

## Technical Section K: Environmental Public Health

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## Executive Summary

It is now commonly predicted that an influenza pandemic may cause widespread and sustained effects that significantly stress local, state, and federal government resources, interrupt normal functions of municipal services and private businesses, and even disrupt social order.

Widespread illness may lead to substantial personnel shortages in community services sectors including those which protect against environmental public health hazards (e.g., safe water for consumption and hygiene, amenities for sanitary excreta removal, requirements for safe food storage or preparation, etc.) consequently leaving communities at risk for a host of secondary health threats. Hazards and resulting morbidity due to breakdown of critical environmental public health services would likely be particularly acute in urban areas and among the more vulnerable members of the population.

Notwithstanding the significant burden resulting directly from influenza morbidity, core environmental public health functions must also be maintained during times of crisis. Recognizing this, the MDH is tasked with the following, even in the event of an influenza pandemic:

1. Developing and maintaining procedures for safe food preparation and handling, provision of training and assistance in the security of public water supply systems, and the maintenance of a potable water supply;
2. Providing assistance to local officials, in conjunction with the local health agency, to ensure the safety of food and water for human consumption during and immediately following, a pandemic outbreak; and
3. Conducting food inspections at mass feeding facilities, as needed.

These are derived from duties generically assigned to the MDH in the Minnesota Emergency Operations Plan.

## Health and Human Services (HHS) Recommendations

### Overview

The HHS recommendations do not specifically address environmental public health functions. Supplement 8, however, describes activities in support of disease containment measures, such as providing or ensuring delivery of essential service and goods (e.g., food and water) that may profit from the involvement of environmental health professionals in some instances.

## Planning Activities

### Rationale

MDH Environmental Health Division staff must be prepared to:

1. Continue to provide highest priority functions in the face of workforce shortages due to illness among staff and their families and other challenges associated with the pandemic;
2. Meet increased demands for technical assistance and other forms of support for regulated parties;
3. Help address needs (e.g., essential services and goods) and secondary threats arising from disease containment measures.

## Triggers

Environmental public health activities related to pandemic influenza are not tied to specific pandemic metrics, but rather will be triggered by factors affecting business continuity, by requests for assistance, or by specific circumstances resulting from disease containment measures.

## Actions

### Interpandemic period

General readiness for response to environmental health hazards as part of all-hazards planning and preparedness efforts.

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| 1. Develop and maintain procedures for offering advice on safe food preparation and handling.                                    |
| 2. Provide training and assistance in the security of public water supply systems and the maintenance of a potable water supply. |
| 3. Develop and maintain business continuation (COOP) plans.  |
| 4. Assure systems for communication with partners are in place.  |

### Pandemic alert period

Refinement of general preparedness activities for potential effects of widespread and sustained influenza outbreak.

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| 1. Encourage programs within the division and regulated communities to assess challenges to their operations posed by pandemic influenza and plan for pandemic influenza readiness. |
| 2. Encourage staff and regulated-community partners to acquire vaccination for seasonal influenza.  |
| 3. Encourage staff and regulated-community partners to prepare individual/family readiness plans.   |
| 4. Make plans to obtain critical equipment and supplies in emergency situations or from alternate sources.  |
| 5. Identify chain of succession for decision making if key management staff are unavailable.  |
| 6. Cross train staff for work tasks that are crucial and only familiar to a small proportion of the workforce.  |
| 7. Develop back-up procedures for essential work functions.   |
| 8. Identify back-up sources of critical supplies or enhance stockpiles.   |

### **Pandemic period**

Contingency planning and implementation of tactical activities response to threats to environmental health services and requests for assistance.

| <b>General</b>  |
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| 1. Make capabilities to support delivery of essential goods and services known to regulated parties, local public health, and emergency management partners.  |
| 2. Reinforce delivery of messages regarding risk-reduction behaviors among staff and regulated-community partners.  |
| 3. Monitor status of state and local environmental public health programs' and regulated-community members' operations.   |
| 4. Provide assistance to local officials, in conjunction with the local health agency, to ensure the safety of food and water for human consumption during and immediately following a pandemic outbreak. |
| 5. If requested, conduct inspections at mass feeding operations.  |
| 6. Provide technical assistance or other support to community water supply systems as needed.   |
| 7. As needed, participate in investigations of apparent food-borne or water-borne illness outbreaks.  |

## Roles and Responsibilities

State and local roles and responsibilities are identified below. Regional roles are also identified when applicable. This is not an exhaustive list. Furthermore, although roles and responsibilities are listed, the MDH recognizes that the infrastructure to support these planning efforts is evolving and may not yet be in place.

| State                 |  |   |  |
|-----------------------|--|---|--|
|                       | Roles and responsibilities   | Coordinating entity                                   | Explanation  |
| Drinking water safety | Provide technical assistance/support to assure safety of water supply                            | Primary<br>EH (DWP)<br>Local Water Utility<br>LPH     | Work with public water supply, local public health, etc. to assure safety of water supply.   |
| Food safety           | Conduct inspections at mass feeding operations to assure food safety and personal hygiene        | Primary<br>EH (EHS)<br>VOAD<br>LPH                    | Work with local public health, volunteer organizations, etc. to assure safety of food and food handling.   |
| Outbreak response     | Investigate potential food- or water-borne outbreaks and implement preventive/corrective actions | Primary<br>EH (EHS)<br>EH (DWP)<br>PHL<br>ADIC<br>LPH | Appropriate EH section collaborates with ADIC and PHL in any outbreak investigations resulting from loss of barriers or controls in environmental health systems |

| Local             |  |  |  |
|-------------------|--|--|--|
|                   | Roles and responsibilities   | Coordinating entity  | Explanation  |
| Food safety       | Conduct inspections at mass feeding operations to assure food safety and personal hygiene        | <b>Primary</b><br>LPH<br>VOAD<br>EH (EHS)                    | To the extent possible, work with EHS, volunteer organizations, etc. to assure safety of food and food handling.   |
| Outbreak response | Investigate potential food- or water-borne outbreaks and implement preventive/corrective actions | <b>Primary</b><br>LPH<br>EH (EHS)<br>EH (DWP)<br>PHL<br>ADIC | To the extent possible, collaborate with appropriate EH section, ADIC, and PHL in any outbreak investigations resulting from loss of barriers or controls in environmental health systems. |

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