City of Appleton

Public Health Basic Emergency Plan

2018

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Introduction

Mission Statement

The mission of the Appleton Health Department is to safeguard the environment, promote public health, and protect consumers by providing high quality services that are responsive to the needs of the community. Our belief is that prevention is the most effective public health strategy.

Purpose

The purpose of the Public Health Emergency Plan (PHEP) for the City of Appleton Health Department (AHD) is to ensure that the department can efficiently and effectively meet the public health needs of our community when impacted by an emergency or disaster. This would include biological threats and pandemics (either naturally occurring or intentionally caused), and other "all-hazards" emergencies in which public health has a supporting role (e.g., chemical, radiological, natural disasters, and mass casualty incidents). The PHEP should be used as a supporting document to the Health and Medical Annex of the local Emergency Operations Plan (EOP). The contents of the PHEP and its supporting documents provide the framework for public health preparedness, response, recovery and mitigation for emergencies and disasters. During any emergency, the AHD will conduct the following:

- Provide command, control, and subject matter expertise for a public health emergency.
- Activate the PHEP when an incident exceeds the day-to-day operational capacity of the AHD and / or there is a suspected case of highly transmissible disease.
- Identify mission objectives related to public health operations.
- Define roles and responsibilities for all AHD personnel.
- Identify appropriate control measures to limit the spread of disease.
- Generate, manage and disseminate timely, appropriate information to the public, medical community, response personnel and community leaders via established protocols.
- Initiate recovery planning post event.

When properly reviewed, revised and updated, this plan will meet all Centers for Disease Control and Prevention (CDC) requirements for National Incident Management System (NIMS) /Incident Command System (ICS) compliance set by Homeland Security Presidential Directive (HSPD)-5 and 8.

Scope

This plan is meant to guide public health on preparedness, response, and recovery activities for local emergencies. By following the guidelines set in HSPD-5 and 8 (Homeland Security Presidential Directive) it is compatible with federal, state and local emergency response plans. It also promotes the coordination of an efficient and effective local response among all key partners, follows the National Incident Management System (NIMS), and establishes common goals, strategies, and terminology with state and local plans and authorities.

Using the guidance from the National Incident Management System during any emergency, this plan follows a structure to prioritize the following in order:

1. Life safety
2. Property preservation
3. Incident stabilization

A single comprehensive planning approach was taken in the creation of the PHEP to include the following:

- Mitigation
- Preparedness
- Response
- Recovery
- All-Hazards Planning
- Local Memorandums of Understanding (MOU's)
- Continuity of Operations (COOP) / Continuity of Government (COG) development
- Ensure cooperation at all levels of government and the private sector
- Integrate crisis and consequence management

This plan applies to an emergency or disaster that has the ability to cause illness, injury, fatalities and/or disruption of the community's way of life. The activities included within the plan are scalable, allowing for an appropriate level of coordination and information exchange required to achieve the public health strategies prior to, during, or following a local emergency.

Situation and Assumptions

There are many hazards that pose a threat to the public health of the City of Appleton, including but not limited to tornados, floods, winter storms, hazardous material releases, communicable disease outbreaks, and terrorism. A full listing of expected hazards is listed within the hazard vulnerability assessment located within the plan.

Wisconsin State Statute 166.02(7) defines public health emergency as: the occurrence or imminent threat of an illness or health condition that meets all of the following criteria: 1) Is believed to be caused by bioterrorism or a novel or previously controlled or eradicated biological agent 2) Poses a high probability of any of the following 2a) A large number of deaths or serious or long-term disabilities among humans 2b) A high probability of widespread exposure to a biological, chemical, or radiological agent that creates a significant risk of substantial future harm to a large number of people.

Assumptions made in this plan in are in response to these situations and are as follows:

1. The consequences of disasters likely include disruptions to normal community functions.
2. Community needs for water, food and shelter may be at risk.
3. Governments have the legal and moral duty to protect the lives, property, and environment within their jurisdictions.
4. The Appleton Health Department (AHD) will be the lead response agency for any public health emergency within its jurisdiction.
5. For all other emergencies, the AHD will assume a supporting role.
6. The community's response to a public health emergency may lead to high levels of anxiety, fear and hysteria. Those who are worried may seek medical care and burden health systems, thus limiting access for the affected individuals of the disaster.

7. Local jurisdictions respond first to disaster through implementing municipal plans and can quickly exhaust resources, making outside assistance necessary. When such assistance is provided, local elected officials still retain control over the response. Outside assistance, whether from another County, State, Federal Government or private sector, is delivered to support the local effort. When such assistance is provided, local elected officials still maintain control over the response (Wis. Stats. §. 59, 60, 61, and 62).
8. Upon discovery of a bio-terrorism agent, the event becomes a criminal investigation by the FBI.
9. The Incident Command System (ICS) will be used in disaster response. Unified Command will be used in situations which affect multiple jurisdictions, multiple agencies within a jurisdiction and/or which require response by multiple levels of government. These command and control systems require the participation of the Chief Elected officials or those designated and qualified to command a situation.

Concept of Operations

The Concept of Operations provides the outline for the responsibilities of the Appleton Health Department (AHD) during a public health event. The AHD is the primary agency for Annex H; Health, Human Services and Medical/EMS, within the City of Appleton Emergency Operations Plan. Under this annex the AHD is required to perform various public health functions during an emergency event. These functions include the following:

- Ensuring safe food and water is available for consumption
- Assure the restoration of sanitary conditions
- Identification and mitigation of infectious/communicable diseases
- Providing information to the public to mitigate their risk of adverse health events
- Provide aid to those with access and functional needs

Emergency preparedness is a continuous process with multiple phases. Once an emergency takes place, activities move from preparedness into the other three phases. Once those phases are complete, the activities shift back into preparedness to complete the cycle. This process is shown in Figure 1.

Figure 1: Preparedness cycle

1. Preparedness activities consist of planning, training, and exercising. The AHD staff will receive Federal Emergency Management Agency training courses IS-700, IS-800, and ICS 100 which are required for NIMS compliance. Staff that are pre-identified as holding an Incident Command/Unified Command, Command Staff, and/or a general staff role in a public health emergency will in addition have received ICS-200, ICS-300, and ICS-400. Exercises are conducted annually to identify gaps in plans and determine appropriate corrective-action recommendations.

2. Response is the process of providing coordinated emergency service during a crisis. The AHD will address the public health ramifications associated with any particular emergency. This includes but is not limited to: staffing shelters, first-aid/clinic operations, restoring public health functions, defining the epidemiology of the disaster (including the collection and maintenance of statistical data), the administration of vaccinations and immunizations, the determination of potential health effects associated with debris accumulation, pollution, hazmat releases, etc.
3. Recovery can be both a short and a long term process. In the short term, recovery efforts aim to address the immediate needs of the community. Long term effects are often not fully known until after the emergency is over. The overall goal during this phase is to return the community to the way it was before the disaster occurred.
4. Mitigation are those activities which reduce or eliminate long-term risk to people, property, environment and the economy from all hazards. This can be done in many ways. It can range from information sharing for situational awareness or it can involve adding additional personal protective equipment for first responders. These activities will arise and be addressed in the after action report following the event.

Health Officer Control

In the event of a non-public health emergency, the AHD will perform its specialized tasks according to its Standard Operating Guidelines (SOGs) and will act as a supporting agency for the response. The Health Officer or designee will situationally determine if activation of the PHEP is necessary in these cases.

In the event of a public health emergency (declared or non-declared) (WI Statute 166.02(7)), the Health Officer for the AHD or their designee assumes a significant amount of authority and responsibility. During such an event, the Health Officer or their designee will assume the role of the Incident Commander (IC) within the Incident Command System (ICS) and take over command of the event. The Health Officer or designee will activate the Public Health Emergency Plan (PHEP) and will determine the appropriate amount of resources needed for a sufficient response.

Operations Coordination

During smaller scale emergencies, the Appleton Health Department (AHD) will perform its specialized tasks according to their SOGs.

Large scale emergencies have an increased need for coordination of all activities relevant to the emergency response. This coordination takes place in the City of Appleton's Emergency Operations Center (EOC) located at the Appleton Police Department. At the request of the City Emergency Manager, the Health Officer or their designee will deploy to the EOC to help conduct this coordination by offering subject matter experience or obtaining needed resources.

For all public health emergencies, the AHD assumes the role of the lead responding agency. As the lead agency the health department takes responsibility and command of the incident. For these events, the AHD will follow the Incident Command Structure shown in Figure 2.

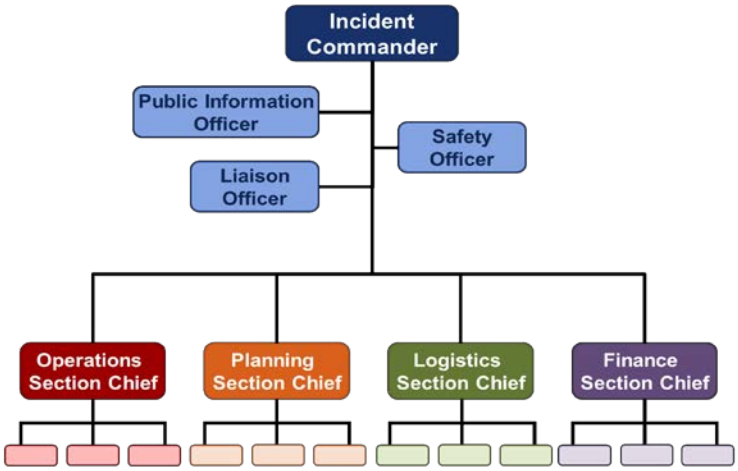


Figure 2: Incident Command Structure

Health department personnel who are pre assigned to rolls within the ICS structure will be called upon based on need. Only staff that are trained in ICS/NIMS will be placed in leadership roles. Job action sheets, which are used as job specific guides during an emergency response, will be provided to those personnel upon arrival.

Mass Clinic

In the event of an infectious disease outbreak, natural disaster, or terrorist action, mass clinic(s) may need to be established to distribute medicine to the citizens of the City of Appleton. The City of Appleton Mass Clinic Plan serves a guide for establishing and operating mass clinic(s) and defines the roles and responsibilities of the individuals that will coordinate clinic operations. The Mass Clinic Plan also defines the procedures for requesting, receiving, and utilizing the assets of the Strategic National Stockpile (SNS) Program. The plan is the Medical Countermeasure Dispensing Section of the City of Appleton Public Health Emergency Plan (PHEP) in response to an event that overwhelms the medical resources in The City of Appleton. The plan is intended to be consistent with existing federal, state, and local policies, ordinances, statutes, and plans. The plan can be scaled up or down to meet the need for one or many clinics.

Continuity of Operations

The Continuity of Operations is a United States federal government initiative, required by National Security Presidential Directive 51 / Homeland Security Directive 20 (NSPD-51/HSPD-20), to ensure that agencies are able to continue the performance of their essential functions during a wide range of emergencies. Barriers for continuing normal operations during an emergency include the delegation of authority, communications, employee health, and facility sustainability. The AHD has identified its essential functions and addressed the critical elements related to continuity in their Continuity of Operations Plan (COOP). The COOP will be activated in conjunction with the PHEP during emergency situations should the department not be able to sustain one or more of their essential functions.

Access and Functional Needs Population

The Appleton Health Department recognizes that although everyone is at risk for harm during an emergency, certain populations may have greater difficulty accessing needed services before, during, and after an incident. The AHD considers children, pregnant women, senior citizens, individuals with limited mobility, those with language or sensory barriers, and those with functional needs to be at the greatest risk. This is in part due to their reduced ability to maintain independence, communicate, travel, having a need for supervision, and/or need for medical care.

The AHD has identified facilities where access and functional needs individuals may reside as critical facilities. The following have been identified as critical facilities; adult day care centers, adult family home, ambulatory surgical centers, child care facilities, community- based residential facilities, end-stage renal dialysis centers, manufactured home communities, nursing homes, residential care apartment complex, homeless shelters, and schools. The AHD works to identify and locate special populations as part of their emergency preparedness planning and response to ensure that public health care and information is available to all populations.

Pet Population

The AHD understands the challenge that pets can pose in evacuation situations. Leaving pets out of evacuation plans can put pets, pet owners, and first responders in unnecessary danger. Responder safety and health, owner safety and health, mental health issues, animal bites, and zoonotic disease outbreaks are all risks associated with leaving pets behind in an evacuation.

The AHD is committed to partnering with local shelters, hotels, animal hospitals, boarding facilities animal control, and non-governmental organizations involved with emergency pet management to be prepared for these situations. It is a goal of the AHD to not only inform its citizens about pet preparedness, but be responsive to the needs of the community and its pets during all disasters.

Health Care Emergency Readiness Coalitions

A HERC is a group of healthcare organizations, public safety and public health partners that join forces for the common goal of making their communities safer, healthier and more resilient. HERC's support communities before, during and after disasters and other health-related crises.

A HERC's purpose is to coordinate how public health, healthcare institutions, and first responder agencies such as police, fire, and emergency medical services (EMS) will manage their efforts to enact a uniform and unified response to an emergency, including a mass casualty or other catastrophic event.

The City of Appleton Health Department is active with its regional Health Care Emergency Readiness Coalition (HERC) and will offer its support to the group as needed.

Public Health Preparedness Capabilities

In order for public health departments to become fully prepared for any event, the Center for Disease Control (CDC) has identified 15 core capabilities that all health departments are required to meet. These capabilities are meant to serve as national public health preparedness standards.

The capabilities are separated into six categories, referred to as domains: community resilience, incident management, information management, medical countermeasures & mitigation, surge management, and bio surveillance. The contents of this PHEP align with these six categories.

Domain 1: Community Resilience

*Community Preparedness***:**
Community preparedness is the ability of communities to prepare for, withstand, and recover – in both the short and long term – from public health incidents.

Community Recovery:
Community recovery is the ability to collaborate with community partners to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

Domain 2: Incident Management

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

Domain 3: Information Management

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

Information Sharing:
Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector.

Domain 4: Medical Countermeasures & Mitigation

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

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

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

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

Domain 5: Surge Management

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

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

Medical Surge:
Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

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

Domain 6: Bio Surveillance

Public Health Laboratory Testing:
Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil).

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

Plan Development & Maintenance

The PHEP will support the City of Appleton's Emergency Operations Plan that is maintained by the City of Appleton Emergency Management Coordinator. The AHD PHEP and all associated documents are subject to both a continuous informal review process and a formal annual review. The Public Health Officer is responsible for approval of this plan. This plan is completed in part through the review of historical events, hazards, data sets, communicable diseases, and community health profiles.

An electronic version of this plan will be located on the AHD internal shared "J" drive and also on a USB drive attached to the hard copy. The hard copy will be stored with the emergency preparedness coordinator. AHD staff will receive instruction as to the locations of the plan. All personnel will be trained on the plan and on their role as defined within the plan. Employee training will be documented through individual training assessments. All revisions will be documented on the record of revisions table within the plan.

Informal Review:

- An informal review of the plan may be performed when the plan is utilized. This would include training, drills, exercises, and activation.
- Editorial or administrative changes may be made at any time to ensure that the information in the plan is correct and current. Changes will be distributed as soon as practical.
- When significant modifications to policies or procedures occur, review of impacts to the PHEP will be needed.

Formal Review:

- A workgroup facilitated by the Public Health Emergency Preparedness Coordinator will conduct a formal review of the plan, annually.
- The workgroup will complete the review annually and submit for approval.

Jurisdictional Overview

Hazard Vulnerability Assessment

This assessment is used to gain a better understanding of over 30 of the top hazards that threaten the City of Appleton and the overall vulnerability of the city to those hazards. The assessment is conducted in collaboration through the regional Health Care Coalition consisting of partners from health, emergency management, EMS, and hospitals among others. The greatest threats were identified as tornado, flooding, cyber-attack, severe winter weather, power loss, and pandemic/epidemic outbreaks. The information gained from this assessment will go towards preparedness planning for exercises and training to be better prepared to face such events.

Local Community Assessment for Public Health Emergency Response (CASPER)

Fill once completed

Demographics

The City of Appleton is host to about 75,000 people, making it Wisconsin's 6th largest city by population. It sits on nearly 25 square miles in the heart of the Fox Valley. The Fox River separates the city into two halves. The city spans into three different counties including Outagamie, Calumet, and Winnebago.

Appleton has its own fire, police, and health departments. Gold Cross ambulance service supplies EMS functions for the city. There are 24 public schools, 13 parochial schools, and 1 college. Lawrence University has an 84 acre college campus, with 32 instructional, recreational and administrative buildings and over 1500 students.

A breakdown of the cities demographics can be found in Table 1.

Population	
Total	74,370
Per square mile	2,985
Age	
Under age 5	7%
Under age 18	25%
Over age 65	11%
Gender	
Female	50.5%
Male	49.5%
Race	
White	87%
Asian	6%
Hispanic/Latino	5%
African American/Black	2%
Housing	
Units	30,348
Median House Value	$137,500
Families	
Number of households	28,447
Persons per household	2.5
Education	
High school graduate/GED	92.3%
Bachelor's Degree or higher	32.1%
Health	
Disability under age 65	8%
Income	
Median household income	$53,588
People in poverty	12%

Table 1: Appleton Demographics
Source: https://www.census.gov/quickfacts/fact/table/appletoncitywisconsin/PST045216

Maps

The following is a set of maps related to the City of Appleton.

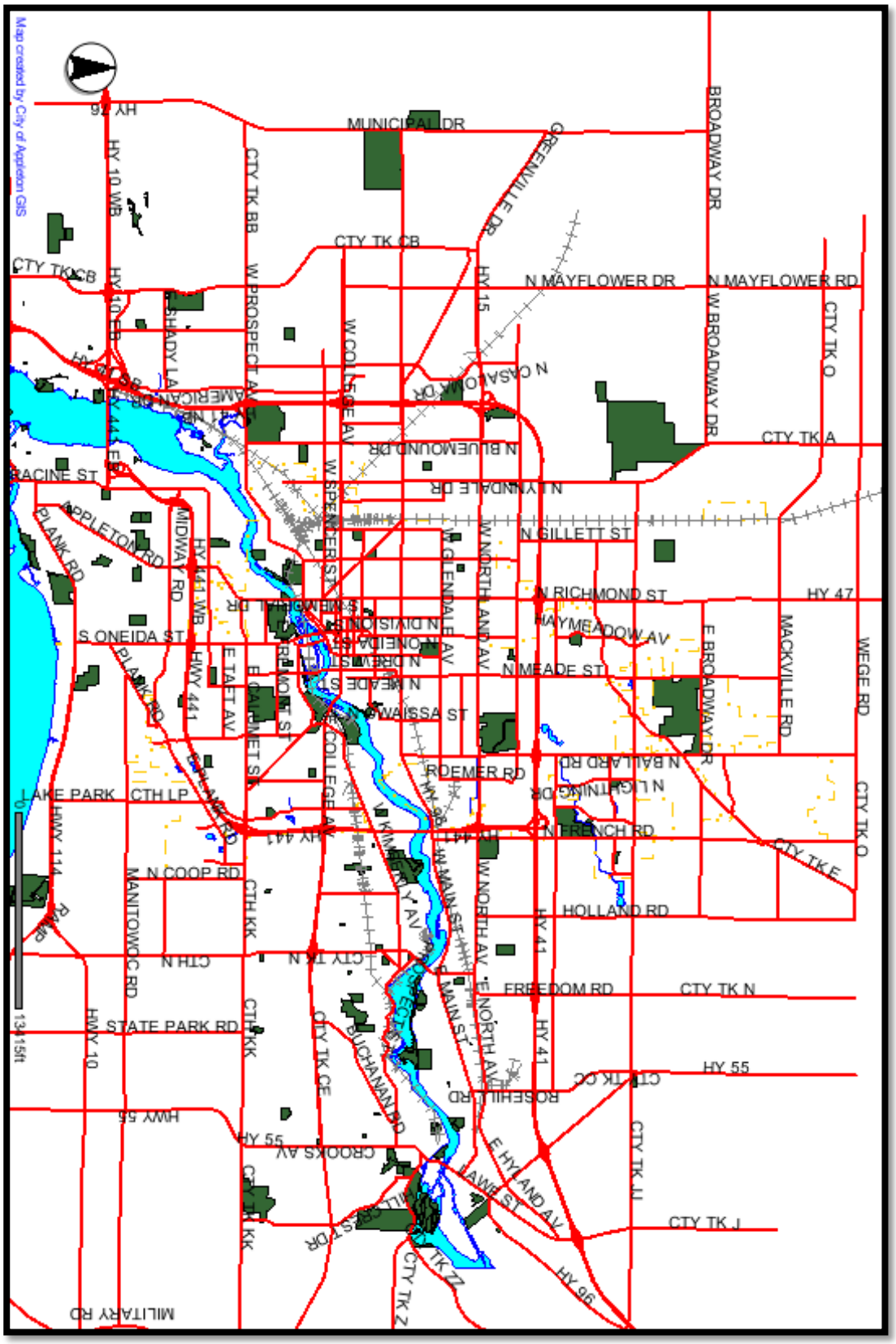


Figure 3: City Map

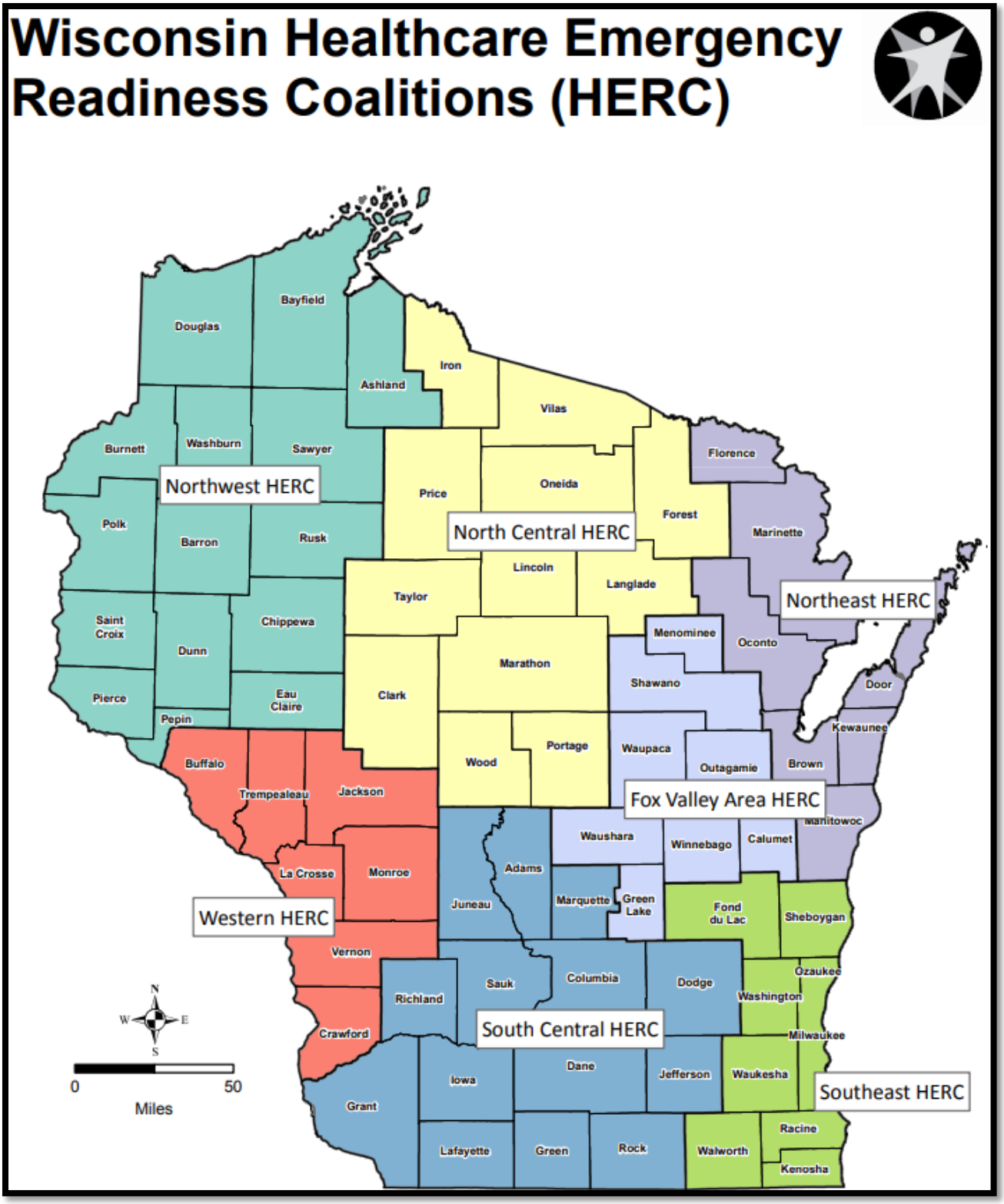


Figure 4: Health Care Coalition Regions

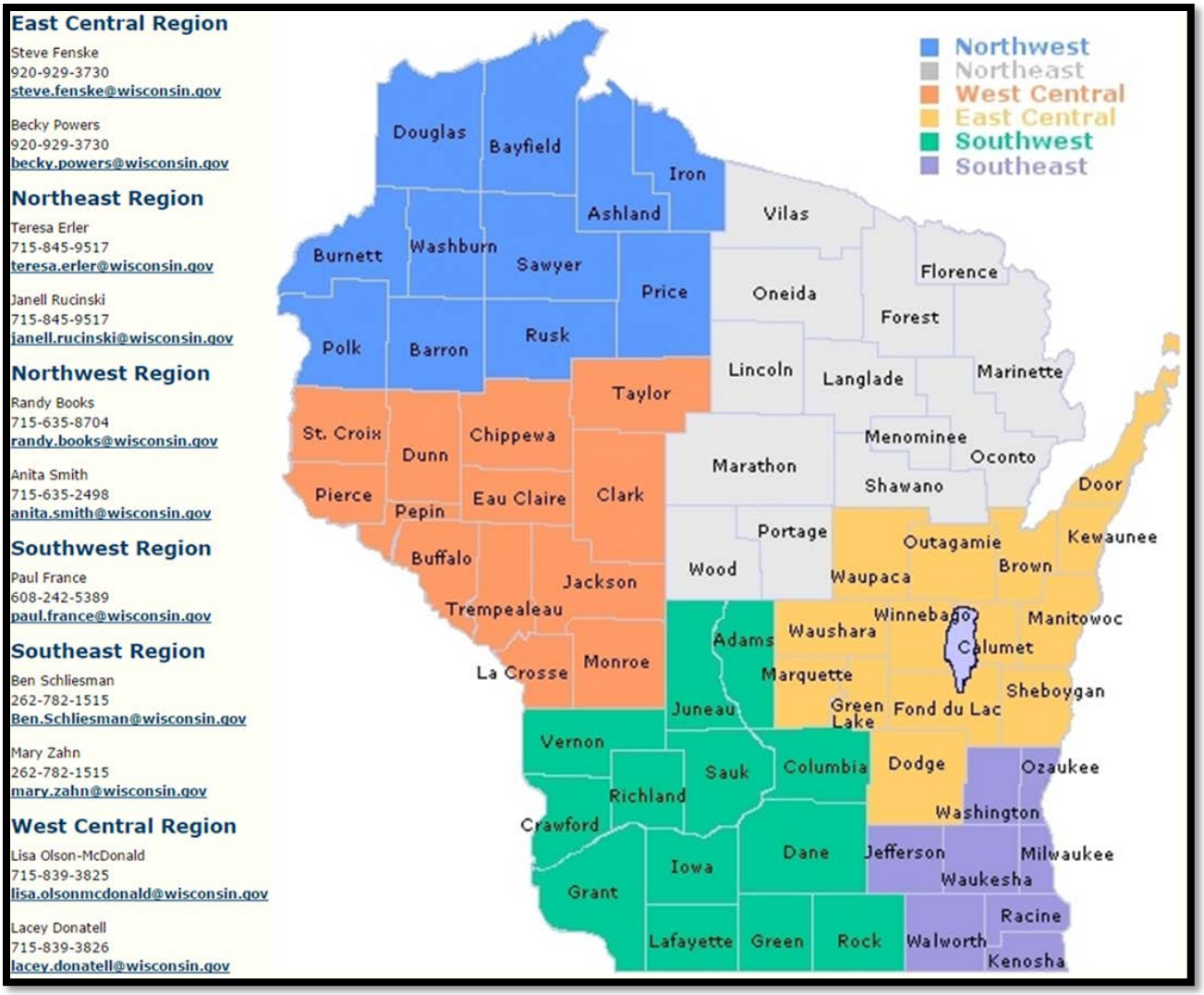
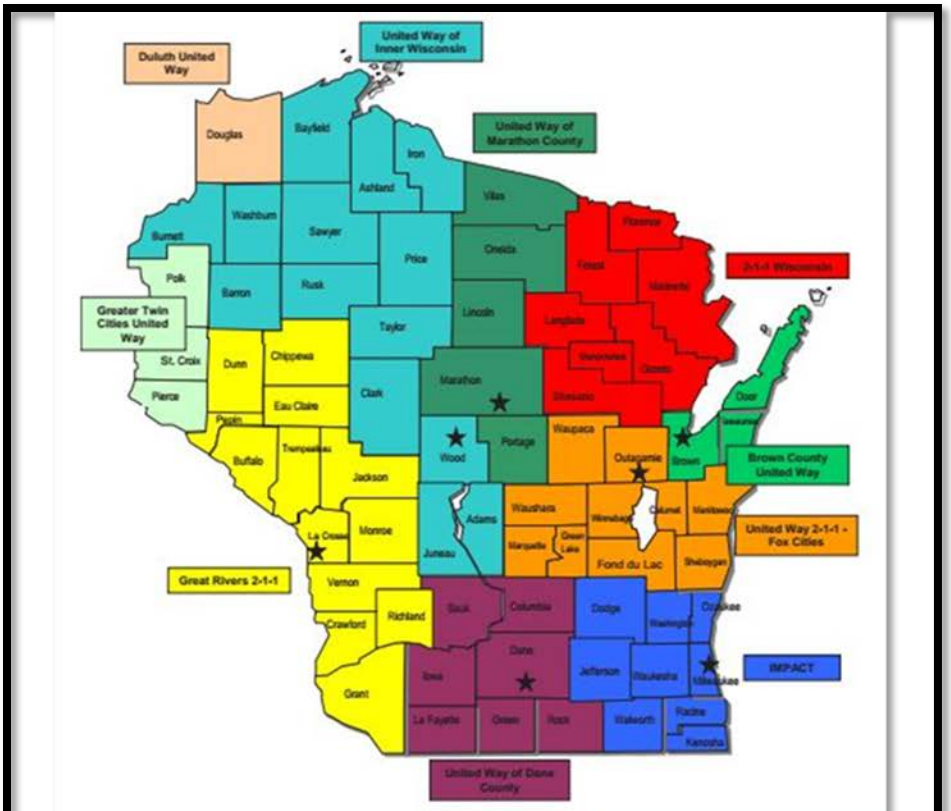


Figure 5: Wisconsin Emergency Management Regions



Brown, Door, and Kewaunee County Brown County United Way 211 or 877-847-2211	*Douglas County* Duluth United Way 211 or 800-543-7709	*Calumet, Fond du Lac, Green Lake, Manitowoc, Marquette, Outagamie, Waupaca, Waushara, Winnebago, and Sheboygan County* Fox Cities United Way 211 or 800-924-5514
Polk, Pierce and St. Croix County Greater Twin Cities United Way 211 or 800-543-7709 or 651-297-0211	*Buffalo, Chippewa, Crawford, Dunn, Eau Claire, Grant, Jackson, La Crosse, Monroe, Vernon, Pepin, Richland, and Trempealeau County* Great Rivers 211 211 or 800-362-8255	*Dodge, Jefferson, Kenosha, Milwaukee, Ozaukee, Racine, Walworth, Washington, and Waukesha County* Impact 211 or 866-211-3380
Lincoln, Marathon, Oneida, Portage and Vilas County Marathon County United Way 211 or 800-922-5590 or 715-848-2255	*Columbia, Dane, Green, Iowa, La Fayette, Rock, and Sauk County* United Way of Dane County 211 or 608-246-4357	*Ashland, Adams, Bayfield, Barron, Burnett, Clark, Iron, Juneau, Price, Rusk, Sawyer, Taylor, Washburn, and Wood County* United Way of Inner Wisconsin and Marshfield Area United Way 211 or 877-384-5565 or 715-423-0211

Figure 6: 211 Regions