

Public Health Emergency Law

Version 3.0

A CDC Foundational Course for Front-line Practitioners

Course Manager's Guide

Preface

Background

Knowledge of public health emergency law is critical in today's environment. The events of fall 2001, including the anthrax attacks and the thousands of related biologic threats and hoaxes required public health, law enforcement, and emergency management agencies to work together in ways without precedent. However, it has become abundantly clear through planning, simulations, and actual incidents that public officials charged with preparing for and responding to public health emergencies must have a better understanding of what actions are authorized and how to minimize liabilities in large-scale public health emergencies. In response to this need, the Public Health Law Program of the U.S. Centers for Disease Control and Prevention (CDC) has developed this *Public Health Emergency Law* course for training of public health, emergency management, law enforcement and other officials at the local, state, and federal levels.

Disclaimer

Course materials are for instructional use only and are not intended as a substitute for professional legal or other advice. While every effort has been made to verify the accuracy of these materials, legal authorities and requirements may vary from jurisdiction to jurisdiction. Always seek the advice of an attorney or other qualified professional with any questions you may have regarding a legal matter.

Although the 3 course units were designed to be customized by the instructors to satisfy differing local legal and procedural requirements, with prompts for specific local information inserted throughout the units, the case study was designed to be used without modification, and should not be used with the CDC logo or name if it has been changed in any way.

Additional Information and Support

For technical assistance in planning or delivering this course:

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Acknowledgments

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Introduction

Training Goal

The primary goal of this training is to strengthen the capacity of professionals involved in planning for and responding to public health emergencies, by enhancing their knowledge and understanding of the legal authorities essential for effective management in public health emergencies. Important questions for which this course is intended to help answer include:

- What are the key laws and legal principles implicated in the management of a public health emergency?
- What legal issues are raised by a public health emergency?
- What are examples of issues and questions for which an appropriate attorney should be consulted?

This course can bring together the public health, emergency management, and other officials of local and state jurisdictions to address these and related questions, and to interact with one another while working through a case study involving a public health emergency.

Training Strategy

The course comprises three units to be delivered over 1 day by PowerPoint instruction, and an optional interactive case study for smaller breakout groups lasting 1.5 hours. The breakout groups are intended to facilitate interaction and networking among public health, emergency management, and other officials, such as law enforcement, other first responders, and the judiciary. The case study's intent is to foster mutual understanding of the legal authorities involved in management of a public health emergency. Participation in the case study is intended to identify gaps in preparedness that can be addressed through joint planning by jurisdictions before a public health emergency occurs.

The teaching materials include a number of slides that can be modified to reflect laws specific to the jurisdiction in which training is being conducted. Helpful reference tools and resources are included in the additional resources. This Course Manager's Guide provides directions to assist organizers and instructors in the delivery of the course materials.

CDC intends this training module to be used as a self-contained instructional template in any jurisdiction in the United States. CDC, in conjunction with federal, state, and local partners, piloted the instructional modules in Washington, D.C. and North Carolina. Through the pilots, the materials were refined. In addition to the piloting organizations, other organizations were consulted during the preparation and piloting of the materials. Each of these organizations was helpful in the compilation of the final product, but CDC is solely responsible for the materials developed for this course.

Course Objectives

By the end of the course, participants should be able to:

- Understand inter-jurisdictional mutual aid and legal coordination
- Describe the legal role of your agency related to a declared state of emergency
- Explain the legal authorities of public health, law enforcement, and other relevant agencies, to implement services (public health, etc.) in declared and undeclared emergencies
- Describe your agency's authority and role in a mass evacuation order
- Describe your agency's legal obligation and role in the provision of public health services to a displaced population

Course Delivery

Ten Things You Need To Do To Conduct the Course

To conduct a successful session of the Public Health Emergency Law course, you should do the following:

1. Establish a joint public health/emergency management planning committee
2. Choose participants
3. Select a facility
4. Choose presenters
5. Arrange for continuing education units (CEUs)
6. Assign participants to breakout groups
7. Identify breakout group facilitators
8. Conduct facilitator training
9. Assemble training materials
10. Deliver training

Focus

The **focus of this course** is on the laws that public health and emergency management personnel may use in response to a public health emergency. Management of public health emergencies requires effective use of legal authorities. In these incidents, public health and emergency management responses must be coordinated under a complex set of federal, state, tribal, and local laws. In addition to promoting a greater understanding of the legal authorities, this course facilitates interaction and networking among the participants, as well as planning before an emergency occurs.

Participants

The recommended participants are local and state public health officials, emergency management officials, attorneys, law enforcement representatives, and other professionals who need improved understanding of the legal authorities involved in the management of a public health emergency. **It is essential to identify an attorney in your agency or partner agency who is familiar with the topics covered in this course to attend the course, help with course preparation and, ideally, take a lead role in teaching and training activities.**

Outcomes

This course will provide for increased participant understanding of the legal authorities

essential to manage public health emergencies and will foster the identification of specific actions that may be needed, including development of protocols, agreements, and further training.

Where Does the “Public Health Emergency Law” Course Fit Into Your Organization’s Overall Public Health Emergency Training Strategy?

Since the ideal set of participants for this course comprises people who would work together during a public health emergency in a given jurisdiction or region, this course can be used to build local or regional networks, and therefore, solidarity between public officials representing different entities.

Consider where in a sequence of tabletops, field exercises, and classroom courses this course should fit. Each jurisdiction should have a preparedness plan that can incorporate this course.

Outcomes of this course may include not only increased participant understanding of specific public health and emergency management laws and institutions, but also the creation of a list of needed actions such as protocols, agreements, and further research.

Course Overview

This course is designed to be delivered over one day, in three main sections: lectures, case study, and wrap-up/assessment. The first two Units are designed to fit into the first half of the day. After lunch, Unit 3 will be delivered, and then course participants are divided into breakout groups that work through the interactive case study.

Interactive Case Study

In the afternoon, participants are divided into breakout groups with at least one previously selected facilitator. Most of the teaching in the interactive case study is done on a peer-to-peer basis by bringing emergency management and public health officials together for combined learning. The methodology recommended is that of a tabletop exercise where participants read the events and discuss answers to questions given in the scenario. The importance of the breakout sessions is the interaction and networking among the various jurisdictional participants and the beginning of joint planning before an event.

Course Materials

Ideally, each participant in this course will be provided with a course binder. The binder should include copies of the PowerPoint slide presentations, including the case study, as well as the reference materials. Suggestions for reference materials are discussed in detail in later sections of this guide.

Jurisdictional Customization

These course materials are designed to be customized for the particular jurisdiction where the course is being presented. Throughout the course, there are instructions in the instructor notes that indicate which slides should be customized.

COURSE DESIGN

General

The design of this course may vary by state/locality and should be decided upon by the course planning committee. After the number of participants and the participating jurisdictions are decided, the committee must next decide what materials will be covered during the course.

The course has three sections:

1. Lectures (slide presentations)

- Unit 1— Introduction to Emergency Management the Federal System
- Unit 2— Emergency Powers: Protection of Persons
- Unit 3— Emergency Powers: Property and Volunteers

2. Optional interactive case study

- The case study begins after lunch and delivery of Unit 3
- Course participants are divided into breakout groups
- Designed to be a 1.5 hour scenario
- Each breakout group discusses scenario and questions

3. Wrap-up

- Breakout groups rejoin in plenary session at the end of the day
- Important information presented and discussed during the course summary
- At the discretion of the instructor, follow-up action steps for the participants may also be discussed
- A post-course evaluation is completed

Course Delivery Options

This course comprises three course units with an integrated set of PowerPoint slide presentations, and an optional interactive case study. This course is designed for delivery over one day.

Agendas and Presentations

Sample Agenda

- A sample agenda for the course follows
 - The specific customizations of the presentations included in the course are left to the discretion of the planning committee, but the timeline and schedule should be kept in mind
 - If given as a one day course presentations should fit into the first half of the day and the first session after lunch
 - On average, each presentation should last no more than **70 minutes**, allowing time for questions and answers
 - On average, a **15 minute break** between presentations should be allowed

PUBLIC HEALTH EMERGENCY LAW SAMPLE AGENDA

Date

Location

8:45am – 9:00am	Welcome
9:00am - 10:15 am	Unit 1: Introduction to Emergency Management the Federal System
10:15am - 10:30 am	Break
10:30am - 11:45am	Unit 2: Emergency Powers: Protection of Persons
11:45am – 1:00 pm	Lunch
1:00 pm - 2:15 pm	Unit 3: Emergency Powers: Property & Volunteers
2:15 pm - 2:30 pm	Break
2:30 pm – 4:00 pm	Case Study Scenario in Small Groups with Facilitators
4:00 pm - 4:30 pm	Plenary Session with Discussion of Course Content
4:30 pm	Adjourn

Jurisdictions Participating in the Course

How many jurisdictions should participate in the Public Health Emergency Law course?

- The course design may vary and should be decided upon by your local planning committee
- The first decision to be made is which jurisdictions the course will cover: one jurisdiction (city), one jurisdiction (county), regional (city and county), multi-jurisdictional (more than one city and/or county), or statewide
- Another decision to make early in the planning process is the number of participants that will attend the course. Courses with a larger number of participants require more intensive planning and additional help, but will increase networking among those who will work together during an emergency

Course Attendees

Who Should Attend

The Public Health Emergency Law Course is designed for mixed groups of public health and emergency management personnel as well as agency attorneys. Additional

participants may include law enforcement, HAZMAT teams, fire/EMS professionals, prosecuting attorneys, public information specialists, and other disciplines directly relevant to management of public health emergencies. The participants will, largely, teach each other about their disciplines as they work through the class discussions and case study.

- Participants are chosen by the sponsoring organizations
- Participants have an active role in group discussions during the breakout groups
- A primary criterion for selecting participants is that they are from closely linked jurisdictions (e.g., a city, county, or metropolitan area) that might in turn be involved in the management of a public health emergency in one jurisdiction
- Persons from adjacent jurisdictions who are considering a similar course may want to attend as observers
- An alternative approach is to invite persons from an entire state or large region of a state to attend a course

Note: The emphasis is on individual participants' learning facts and skills and identifying issues that need to be addressed in their home communities.

- For courses in which all participants are from the same or closely linked jurisdictions (e.g., a city and its surrounding county), more attention can be paid to the details of that community's protocols and interagency relationships
- When participants come from multiple jurisdictions, a large geographic area, or even more than one state (e.g., in multi-state metropolitan areas), more attention can be paid to inter-jurisdictional communications and cooperation rather than to the internal operations of a single jurisdiction

Suggested Participants

Public Health

- Public health officers
- Public health emergency management personnel
- Public health bioterrorism personnel
- Health department attorneys
- Epidemiologists
- Other local and state public health personnel
- Public health investigators
- Public health nurses
- Public health emergency preparedness representatives
- Public health public information officers (PIOs)
- Hospital and clinic administrators
- EMS personnel
- Medical association personnel
- Medical Reserve Corps coordinators
- Training officers

Emergency Management

- State and local emergency management directors or managers
- State and local coordinating officers
- State and local emergency management attorneys
- State and local EOC managers and their section chiefs
- Voluntary agency liaisons
- Red Cross leaders
- VOAD (Voluntary Organizations Active in Disaster) agency leaders
- Public information officers
- Training officers
- Other emergency preparedness representatives

Other Health and Safety Personnel

- Law enforcement
- Fire departments
- HAZMAT
- Public health laboratory representatives
- Forensic/crime lab representatives
- Public safety
- Military representatives
- Food and drug protection personnel
- Department of agriculture personnel
- Humane society representatives
- State and local public works officials
- State and local transportation officials
- Medical examiner's office personnel

Judiciary

- Judges
- Clerks
- Court Administrators
- Legal secretaries

Observers

Observers may also be selected by sponsoring organizations. Observers play an important role during breakout groups. Although they might not read and answer questions, the observers should comment if they believe the group is reaching the wrong conclusion or if they can offer unique expertise. Observers are not required for the course. Some course planning committees may decide that all attendees are participants.

Examples of Observers

- Federal public health workers
- Federal emergency workers
- Representatives from schools of public health
- Federal law enforcement officers

- Representatives from Centers for Public Health Preparedness
- Representatives from the U.S. Department of Justice
- Federal agency lawyers
- Representatives from training programs
- Representatives from national public health organizations
- Representatives from national law enforcement agencies and organizations
- Representatives from the media

Instructors

Instructors for this course should have substantial familiarity with the law and with managing public health emergencies. This course is designed to be taught by:

- Attorneys for public health or emergency management agencies
- Public health or emergency management officials with knowledge of the law
- Agency officials with substantive knowledge and experience with the operations and laws relevant to public health emergencies

While it may be possible for one instructor to teach the entire course, it is recommended that two instructors co-teach the course, one from a public health background and the other from an emergency management background.

Facilitators

The role of the facilitators is to draw out the expertise of the breakout group members and to provide answers to the case study questions if no one else in the group can do so. Facilitators are drawn from the course participants. The facilitators will have attended a brief facilitator training activity before the course and studied the suggested answers for the case study questions. Their role also includes assuring that the key points made in the answer guide are brought out in their groups.

Logistics

Course Planning Committee

Who should be part of the course planning committee?

The local planning committee should consist of a mix of emergency management and public health professionals, with input from attorneys, law enforcement and other key agencies. There should be a minimum of three planners (public health, emergency management, and legal).

- The number of members on the planning committee will depend on the size and number of jurisdictions in which the training will be held.

Planners are responsible for:

- Identifying course participants from each of their professional fields
- Securing presenters for the course presentations
- Identifying facilitators for the case study portion of the course
- Finding a location for the course
- Identifying the appropriate state/local laws to include within the course materials
- Finalizing all course details
- Arranging for continuing education units (CEUs) for participants

Selection of Facilities

A typical course will consist of lectures, division into breakout groups in the afternoon, and reassembly into the large group for the wrap-up and assessment at the end of the day.

- The size of the facility depends on the number of course participants.
 - Lectures and the wrap-up session should be held in a main meeting space that is large enough to accommodate all participants, ideally with classroom style seating – tables/desks as well as chairs
 - Breakout groups:
 - There should be an adequate number of smaller rooms for all the breakout groups you will have (Please see table in the “Tentative Breakout Groups and Group Size” portion of this section.)
 - Each breakout group should have approximately the same number of participants
 - If necessary, you can use the large space for a breakout room if it can be quickly arranged into tables around which the participants can sit
 - Ideally, breakout rooms or spaces should be separated from one another and have doors that close so that the sound of one group’s work does not carry into another’s area
 - Each breakout room or space should be set up with a central table large enough for all the participants and the facilitators

Note: Any observers present can sit in a second row, behind those sitting at the table.

Breaks

- Suggested break times are provided in the sample agenda in the preceding pages
 - In the morning, one ten to fifteen minute break should be provided each hour or after each presentation

Note: If your schedule does not permit this many breaks, try to provide at least one break every two hours.

Lunch

- Providing a lunch is recommended

Note: At lunch, participants may sit at tables in self-chosen groups other than the breakout groups.

- If it is not possible to provide lunch on-site, give directions to nearby quick-lunch locations and allow at least one hour and 15 minutes for the lunch break
- If participants have come some distance for the course and are staying overnight, give suggestions on places to have dinner that are within relevant per-diem rates

Pre-Registration

Note: The following recommendations are optional.

Pre-registration Forms

- Forms should be given to confirmed participants well in advance of the course
 - Note:** Having a firm list of attendees with job roles allows you to assign people to breakout groups, each of which should be as diverse as possible.
 - E-mail registration forms to participants several weeks before the class is to begin
 - Set a due date (placed on the bottom of the form) of 3-5 business days before the course will start
 - A due date will prompt the participants to enter the required information and return the form to the planning committee
 - The due date should give the planning committee enough time to create the appropriate amount of materials
 - Provide several mechanisms (e-mail and fax) for participants to return the forms to the planning committee
 - Pre-registration forms should collect the following information:
 - Agency of employment , and job title
 - Contact information, including e-mail address

Database/Spreadsheet

- The use of a database program or a spreadsheet will facilitate collecting and using the registration form information
- This information can be exported for use in preparing the list of participants
- Additionally, the database can be used to create nametags (discussed in the section below) or sign-in sheets in an expeditious manner

SAMPLE COURSE REGISTRATION FORM

Name, Title, Fax #

***Public Health Emergency Law* <DATE>**

Agency: _____

Registrant Name: _____

Registrant Title: _____

Registrant Address: _____

Registrant Telephone: _____

Registrant E-mail: _____

Senior Management / Contact Person: _____

Senior Management / Contact Person Telephone Number: _____

Please complete and fax or email this registration form by <DATE> to:

**Course Manager's name
Email
Fax
Phone**

Arranging for Continuing Education Units (CEUs)

- Course planners/organizers should arrange for CEUs for appropriate disciplines
- This should be done early in the planning process
 - Course planners should reach out to state accreditation boards or agencies to determine how to arrange CEUs for each discipline
 - These key disciplines may include physicians, nurses, lawyers, law enforcement, EMT/Paramedics, HAZMAT team members and other first responders
- For many disciplines, such as those listed above, CEUs are not only an incentive, but also a necessity if they are to be approved for attendance

Special Tips

- **Organization is the key** to preparing this course. Close contact with presenters and your planning committee is important. Early identification of participants and receipt of their pre-registration forms will minimize last minute rushing

- One last item to take into consideration is any **help that will be needed** with this course. Depending on the course size, help in the registration area will be invaluable. Additionally, having the use of runners will allow things to proceed smoothly. Runners can make extra copies, take messages, ensure food arrangements are progressing as expected, etc

Instructor Selection

Instructors for this course should have familiarity with the law and with managing public health emergencies. Accordingly, it is recommended that instructors include:

- Attorneys who work on emergency management or public health issues
- Senior emergency management or public health officials who are familiar with the laws relevant to managing public health emergencies
- Experienced trainers who have familiarity with legal issues as well as management of public health emergencies

Facilitators and Facilitator Training

Small-Group Facilitators

- Each breakout group should have a facilitator who should be either an emergency professional or a public health professional. Ideally, the facilitator should have exposure to both disciplines
- Facilitators should be both expert in their professional responsibilities and skilled as facilitators
- Facilitators should be chosen ahead of the course date and should know that they have been chosen and what their role will be

Facilitator Training Timeline

- Facilitator training should occur before the course. While up to 14 days before the course may be ideal, logistics of large courses may require that this training occur the day before the course
 - The prior day option is particularly appealing if participants and facilitators are traveling a long distance
- Typical facilitator training should last approximately 1-2 hours

Course Manager's Responsibilities

- The course manager should brief the facilitator trainees about the:
 - Reasons for and history of the course
 - Main training objectives of the course
 - Main points to be covered in the lectures the first morning
 - Process to be followed in the case study
- Emphasize that the focus of the course is on the public health and emergency management aspects of response to a public health emergency

Organization of Facilitator Training

- The main point of the facilitator training is to give the facilitators practice with the facilitator role
- This should include taking turns being the facilitator, with the remainder of the

- training group being the participants
- Each trainee, in turn, should ask the person to his or her left to read and attempt to answer the next question (or set of facts and question) in a case study
 - The facilitator will lead the discussion kicked off by that answer
 - Then the next person around the table will assume the role of facilitator and repeat the process
 - In a training session of approximately 1-2 hours, it should be possible to quickly go through the entire case study

Tentative Breakout Groups and Group Size

The CDC developed the methodology for this case study over many years. In this method, the ideal group has approximately 10 participants and a facilitator. The small group size allows all participants to answer questions and most participants will be comfortable speaking/taking part in discussions. However, a larger group size has a couple of advantages as well. A larger group requires fewer facilitators and allows for a wider range of expertise and skills to be represented.

Note: This may be particularly important if there are only a few senior emergency management or public health people available with the emergency expertise to offer definitive answers to questions, especially as to local practices or policies.

- There should be an equal distribution of participants and observers
- If there are several people with the same job role or responsibility present, divide them among the breakout groups. This will ensure that each group has representation from all disciplines
- The table on the next page has been provided to help you determine how many facilitators and breakout groups/rooms you will need depending on the total number you would like trained. The column definitions for that table include:
 - Total trained = total number of facilitators (including alternates)
+ total number of participants
 - The number of facilitators includes alternates
 - Typically, several of your chosen facilitators may not be able to attend the training or be able to function as facilitators
 - To prevent any problems, it is recommended that you also designate and train alternates
 - Generally, for every group of 10-20 participants you will need a facilitator and one breakout room
 - For every two breakout groups, you will need one alternate facilitator

Number of Facilitators Needed According to Number of Participants

Total Trained	Number of Participants	Number of Facilitators	Number of Groups/ Rooms Needed
12 – 22	10 – 19	1-3	1
23 – 43	20 – 39	3-4	2 – 3
46 – 75	40 – 67	6-7	3 – 5
75 – 92	68 – 84	7-8	4– 7
97 – 116	85 – 104	8-12	5 – 9
117 – 147	105 – 132	9-15	6 – 11
148 – 188	133 – 172	10-16	7 – 13

Binder Contents

Materials Included in the Binder

The materials assembled in the binder may vary from location to location but should include, at a minimum:

- Agenda
- Introduction
- Course objectives
- Table of contents
- Copies of each presentation given during the course
- Reference material index
- Case study questions

Note: If your jurisdiction has financial or resource constraints, you can save on binder costs by having participants download or view the information on from the CDC website.

Agenda

- A sample agenda is found in the “Course Design” section of this document

Introduction

The introduction should give background information for both the course and your jurisdiction’s bioterrorism training and preparedness program.

Course Objectives

The course objectives include:

- Understand inter-jurisdictional mutual aid and legal coordination
- Describe the legal role of your agency related to a declared state of emergency
- Explain the legal authorities of public health, law enforcement, and other relevant agencies, to implement services (public health, etc.) in declared and undeclared emergencies
- Describe your agency’s authority and role in a mass evacuation order

- Describe your agency’s legal obligation and role in the provision of public health services to a displaced population

Course Units

- Copies of the course PowerPoint presentations (Units 1-3) should be included in the participant binder and appear as slide sets
- Instructors can print these files in any of 3 formats depending on resource availability and/or appropriateness for audience:
 1. Handouts (3 slides per page) – This is the recommended “Student” version, providing only the information on the slide along with a place to take notes;
 2. Handouts (6 slides per page) – This is a more economical “Student” version, providing only the information on the slide but with limited note taking space; or
 3. Notes – This is the recommended “Instructor” version, providing a copy of the slide along with more detailed information and references
- If printing in Black and White, please set the printing to “Pure Black & White” to allow for best quality and the ability to make notes directly on the slide printout

Interactive Case Study

- The interactive case study used in the course should be included in the participant binder
- The interactive case study appears in two formats:
 - The first format (the Student Version) has only the facts and the questions and should be used in the participant binder
 - The second format (the Instructor version) includes the answers to the questions (along with the facts and the questions) and should be given to the facilitators before the course begins

Jurisdiction-specific Material

- There is a wide array of jurisdiction-specific materials that can be included in the binder
- If your jurisdiction has any applicable laws or regulations that apply to emergency management, or public health that you feel should be recognized, these should be included in the binders
- Any existing response protocols to public health emergencies or literature about existing joint command systems should also be included

The course materials developed by CDC are designed to be customized for specific jurisdictions. Throughout the course there are instructions given in the notes section of the slides

Reference Materials

- Reference materials are also appropriate to include in the binder
- A list of suggested reference materials can be found in the “Additional Resources” section of this guide
- Reference material can include:
 - Relevant articles upon which the interactive case study is based

- Articles about emergency management and public health joint collaboration
- Sample algorithms for agency notifications
- Legal citations
- List of useful documents that can be found on the Internet

Additional Material

- Course evaluation (optional):
 - You may create a course evaluation to include in the binder
 - This evaluation asks specific questions about the course unit presentations, interactive case study, material, and the course in general
 - It should be included in the binder if you are interested in repeating the course with another group of participants or would like feedback

Sample Table of Contents

<p>PUBLIC HEALTH EMERGENCY LAW</p> <p>Dates</p> <p>Location</p> <p>TABLE OF CONTENTS</p> <ol style="list-style-type: none"> 1. Course Agenda 2. Unit 1: Introduction to Emergency Management in the Federalist System 3. Unit 2: Emergency Powers: Protection of Persons 4. Unit 3: Emergency Powers: Property and Volunteers 5. Interactive Case Study 6. Additional Resources

On The Day of the Course

Registration

It is recommended that the course planners begin registration 30 to 45 minutes before the course is scheduled to start. When course attendees arrive, the registration tables should be ready and waiting. Attendees who arrive early can use this time to meet new people and for refreshments.

Sign-in sheets

- Sign-in sheets, with names of those who are pre-registered, should be used
 - People who have not pre-registered should sign in on a blank sign-in sheet or at the bottom of the existing sign-in sheet
- If there are more than 50 course attendees, it is recommended that more than one registration table be used and that the registration be broken up alphabetically

Nametags

- Nametags, both pre-printed with the names of those pre-registered and blank,

should be available

- Nametags should give the name and agency in large enough type to read easily
- Nametags should also indicate whether the person is a participant, observer, facilitator, or presenter
- If someone who has not pre-registered arrives to take the course, have him or her fill out a blank registration form and blank nametag
- Make sure to enter the participant's information into the database in order for it to be included in the participant list

Binder Distribution

- Binders should be given to course attendees as they arrive

Welcome

- At the designated start time, the course manager or designated speaker should introduce himself or herself and the course
 - Typically, more than one member of the planning committee should give welcome remarks
 - Other distinguished officials or sponsors can give welcoming comments to help set the right tone for the course

Presentations

- After introductory remarks, the lecture portion of the course begins
- The planning committee will determine the level of customization of the presentations given and the time allotted for each presentation
- It is recommended that time cards be created to let the presenters know how much time remains in their presentation
- At the end of the morning, the participants should be allowed to take a lunch break at least one hour in length. If lunch is not available at the course site, a longer lunch break may be necessary

Presentations Continue

- After lunch, the lecture portion of the course continues

Preparation for Second Afternoon Session

- While the participants are listening to the lectures, the course manager or a designated person should finalize membership of the afternoon breakout groups
- Distribute breakout group assignments to participants as they break for lunch
- The assignment sheet should list the facilitators, participants, and observers in each breakout group
- The room number for each breakout group should also be written on the sheet. If the rooms are not located near the main lecture room, directions to the breakout rooms should be given

Breakout Groups

- During the second afternoon portion of the day, participants are divided into breakout groups

- Name tents and should be placed in each breakout group room

Case Study

- Before beginning the case study, facilitators should ask each participant and observer for a self-introduction
- At the beginning of each scenario, facilitators will ask the group to decide who will be the group recorder/reporter. The recorder/reporter will be responsible for writing down relevant information and may speak for the group at the wrap-up
- Small-group report forms will be given to each facilitator before the group begins
 - The forms are divided into three sections:
 1. Unresolved issues
 2. Lessons learned and information to pass on
 3. Gaps in your jurisdiction and recommendations for action

A reporter from each small group will be given an opportunity to summarize during the closing plenary session, the unresolved issues, lessons learned, gaps identified and other significant information from the groups. Since all groups discuss the same case study, the reports should focus on overarching issues.

Small Group Report

Small Group # _____ Reporter Name _____

Co-Facilitators: _____ ; _____
(Public Health) (Law Enforcement)

A Reporter from each small group will be given an opportunity to summarize to all course attendees the unresolved issues, lessons learned and information you want to pass on, and gaps in your jurisdiction. Since all groups were discussing the same scenario, the reports should focus on overarching issues, not individual conclusions.

Unresolved issues:

- 1.
- 2.
- 3.
- 4.
- 5.

Lessons learned and information you want to pass on to the other groups:

- 1.
- 2.
- 3.
- 4.
- 5.

Gaps in your jurisdiction (We need to ...):

- 1.
- 2.
- 3.
- 4.
- 5.

Course planners should float during the afternoon session to ensure that the case study sessions are progressing well. If problems are found with particular groups (participants, observers, or facilitators), course planners should deal with the

problems in an appropriate manner.

Wrap-Up

- The wrap-up session is used to summarize the unresolved issues, lessons learned, and gaps in your jurisdiction gathered during the course and recorded on the small group report form
- The individual responsible for facilitating the wrap-up session should float among the breakout groups to observe and gather information for this session
 - Attending different groups will provide a "big picture" view of the issues that are raised by the different groups
 - The wrap-up facilitator may not be able to attend all of the groups if there are more than a few; however, observing a cross-section is still helpful
- The wrap-up facilitator will then take the notes provided by each of the groups' recorders/reporters and synthesize a list of salient issues and action items that surfaced from each group
- This list will also include the wrap-up facilitator's personal observations. Issues that surfaced in more than one group should be emphasized. As the facilitator presents these issues, he/she should encourage feedback/additional comments from the course participants. This should be captured and incorporated into a final report to the local planning group

Note: At the end of the day, distribute the participant list as you collect the optional evaluations.

For Additional Information and Support

For technical assistance in planning or delivering this course:

- Please contact
McKing Consulting Corporation
CDC Public Health Emergency Law
FE-PHEL@mcking.com

For additional information on public health law, visit the *CDC Public Health Law Program* at <http://www.cdc.gov/phlp>

Acronyms

Note: An extensive listing of emergency management acronyms can be found in the FEMA Acronyms, Abbreviations and Terms (FAAT) book found on the CD and/or at: <http://www.fema.gov/plan/prepare/faat.shtm>

Acronym	Description
AAR	After action report
ATSDR	Agency for Toxic Substances and Disease Registry
BT	Bioterrorism
CDC	Centers for Disease Control & Prevention
CERCLA	Comprehensive Environmental Response, Compensation, and Liability Act; commonly known as “Superfund”
CSTE	Council of State and Territorial Epidemiologists
DHS	U.S. Department of Homeland Security (Depending on context, DHS could also stand for State/Local Departments of Human Services or State/Local Departments of Homeland Security)
DHHS	U.S. Department of Health & Human Services (DHHS or HHS)
DoD	U.S. Department of Defense
DOE	U.S. Department of Energy
DOT	U.S. Department of Transportation
DOT	Directly Observed Therapy
EMA	Emergency Management Agency (also see OEM)
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
FAO	Food and Agriculture Organization=
FBI	Federal Bureau of Investigation
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
GSA	General Services Administration
HAZMAT	Hazardous Materials
HHS	U.S. Department of Health & Human Services (HHS or DHHS)
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human Immunodeficiency Virus
ICS	Incident Command System
IHS	Indian Health Service
IHR	International Health Regulation
IND	Investigational New Drug
JFO	Joint Field Office
JIC	Joint Information Center

Acronym	Description
JOC	Joint Operations Center
JTTF	Joint Terrorism Task Force
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
NDMS	National Disaster Medical System
NGOs	Non-Government Organizations
NIH	National Institutes of Health
NIMS	National Incident Management System
NRF	National Response Framework
NRP	National Response Plan
OEM	Office of Emergency Management (also see EMA)
PAHPA	Pandemic and All Hazards Preparedness Act
PETS Act	Pets Evacuation and Transportation Standards Act
PHEL	Public Health Emergency Law
PHLP	Public Health Law Program
PHS	Public Health Service
PIO	Public Information Officer
PNEMA	Pacific Northwest Emergency Management Arrangement
POD	Point Of Distribution
PPE	Personal Protective Equipment
SARS	Severe Acute Respiratory Syndrome
SNS	Strategic National Stockpile
STD	Sexually Transmitted Disease
TB	Tuberculosis
USDA	United States Department of Agriculture
UCS	Unified Command System
USPHS	U.S. Public Health Service (also see PHS)
WHO	World Health Organization
WMD	Weapons of Mass Destruction