pathogen:Any disease producing organism, including viruses.

Penetration:The movement of liquid molecules through a chemical protective clothing, suit, garment or material.

Permeation:The movement of vapor or gas molecules through a chemical protective garment material.

Permissible Exposure Limit (PEL):The employees' permitted exposure limit to any material listed in Table Z-1, Z-2, or Z-3 of OSHA regulations, section 1910.1000, Air Contaminants.

Personal Protective Equipment (PPE):Equipment provided to shield or isolate a person from the chemical, physical, and thermal hazards that may be encountered at a hazardous materials incident. Adequate personal protective equipment should protect the respiratory system, skin, eyes, face, hands, feet, head, body, and hearing. Personal protective equipment includes- personal protective clothing, self contained positive pressure breathing apparatus, and air purifying respirators. (NFPA 472, 1-3)

Pesticides:A chemical or mixture of chemicals used to destroy, prevent, or control any living organism considered to be a pest.

pH:A numerical designation of the negative logarithm of hydrogen ion concentration. A pH of 7.0 is neutrality; higher values indicate alkalinity and lower values indicate acidity.

Plume:A vapor, liquid, dust or gaseous cloud formation which has shape and buoyancy.

Poison Control Centers: California is served by four certified and designated regional poison control centers. Each PCC is available 24 hours a day and can provide immediate health effects, scene management, victim decontamination, and other emergency medical treatment advice for hazardous materials emergencies. A physician specializing in medical toxicology is available for back-up consultation.

Potential Threat Elements (PTE): Any group or individual regarding which there are allegations or information indicating a possibility of the unlawful use of force or violence, specifically the utilization of a weapon of mass destruction, against persons or property to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of a specific motivation or goal, possibly political or social in nature.

Public health authority: A person or entity authorized to respond to a public health emergency in accordance with the plan for emergency responses to a public health emergency prepared in accordance with section 8 of this act, including, but not limited to, licensed health care providers or local and district health directors.

Public health emergency: An occurrence or imminent threat of a communicable disease, except sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.

Public Information Officer (PIO): An individual from an organization or jurisdiction participating in the event that is designated to prepare and release public information regarding the situation and the response.

Quarantine: The physical separation and confinement of an individual, group of individuals or individuals present within a geographic area who are exposed to a communicable disease or are contaminated, or whom the commissioner reasonably believes have been exposed to a communicable disease or to be contaminated or have been exposed to others who have been exposed to a communicable disease or contamination, to prevent transmission to the general public;

Radioactive Material (RAM): Any material, or combination of materials, that spontaneously emits ionizing radiation and has a specific activity greater than 0.002 micro curies per gram. (49 CFR 173.389)

Radioactive:The spontaneous disintegration of unstable nuclei accompanied by emission of nuclear radiation.

Rescue:The removal of victims from an area determined to be contaminated or otherwise hazardous by appropriately trained and equipped personnel.

Residue:A material remaining in a package after its contents have been emptied and before the packaging is refilled, or cleaned and purged of vapor to remove any potential hazard.

Response:That portion of incident management where personnel are involved in controlling a hazardous material incident. (NFPA 472, 1-3)

Safety Officer:Selected by the Incident Commander, a person at an emergency incident responsible for assuring that all overall operations performed at the incident by all agencies present are done so with respect to the highest levels of safety and health. The Safety Officer shall report directly to the Incident Commander.

Scenario:An outline of a natural or expected course of events.

Scene:The location impacted or potentially impacted by a hazard.

Self Contained Breathing Apparatus (SCBA):A positive pressure, self-contained breathing apparatus (SCBA) or combination SCBA/supplied air breathing apparatus certified by the National Institute for Occupational Safety and Health (NIOSH) and the Mine Safety and Health Administration (MSHA), or the appropriate approval agency for use in atmospheres that are immediately dangerous to life or health (IDLH). (NFPA 1991, 1-3)

Sheltering In Place/In Place Protection:To direct people to quickly go inside a building and remain inside until the danger passes.

Short Term Exposure Limit (STEL):See Threshold Limit Value –Short Term Exposure Limit (TLV-STEL).

Site:Any facility or location within the scope of 8 CCR 5192(a)(3).

Sludge:Accumulated solids, semisolids, or liquid waste generated from wastewaters, drilling operations, or other fluids.

Solubility:The ability or tendency of one substance to blend uniformly with another.

Staging Area:The area established for temporary location of available resources closer to the incident site to reduce response time.

State Warning Center

Synergistic Effect:The combined effect of two chemicals which is greater than the sum of the effect of each agent alone.

Systemic:Pertaining to the internal organs and structures of the body.

Termination:That portion of incident management where personnel are involved in documenting safety procedures, site operations, hazards faced, and lessons learned from the incident. Termination is divided into three phases- Debriefing, Post-Incident analysis, and Critique. (NFPA 472, 1-3) (See Post-Incident Analysis.)

Terrorist Event or Incident: A violent act or an act dangerous to human life, property, or the environment, in violation of the criminal laws of the United, to intimidate or coerce a government, the civilian population, or any segment thereof, in furtherance of political or social objectives.

Threshold Limit Value (TLV):The value for an airborne toxic material that is to be used as a guide in the control of health hazards and represents the concentration to which nearly all workers may be exposed 8 hours per day over extended periods of time without adverse effects.

Toxic: Poisonous; relating to or caused by a toxin; able to cause injury by contact or systemic action to plants, animals or people.

Traffic Control/Crowd Control:Action(s) by law enforcement to secure and/or minimize exposure of the public to unsafe conditions resulting from emergency incidents, impediments and congestion.

Treatment:Any method, technique, or process which changes the physical, chemical, or biological character or composition of any hazardous waste, or removes or reduces its harmful properties or characteristics for any purpose.

Unified Command: The adaptation of the Incident Management System in which all key local, Regional, State, and/or Federal agencies cooperatively participate in planning, decision-making and resource coordination in support of the designated Incident Commander.

Upper Explosive Limit (UEL)

Vapor: An air dispersion of molecules of a substance that is normally a liquid or solid at standard temperature and pressure.

Vulnerability: The susceptibility of life, the environment, and/or property, to damage by a hazard.

Warm Zone: The area where personnel and equipment decontamination and hot zone support takes place. It includes control points for the access corridor and thus assists in reducing the spread of contamination. This is also referred to as the "decontamination", "contamination reduction", "yellow zone", or "limited access zone" in other documents. (NFPA 472, 1-3)

Weapon of Mass Destruction (WMD): (1) Any explosive, incendiary, bomb, grenade, rocket having a propellant charge of more than four ounces, missile having an explosive or incendiary charge of more than one-quarter ounce, mine, or device similar to the above; (2) poison gas; (3) any weapon involving a disease organism; or (4) any weapon that is designed to release radiation or radioactivity at a level dangerous to human life.

APPENDIX D

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