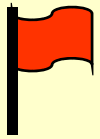
CT DPH Incident Command Structure Formalized in 2001

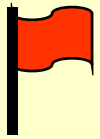
- Response to CT resident anthrax death
- "Safety Officer" ICS position filled by a nurse manager in charge of Multicultural Health Office

"Preparedness" Money to State Health Departments in 2002

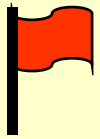
- First focused on Smallpox
- "Anyone at DPH willing to 'volunteer' to help with smallpox incident response should get vaccinated."



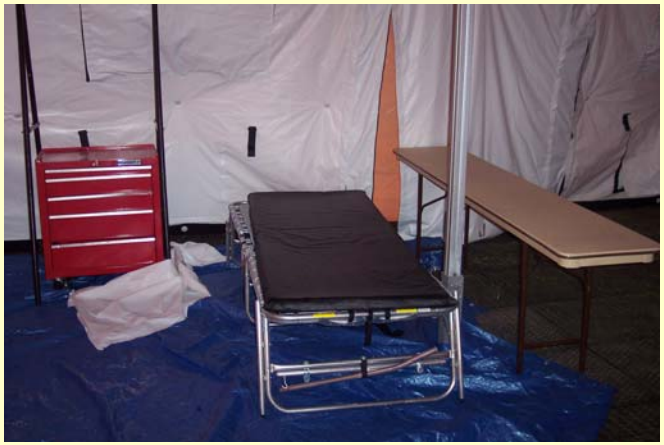
- Then switched to Bioterrorism Preparedness
- "What kind of respirators should we give out to DPH employees who might respond to BT incidents?"



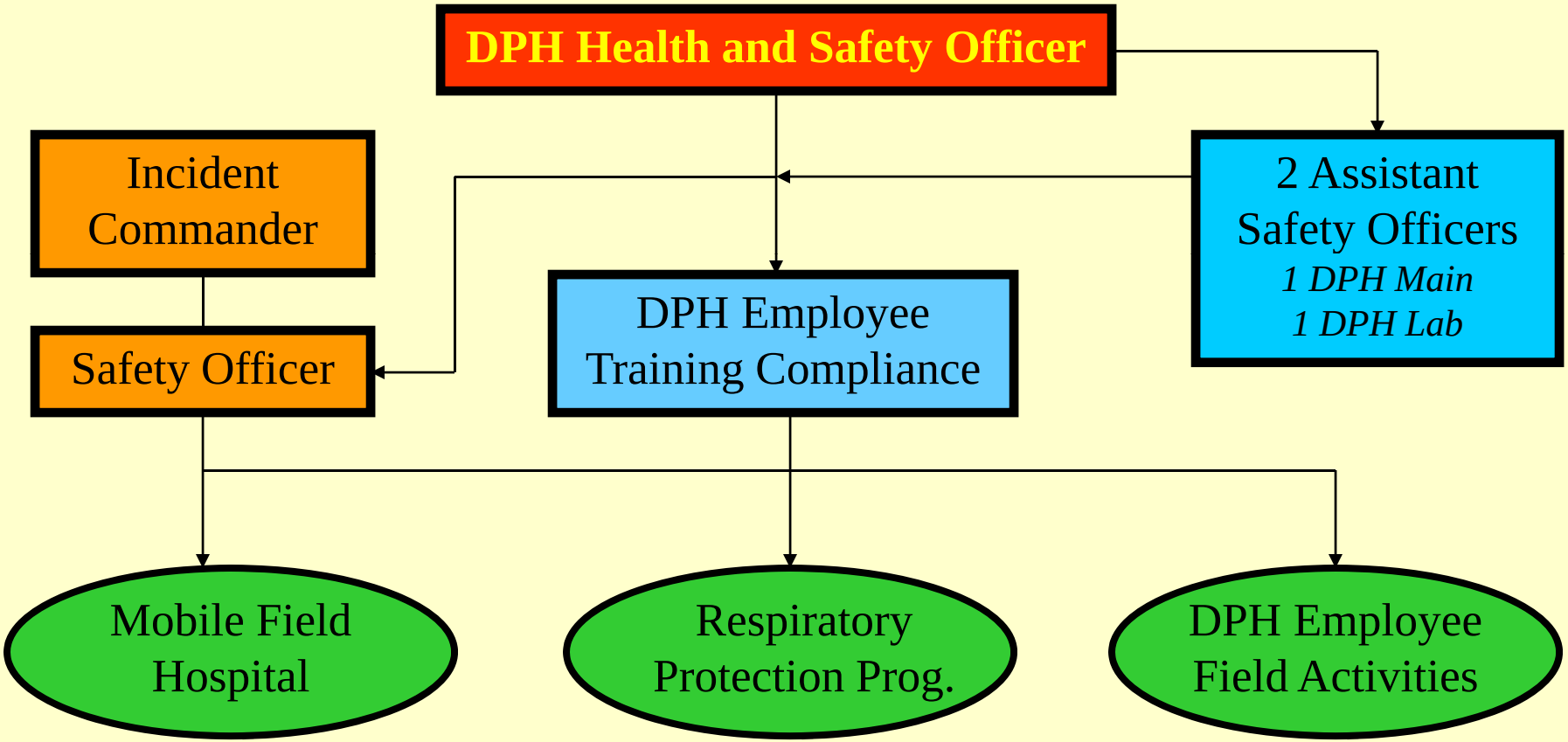
- Then switched to Public Health Preparedness
- "CT DPH has purchased an $11 million Mobile Field Hospital to be better prepared to respond to public health emergencies."



- Now focused on Pandemic Influenza
- Getting ready to switch from infectious to "all hazards"



Proposed that the DPH Occupational Health Program intervene to fill the essentially vacant ICS Safety Officer position



Goals, Outputs, and Outcomes

Overall

Protect the H&S of 850 DPH, 1,800 municipal public health, and 60,000 other state employees potentially affected by public health incident response in CT.

Short-term *(within 1 year)*

- All hazards assessment of MFH
- Respiratory protection program
- PH responder H&S training
- State/local responder H&S cmte.
- Participate in ICS response drills
- Participate in COOP exercises

Intermediate *(1-3 years)*

- H&S in PH preparedness grants
- Presence in decision-making
- ICS responsibilities beyond DPH
- Training compliance for field staff
- Elective H&S trainings for staff
- Complete ICS/NIMS training

Long-term *(3+ years)*

- Funding for DPH H&S Officer
- Increase work-practice controls
- Responder stress/mental health as a real component of preparedness