Law: State and Federal Actions in Disasters: Who's on First?

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Disclosure

Thomas Buckley has nothing to disclose for this presentation, and has no relevant financial interests

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Pharmacist and Technician Learning Objectives

1. DESCRIBE the current state of pharmacy-related affairs with regard to disasters and various federal and state agencies
2. LIST ways in which the ideal federal/state interface would work with regard to pharmacy
3. DISCUSS examples of poorly coordinated directives and exemplar situations

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"Nobody knew health care could be so complicated"

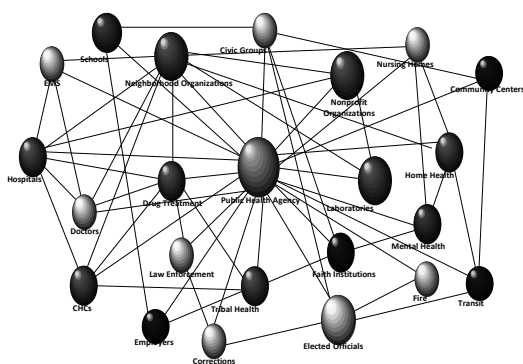February 27, 2017

Suggested correlate for 2020:

"Nobody knew public health planning could be so complicated"

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PUBLIC HEALTH SYSTEM

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National Response Framework (NRF)

- Guide to how U.S. responds to all types of disasters and emergencies.
- Scalable, flexible, and adaptable concepts identified in the National Incident Management System (NIMS)
- Describes the principles, roles and responsibilities, and coordinating structures for delivering the core capabilities required to respond to an incident
- NIMS unifies responders from different jurisdictions and disciplines

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Federal Responsibilities

- Provide Funding
- Provide Formal Guidance
- Offer Technical Assistance
- Incorporate Lessons Learned

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State Roles and Responsibilities

- States are responsible for critical Strategic National Stockpile functions
- Funding from the CDC Public Health Emergency Preparedness (PHEP) Cooperative Agreements must get to the local levels
- State provides oversight & guidance for local programs
- Local and Healthcare plans must mesh with state plans to be effective in an event

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State of Connecticut Public Health Preparedness Authority
(States will have similar structures)

- Office of the Governor
- Department of Public Health (DPH)
  - Office of Public Health Preparedness
  - Office of Local Health Administration
  - State Laboratory
  - Epidemiology Program
- Connecticut Department of Consumer Protection (DCP)
- Connecticut Department of Emergency Services and Public Protection, Division of Emergency Management and Homeland Security (DEMHS)

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Local Responsibilities

- Maintain Public Health All-Hazards Plan Annex to Local Emergency Operations Plan
- Develop a Countermeasure Dispensing plan
- Ensure Capability (Capacity + Competency) to Meet Public Health Mission Goals
- Forge Local and Regional Partnerships
  - Health Departments
  - Law Enforcement
  - Emergency Response
  - Medical, Dental and Clinical Health Care Professionals and Institutions
  - Pharmacists

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Learning Question #1:
Which is correct for the roles of Federal, State and Local authorities in disaster response?

1. Federal government provides funding and dictates how state and local governments distribute Strategic National Stockpile (SNS) materiel

2. State government is responsible for managing and distributing SNS materiel to local authorities

3. Local governments design and implement disaster response independent of federal and state guidance

4. Local and regional partnerships are dictated and managed by the federal government

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ANSWER to Learning Question #1:
Which is correct for the roles of Federal, State and Local authorities in disaster response?

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Lessons Learned from our past:
1947 NYC SMALLPOX VACCINATIONS
A need for innovative measures

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History of PHEP
(Public Health Emergency Preparedness cooperative agreement)

- Division of State and Local Readiness (DSLR), manages PHEP, critical source of funding for state and local health departments to build and strengthen their abilities to respond effectively to public health emergencies

- In response to 2009 H1N1 influenza pandemic, DSLR administered $1.4 billion to assess pandemic response capabilities and identify gaps in vaccination, antiviral drug distribution/dispensing, community mitigation, and laboratory, epidemiology, and surveillance activities

- In 2011, CDC established 15 capabilities that serve as national standards for public health preparedness planning

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Public Health Preparedness Capabilities

1. Community Preparedness
2. Community Recovery
3. Emergency Operations Coordination
4. Emergency Public Information and Warning
5. Fatality Management
6. Information Sharing
7. Mass Care
8. **Medical Countermeasure Dispensing and Administration**

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PHP Capabilities Continued

9. Medical Materiel Management and Distribution
10. Medical Surge
11. Non-Pharmaceutical Interventions
12. Public Health Laboratory Testing
13. Public Health Surveillance and Epidemiologic Investigation
14. Responder Safety and Health
15. Volunteer Management

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History of PHEP, continued

- In 2017, DSLR began updating the capabilities in response to lessons learned from public health emergency responses

- 2018 document describes the components necessary to advance jurisdictional public health preparedness and response capacity

- 2019: CDC priority shift to preparing for pandemic vaccination planning
  - Previous response planning was on anthrax and dispensing pills to people through places of dispensing (PODs)
  - CDC identified the need to develop vaccination plans and to identify places of vaccination (POVs)

- 2020: shift from planning PODs and POVs to _**real event response and operations**_

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CAPABILITY 8 MEDICAL COUNTERMEASURES

- **Capability 8: Medical Countermeasure Dispensing and Administration**

- **Definition:** Medical countermeasure dispensing and administration is the ability to provide medical countermeasures to targeted population(s) to prevent, mitigate, or treat the adverse health effects of a public health incident, according to public health guidelines. This _**capability focuses on dispensing and administering medical countermeasures, such as vaccines, antiviral drugs, antibiotics, and antitoxins.**_

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CAPABILITY 8 FUNCTIONS

- **Functions:** This capability consists of the ability to perform the 5 functions listed below.

1. Determine medical countermeasure dispensing/administration strategies
2. Receive medical countermeasures to be dispensed/administered
3. Activate medical countermeasure dispensing/administration operations
4. Dispense/administer medical countermeasures to targeted population(s)
5. Report adverse events

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2019 CAPABILITY 8 CHANGES

- **Summary of Changes:** The updates align content with new national standards, updated science, and current public health priorities and strategies. Listed below are specific changes made to this capability.

- Revises the Capability 8 title, definition, and **content to account for both the dispensing and the administration of medical countermeasures, such as vaccines, antidotes, and antitoxins**

- Adds content and resources to account for potential radiological or nuclear exposure

- **Broadens the network of dispensing and administration sites to include pharmacies and other locations**

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Connecticut
Public Health Emergency
Response Act (PHERA)

❖ In 2003, Connecticut enacted a law that makes sure that the Governor and all of the individuals that respond to the emergency:
  ❖ Can act without unnecessary delay
  ❖ Can take measures to protect the public's health

❖ Authorities and provisions for action in the event of a public health emergency are delineated in the: **Connecticut Public Health Emergency Response Act – or, PHERA**.

❖ March 10, 2020: CT enacts PHERA; Sept 1 Governor extends PHERA until February 9, 2021

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Immunity from Liability
under PHERA

PHERA also:

- Protects staff and volunteers from liability when they are acting on behalf of the state or local health department during a declared Public Health Emergency.

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Definition of a
Public Health Emergency

A **Public Health Emergency** is defined as an occurrence or imminent threat of a:
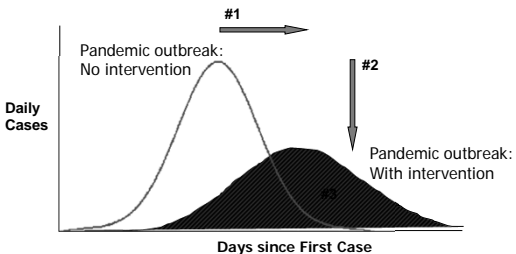
- communicable disease, except sexually transmitted disease
- contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease **[linkage to Critical Agent List- category A]**
- natural disaster
- chemical attack or accidental release
- nuclear attack
- accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability.
  [Public Act No. 03-236, CT Public Health Emergency Response Act of 2003 (PHERA)]

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Community Mitigation Goals

1. Delay disease transmission and outbreak peak
2. Decompress peak burden on healthcare infrastructure
3. Diminish overall cases and health impacts

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Social Distancing and Infection Control
(all defined in 2018 PHEP)

Social Distancing

"social measures to decrease the frequency of contact among people in order to diminish the risk of spread from communicable diseases"

- Isolation, voluntary home quarantine
- School closure
- Workplace changes (e.g. telecommuting)
- Cancellation of public gatherings

Infection Control

"hygienic measures to decrease spread of infectious pathogens"
- Facemasks and respirators, other PPE
- Cough etiquette
- Hand hygiene

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Learning Question #2:
How did the current (2019) PHEP agreement changes affect pharmacy?

1. It created liability immunity for pharmacists and staff during a Public Health Emergency

2. It focused on the mass dispensing of antibiotics

3. It shifted priority from PODs to POVs and included pharmacies as sites of dispensing and administration

4. It designated pharmacists as the sole dispensers of Strategic National Stockpile (SNS) materiel

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ANSWER to Learning Question #2:
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What would "ideal" look like?
CDC's preparedness domains

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Public Health Preparedness and Pharmacist Involvement in Connecticut

- Metropolitan Medical Response System (MMRS)
- Strategic National Stockpile (SNS)
- Pandemic COVID-19/Flu Response
- Medical Reserve Corp (MRC)
- Citizen Corps Councils
- Community Emergency Response Teams (CERT)
- Community Health Needs and Vulnerability Assessment

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What would "ideal" look like?
Preparedness and Continuous Quality Improvement

- Creating Response Plans
- Providing Workforce Development and Training
- Conducting Drills and Exercises
- Evaluation of Drills and Exercises
- Response to Real Events
- Identify Corrective Actions
- Revision of Response Plans

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Partnerships are *essential*
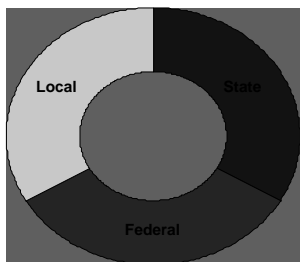
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Factors to consider for poor & exemplar outcomes

- H1N1 POV experience:
  - Lack of vaccine, accountability of how the vaccine was distributed and administered and the equity of how that was done
  - As vaccine became more plentiful and more private sector partners had vaccine, the reporting & accounting of the vaccine use became unclear
  - The amount doses delivered to a provider did not tally with evidence of vaccination to individuals
  - Community pharmacies increasing immunization was response to poorly managed H1N1 response

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Factors to consider for poor & exemplar outcomes

- Community pharmacy success with flu vaccine is under "blue skies" environment
  - Customer uses access & convenience of local pharmacy when they want, when they have time

- What happens in a "dark skies" scenario?
  - The demand of same customer: They want the vaccine, they need the vaccine and "oh my significant other has health condition that places them at high risk and the doctor said I should come here"
  - Or "on 2-1-1 the vaccine-finder said I should go to any CVS, I've never been to this one before but I need and I want to be vaccinated"
  - The pharmacy is full, the 2nd shift pharmacist vaccinator is now symptomatic and calls out

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Dark skies scenario continues...

- The staff is asking what to do, and the pharmacist says be patient and help the customer. The customers don't want help, they want and demand to be vaccinated

- The pharmacist is overwhelmed with concerns, calls regional director who says lock down the store, go to "diversion" and send folks to the store on Main Street

- The pharmacist tells the people waiting the store must close and informs growing crowd to go to the Main Street pharmacy

- A person pushing a frail individual in a wheelchair looks up, and respectfully informs the pharmacist – but the store on Main Street sent us to this location!

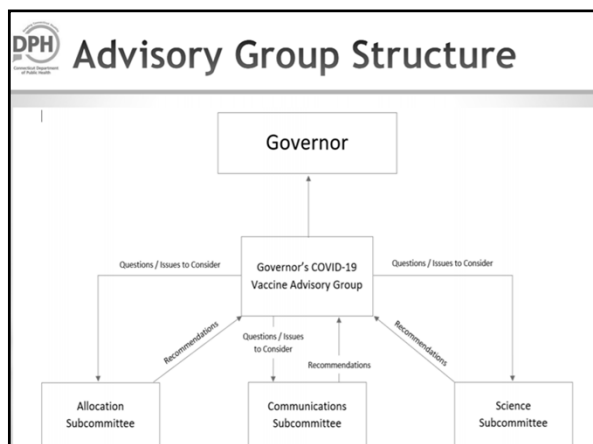34

Factors to consider in dark skies

- How will the pharmacy plan, train and drill to maintain and sustain normal and extraordinary activities during a pandemic?
- How will pharmacist prepare to mitigate a pharmacy surge?
- Where does a local pharmacist get and report information?
- How does the party receiving the call from the pharmacist respond to the pharmacist staffing, resources and safety need during a "pharmacy surge"?
- What is the situational awareness and status reporting before, during and after a "pharmacy surge"?
- If a different network of pharmacies is having "pharmacy surge" will that network across the street have agreement to render support?

- Exemplary response: 2017 Las Vegas concert shooting, demonstrated regional pharmacy/hospital coalition had unified command approach

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How will Connecticut avoid the dark sky scenario?

- Governor's COVID-19 Vaccine Advisory Group
  - Confirm integrity of vaccine approval process
  - Optimization of a statewide vaccine distribution strategy: recommendations for vaccine allocation to critical populations for each of the three planning phases of distribution
  - Communicating critical medical information about the vaccine with the state's residents

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Advisory Group Structure

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                    Governor

Questions / Issues to Consider    Governor's COVID-19    Questions / Issues to Consider
                                  Vaccine Advisory Group

                    Recommendations        Questions / Issues         Recommendations
                                             to Consider
                                           Recommendations

    Allocation              Communications              Science
    Subcommittee            Subcommittee                Subcommittee
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Factors in other kinds of disasters

- Untrained volunteers
- Donation of medications/supplies
- Waste management
- Drought
- Animal management

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Issue: untrained volunteers

- Volunteer management is a real problem
- "How can I help? Tell me what to do?"
- But they lack the training and skills to help
- Example: Mudslide at Oso, Washington in March 2014, untrained people, however well-intentioned, who want to jump in and help, only add to the chaos and first responders realize these ad hoc volunteers end up needing rescue themselves.

- One plan: disaster volunteer management system (not addressed in the National Incident Management System).
  - 2 goals of plan: identify essential disaster volunteer management functions to leverage opportunities and manage associated risks; understand the resources needed to carry out the associated activities and estimate the capacity of the system

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"Disaster Tourism"

- Not a new phenomenon - the act of visiting locations that have been subjected to man-made or natural environmental disasters
- Why do people pursue disaster tourism:
  - interest in learning about the world
  - expand their social awareness or connect with people who have had traumatic experiences
  - in search of authenticity, to experience the disaster area first hand, without intermediaries such as the media
  - seek to partake in dangerous experiences

- Positive of disaster tourism: can increase visitor arrivals and support local economies financially

- Negative of disaster tourism: poor tourist behavior or a lack of respect towards the local community and its peoples; hindrance instead of a help, use up resources which should be prioritized for those in need, such as food and water

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Drug donation

- FDA discourages individual consumers and small groups from donating drugs to relief efforts because these donations may not meet the legal requirements for sending drugs to other countries (refer to FDA guidelines and WHO Guidelines for Drug Donations)

- FDA, WHO strongly discourage donation of expired drugs, even to nations during an emergency or crisis.
  - nations may consider dispensing of expired drugs illegal
  - WHO: drugs with less than one year before their expiration date will automatically be destroyed.

https://www.who.int/selection_medicines/emergencies/guidelines_medicine_donations/en/

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WHO Guidelines for Drug Donations: Guiding principles

1. Drug donation should benefit the recipient to the maximum extent possible
2. Donation should be made with full respect for the wishes and authority of the recipient, and be supportive of existing government health policies and administrative arrangements
3. Should be no double standards in quality: if the quality of an item is unacceptable in the donor country, it is also unacceptable as a donation
4. Should be effective communication between the donor and the recipient: donations should be based on an expressed need and should not be sent unannounced

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WHO: other ways donors can help

1. New emergency health kit, contains drugs, disposable supplies and basic equipment needed for general medical care for a population of 10,000 for three months.
   - In the acute phase of an emergency, or in the case of displacements of refugee populations without any medical care, especially relevant in the absence of specific requests.

2. Donation in cash for local or regional purchase of essential drugs is usually much more welcome than further drug donations in kind.

3. Additional guidelines for drug donations as part of development aid

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Waste Management

- Depending on their nature and severity, disasters can create large volumes of debris and waste

- Debris volumes from a single event were the equivalent of 5–15 times the annual waste generation rates of the affected community (from various U.S. disasters and 2004 Indian Ocean Tsunami)

- If poorly managed, the waste can have significant environmental and public health impacts and can affect the overall recovery process

- Current research is isolated and event-specific, future research will lead to better preparedness and response to disaster waste management problems

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Drought is slow-creeping disaster

- Concern has grown world-wide that droughts maybe increasing in frequency and severity given the changing climatic conditions

- Responses to droughts in most parts of the world are generally reactive in terms of crisis management and are known to be untimely, poorly coordinated and disintegrated

- 2013 WHO adopted declaration calling on all governments to develop and implement national drought policies

- In 1998, Congress passed the National Drought Policy Act. Issued "Preparing for Drought in the 21st Century", May 2000. Congress has not yet acted on any national policy

- 11 states are implementing risk management plans, however drought is a cross-state hazard that requires mobilization of state and local governments as effective partners for risk management

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Animal management

- More than half of the world's households are thought to contain at least one companion animal

- Animals can affect how humans are impacted by natural disasters, how they respond to such events and how well they can recover from them

- Keeping animals safe important in mitigating disaster-related stress/trauma

- 2010 earthquakes in Canterbury, New Zealand: Surviving animals provided a link to a past that physically destroyed by a natural disaster

- 2005 Hurricane Katrina: loss of pets had a greater effect on human mental health than the loss of homes
  - "forced abandonment of a companion animal during an evacuation adds considerably to the acute trauma, thereby increasing the risk of long-term PTSD"
  - Lack of information flow between agencies and levels of government led to paralysis and communication breakdown
  - Animals were not a part of official government response at any level

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Animal disaster response:
Lessons to be learned

- Pet Evacuation and Transportation Standards Act 2006

- Recognizes state and local emergency preparedness to accommodate the needs of household pets and service animals following a major disaster

- Animal responders need to join regular emergency management teams and complete the training offered, attend exercises and demonstrate that they can be counted on to respond to emergencies and to follow commands

- Requirements for evacuating animals or making preparations for them to remain in place differ according to species and disaster type

- With regard to farmers, animal loss can occur on a massive scale

- Example: 2001 outbreak of foot and mouth disease in the United Kingdom, following which some of the livestock owners affected committed suicide

- **Impact on pharmacists**: basic understanding of veterinary medicine is very helpful. Knowing resources and places handling animal needs is essential. Signing memorandums of understanding (MOUs) or mutual aid agreements can bring pharmacy into the "community" of responders

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Classic example of poor disaster response: Anthrax 2001

- Post-event focus groups revealed:

  - Participants' trust in public health agencies had eroded and that this erosion could threaten the effectiveness of communication during future public health emergencies

  - Lack of trust involved the perception that unfair treatment on the basis of race/ethnicity and socioeconomic status had occurred

  - Lack of trust from perceptions of inconsistent and disorganized messages

  - Diverse populations may require individualized approaches to ensure that messages are delivered appropriately. Special attention should be given to those who face barriers to traditional modes of communication

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Lessons learned from anthrax-laced letters

- Response plan lacked specific operational details necessary to ensure smooth response

- Example: there was general requirement that member agencies communicate with each other, but no guidelines for how this communication should take place

- Some agencies used two-way radios, others used cell phones, landlines, pagers

- Needs of healthcare providers not being tracked and shared electronically because there was no information management or command-and-control system in place

- No declaration of public health emergency: would trigger federal resources, such as uniformed public-health service personnel to help screen potential victims; given the District the authority to access the CDC's National Pharmaceutical Stockpile, from which thousands of doses of Cipro and doxycycline were ultimately received

- Washington, D.C., still recovering from 9-11 attack, authorities thought declaring another disaster would have further damaged public morale as well as the area's economy

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Comparative study shows preparation changes outcomes

- Health sector preparedness improves response performance in disasters, comparison of 4 earthquakes: two California systems (1989 Loma Prieta earthquake and 1994 Northridge), 1995 Kobe, Japan, 1988 Armenia

- California: with a high preparedness index, had low case fatality rates (one death per 100 injuries), but huge property damage

- Kobe: mixed levels of preparedness (31 deaths per 100 injuries)

- Armenia: low preparedness index (167 deaths per 100 injuries!!)

- Income level ($26,000 Kobe vs. $450 Armenia) and infant mortality rates (4.3 Kobe vs. 22.6 Armenia) varied widely

- Outcomes optimized due to both engineering-based mitigation and preparedness practices

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How Can You Get Involved

- Contact your local health department and ask to be on their volunteer roster. www.cadh.org

- Contact the State of Connecticut Department of Public Health www.ct.gov/dph

- Become a civilian volunteer in the Medical Reserve Corp Unit (MRC). www.medicalreservecorps.gov

- Start or Join a Community Emergency Response Team (CERT). www.citizencorps.gov

- Support or Participate in your Healthcare Coalition Activities.

- Go to Connecticut Pharmacists Association web site: www.ctpharmacists.org

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"To achieve greatness, start with where you are at, use what you have, and do what you can"

-- Arthur Ashe, legendary tennis champion and founder of the Arthur Ashe Institute for Urban Health

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Learning Question #3:
Which of the following would be considered a poor disaster response plan?

1. Having a requirement and guideline that all agencies communicate with each other

2. Having species-specific plan for evacuation or safe space of animals

3. Having a risk management plan for drought

4. Having a plan allowing individuals to donate unused medications

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ANSWER to Learning Question #3:
Which of the following would be considered a poor disaster response plan?

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Thank you!

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