

DoDI 6200.03 - “Public Health Emergency Management Within the Department of Defense”

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History

DoDD 6200.3 - “Emergency Health Powers on Military Installations” (12 May 2003)

- Biologically focused**
- Created the position of the Public Health Emergency Officer (PHEO)**
- Identified Emergency Health Powers (EHP) that can be exercised during public health emergency situations**

DoDI 6200.03 - Purpose

- 1. Rescind, update, and provide implementing instruction for DoDD 6200.3**
- 2. Establish DoD guidance to protect installation, facilities, personnel, and other assets in managing the impacts of public health emergencies caused by all-hazards incidents**
- 3. Synchronize with the DoD Installation Emergency Management (IEM) Program (DoDI 6055.17)**
- 4. Establish a National Incident Management System (NIMS)-compliant framework**
- 5. Clarify roles and responsibilities of the Military and Military Treatment Facility (MTF) Commanders**

- 6. Clarify roles, responsibilities and training requirements for PHEOs**
- 7. Establish the roles, responsibilities and training requirements for newly established MTF Emergency Managers (MEMs)**
- 8. Authorize DoD installations to assist in Strategic National Stockpile (SNS) activities and DoD laboratories to participate in the Laboratory Response Network (LRN)**

New Statutes/Regulations/Directives Considered in the DoDI

- **International Health Regulations (IHRs)**
- **Pending update of Center for Disease Control and Prevention (CDC) quarantine regulations (CFR Title 42 Parts 70 and 71)**
- **National Incident Management System**
- **Homeland Security Presidential Directives - 5, 8, 9, 10, and 21**
- **Pandemic and All-Hazards Preparedness Act (PAHPA) of 2006**
- **Model State Emergency Health Powers Act**

DoDI 6055.17 - DoD IEM Program

In 2007, the Installation Protection Program (IPP) Action Plan called for a new DoDI establishing an all-hazards DoD IEM Program (update expected in next few weeks)

- DoDI 6055.17 (DoD IEM Program) issued 13 Jan 2009**
- Contains medical and public health “hooks and links” outlined in more detail in DoDI 6200.03**
- Establish an Installation Emergency Management Working Group**
- OASD(HA) ensured Military Health System input in the planning and development of DoDI 6055.17**
- Establish an Installation Emergency Management Working Group**

DoDI 2000.18 – Installation CBRNE Emergency Response Guidelines

DoDI 2000.18 - “Department of Defense Installation Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives Emergency Response Guidelines” (4 December 2002)

- DoDI 6200.03 updates health and medical response and surveillance functions**
- Being reissued in next few months as DoDI 3020.xx, “DoD Installation Chemical, Biological, Radiological, Nuclear, and High-Yield Explosives (CBRNE) Prevention, Protection, Response, and Recovery Standards”**



Public Health Emergency (PHE) Declarations

- **President**
- **Secretary of the Department of Health and Human Services (HHS)**
- **State Governors**
- **Military Commanders**

Occurrence or imminent threat of an illness or health condition that may be caused by:

- Biological incident (manmade or natural)**
- Appearance of a novel, previously controlled, or eradicated infectious agent or biological toxin**
- Natural disaster**
- Chemical attack or accidental release**
- Radiological nuclear attack or accident**
- High-yield explosives or**
- Zoonotic disease**

DoDI 6200.03 - “Public Health Emergency” Definition (cont.)

Poses a high probability of any of:

- **A significant number of deaths**
- **A significant number of serious or long-term disabilities**
- **Widespread exposure to an infectious or toxic agent**
- **Healthcare needs that exceed available resources**
- **Any event that may require World Health Organization (WHO) notification as a potential Public Health Emergency of International Concern (PHEIC) in accordance with the International Health Regulations (IHRs)**

ASD(HA) Responsibilities Outlined in the DoDI

- **Oversight of policy, program planning and execution, and allocation of resources**
- **Advisor to SECDEF regarding PHEs**
- **Issue implementing guidance and/or regulations**
- **Point of contact for interagency coordination with respect to implementation of this DoDI**
- **Ensure training and education requirements are met**

Service Responsibilities Outlined in the DoDI

- **Ensure commanders work with local & HN authorities**
- **Maintain intra- and inter-Service collaborative networks of installation/command PHEOs**
- **Develop budget estimates and submit program objective memorandum requirements regarding PHEOs and MEMs**
- **Coordinate with the TMA on PHE management**
- **Ensure that required Public Health Emergency Management (PHEM) resources and capabilities are identified and developed**
- **Provide authorization to military installations to serve as Receipt, Staging, and Storage (RSS) sites and closed Points of Dispensing (PODs) for SNS assets**

Geographic Combatant Command Responsibilities Outlined in the DoDI

- **Designate an individual at each level of their organizational structure (local, regional, and theater) to facilitate coordinated PHE planning among PHEOs and MEMs**
- **In collaboration with the Department of State Chief of Mission, engage each host nation regarding roles and process for reporting of PHEICs**

Chief, National Guard Bureau Responsibilities in the DoDI

- **Direct Commanders of Army National Guard (ARNG) and Air National Guard (ANG) units not co-located on an active duty military installation to communicate identified health threats to the DoD Installation PHEO in their catchment area.**

Military Commander Responsibilities Outlined in the DoDI

- Appoint PHEO and alternate PHEO**
- Ensure resources for PHEO to carry out duties**
- Ensure PHE management is integrated with installation emergency management plans**
- Negotiate agreements with SNS coordinators to serve as RSS sites and closed PODs**
- Ensure trained ESSENCE (Electronic Surveillance System for Early Notification of Community-Based Epidemics) users**
- Cooperate with appropriate law enforcement officials**
- Declare a PHE when warranted – ensure risks are communicated**

MTF Commander/Officer-in-Charge Responsibilities Outlined in the DoDI

- 1. Establish a NIMS-compliant emergency management program**
- 2. Designate a MEM**
- 3. Ensure appropriate resources for MEM**
- 4. Authorize licensed but non-credentialed healthcare providers to provide care as necessary during emergencies (other related authorizations are identified in the “surge capabilities and procedures” enclosure of the DoDI)**
- 5. Direct staff to report any circumstance suggesting a PHE to the PHEO**
- 6. Ensure that key response personnel are identified**
- 7. Ensure that MTF emergency management is integrated into existing emergency preparedness and response plans**
- 8. Ensure ESSENCE is monitored**

Emergency Health Powers of the Military Commander

- 1. Collect specimens and perform tests as appropriate**
- 2. Close, evacuate, decontaminate, or destroy any facility, asset, or other suspected disease vector**
- 3. Use resources as appropriate for emergency response**
- 4. Control ingress and egress from affected installation/command**
- 5. Take measures to safely contain and dispose of infectious waste**

EHPs of the Military Commander (cont.)

- 6. Take measures to obtain and control distribution of healthcare supplies as appropriate**
- 7. Direct U.S. military personnel to submit to a medical examination and/or testing**
- 8. Restrict movement of both U.S. military personnel and civilians on installation/command**
- 9. Isolate individuals or groups to prevent spread, induction, or transmission of disease (work with local CDC Quarantine Officer)**

General Procedures

- **Military Commanders must be prepared to make timely decisions.**
- **Circumstances suggesting a PHE should be immediately reported through appropriate Service, combatant commander, and military channels**
- **PHEOs shall:**
 - **Ascertain existence of cases suggesting a PHE**
 - **Ensure potential sources are investigated**
 - **Recommend implementation of control measures**
 - **Define distribution of health condition**

General Procedures (cont.)

- **The PHEO may take the following actions (as directed by the military commander):**
 - **Identify individuals and groups suspected of exposure**
 - **Counsel and interview such groups**
 - **Examine facilities and materials that may endanger public health**
 - **Share information with civilian public health officials**
 - **Notify appropriate law enforcing authorities if terrorism or other criminal activity suspected**

General Procedures (cont.)

- **Public health emergency declarations terminate after 30 days unless renewed or re-reported**
 - **Can terminate earlier at the discretion of the Military Commander, senior commander in the chain of command, the Secretary of the affected Military Department, or the SecDef**
- **For zoonotic illnesses, consult with veterinary providers**

Restriction of Movement Procedures

- **Places of quarantine or isolation should be safe & hygienic with adequate food, clothing, and medical care**
- **Groups or persons subject to quarantine shall obey rules and orders established by the Military Commander**
- **Quarantine and isolation should be achieved through the least restrictive measures available**
- **Individuals may be ordered to submit to diagnostic or medical treatment**
- **PHEOs shall provide persons subject to quarantine a written notice as soon as practicable**
- **PHEO shall recommend measures for testing and safe disposition of human remains**

Overseas Limitations

- **U.S. prerogatives and control at locations overseas might be limited by host nations**
- **Military commander's scope of authority over personnel is also limited**
- **Many of the provisions of DoDI 6200.03 cannot be implemented without cooperation of host nation authorities**

PHEO Qualifications

- **Senior health professions active duty or civilian employee member of the Services' medical department**
- **Clinician (as determined by Service regulations)**
 - **Alternate PHEO is not required to be a clinician**
- **Master of Public Health (or equivalent degree) or 4 years experience in public health**
- **Experience and training in public health emergency management (i.e., NIMS)**

Ten Core PHEO Responsibilities

- 1. Collaborate with installation emergency management team in PHE operations**
- 2. Maintain situational awareness of public health threats**
- 3. Provide advice to Military Commander regarding the declaration of a PHE and the implementation of EHPs**
- 4. Ensure epidemiological investigations are conducted**
- 5. Recommend appropriate action on diagnosis, treatment, and prophylaxis**

Ten Core PHEO Responsibilities (cont.)

- 6. Support integration of PHEM into the installation emergency management plan**
- 7. Support preparedness for public health and medical surge capacity**
- 8. Assist in risk communication**
- 9. Advise on public health aspects of workplace and return to work issues.**
- 10. Coordinate with appropriate civilian authorities**

MTF Emergency Manager (MEM) Qualifications

- **New position created in DoDI 6200.03**
- **Qualifications:**
 - **Active duty or civilian employee member of Services' medical department**
 - **Experience and training in public health and medical emergency management (ie. NIMS)**

MEM Responsibilities

- 1. Serve as primary MTF POC with installation emergency management and civilian authorities**
- 2. Ensure appropriate information is addressed in MTF emergency management plans**
- 3. Ensure MTF emergency management plans are comprehensive and integrated with installation**
- 4. Support MTF Commander in training and exercises**
- 5. Serve as primary resource advocate to ensure needs are identified**

Veterinary Support Personnel

- **Coordinate and integrate public health and veterinary planning**
- **Direct the identification and control of veterinary diseases on DoD installations/commands**
- **Directed to report any circumstances suggesting a PHE to the appropriate PHEO**

Surge Capabilities & Procedures for Healthcare in Public Health Emergencies

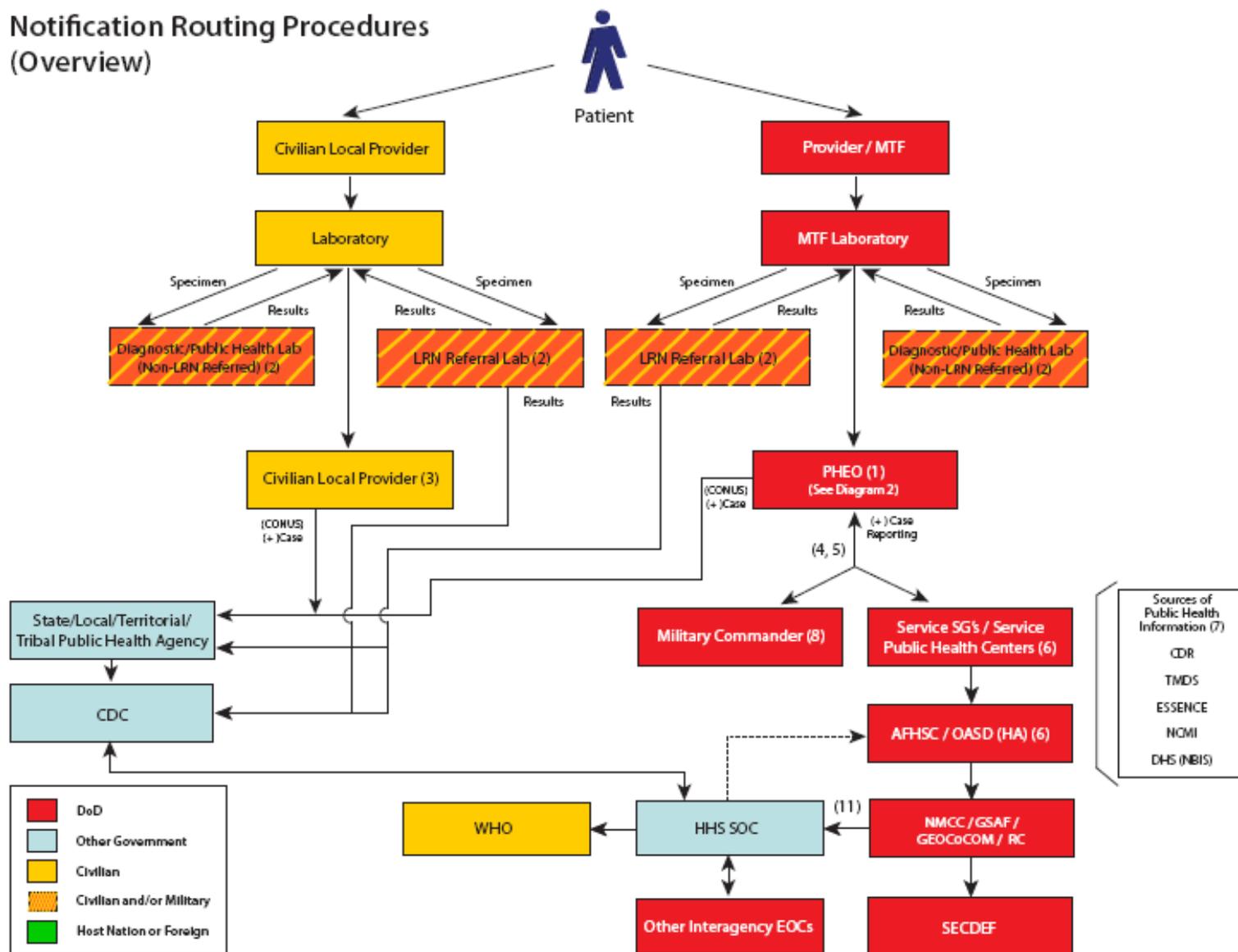
- **Outlines framework that the MHS will use in a PHE for delivery of care**
- **Allocation of resources can be based on the operation or other national security objectives as well as medical necessity and risk**
- **When resources are inadequate, situational standards of care will be required. Authorizing situational standards of care may:**
 - **Expand the scope of practice of health care practitioners**
 - **Suspend standard procedures for specialty referrals, confirmatory clinical testing, use of equipment**
 - **Suspend standard procedures regarding health care documentation**
 - **Establish alternate or supplemental care sites that do not meet normal facility standards**

Surge Capabilities & Procedures for Healthcare in Public Health Emergencies (cont.)

- **MHS shall use limited resources to “achieve the greatest good for the greatest number”**
- **MTF Commander may supplement staff with reserves, contractors, and/or volunteers**
- **Implement active risk communication program**
- **PHE privileges may be initiated only when the MTF emergency management plan is activated**
 - **Privileges terminate once emergency management plan is not longer activated**

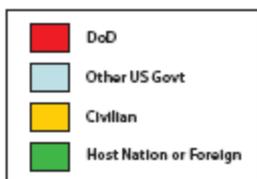
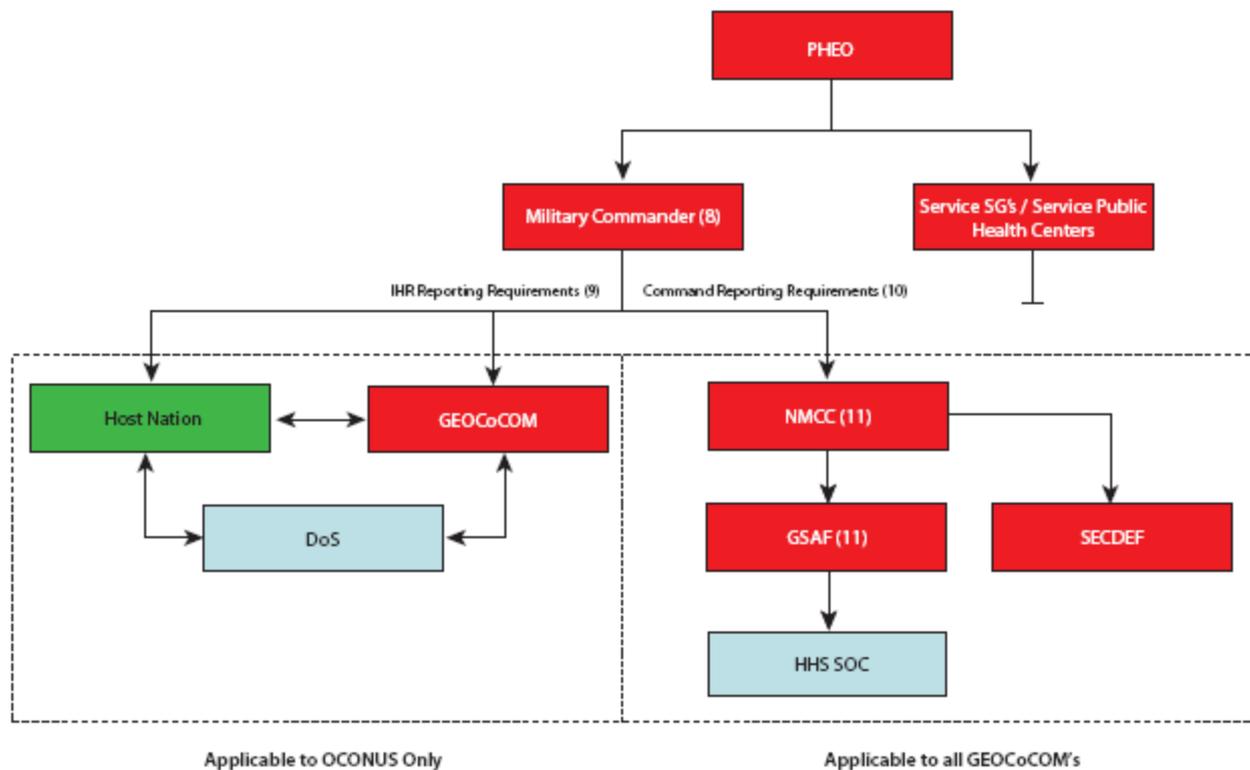
Public Health Notification Quarantinable Disease and Other Public Health Emergency Notification Routing Procedures

Notification Routing Procedures (Overview)



Command and OCONUS Notification

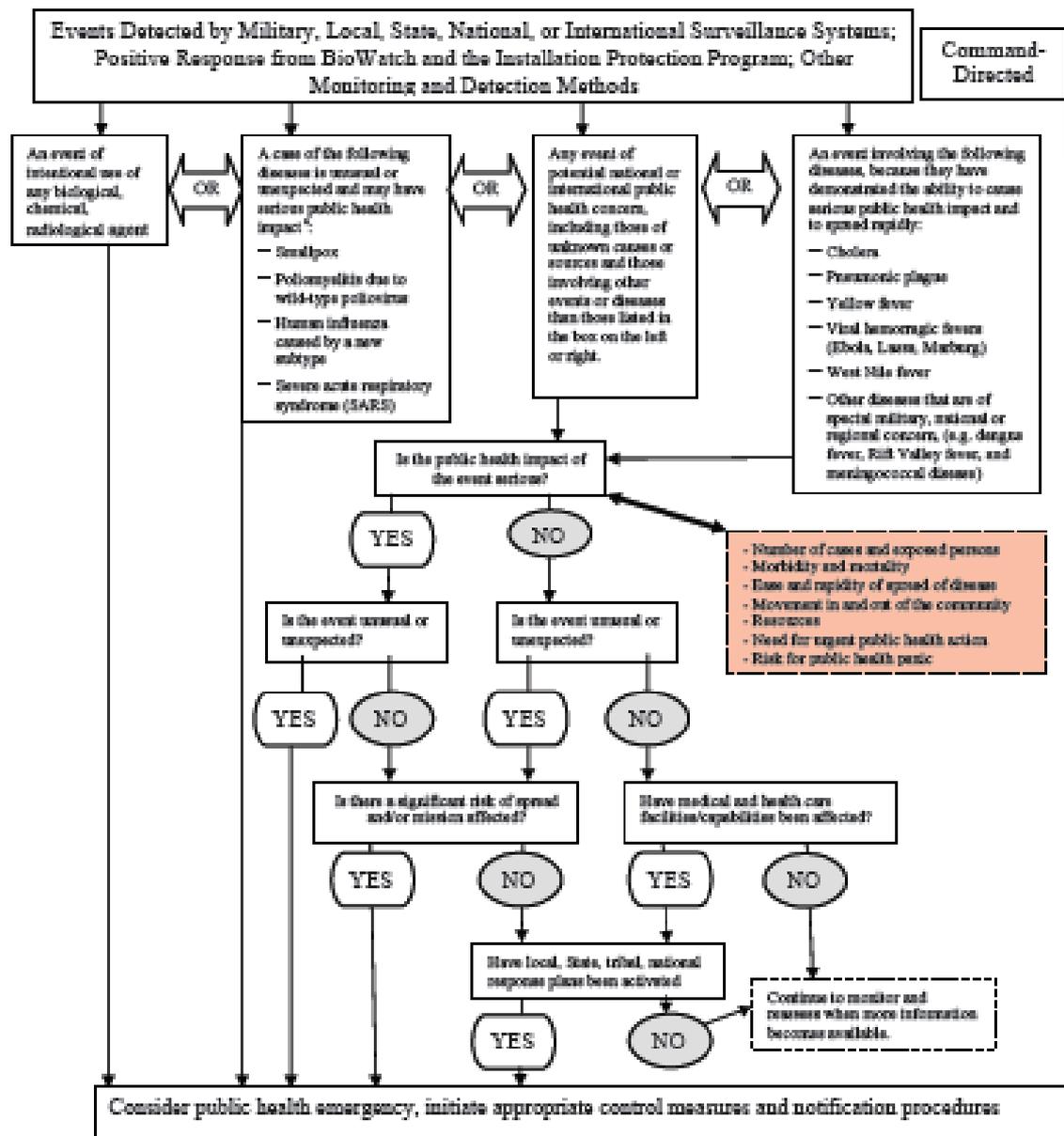
Notification Routing Procedures (Command & OCONUS Notification)



Draft PHEIC Reporting Memo

- **Dual DoD and DoS memo/cable currently in coordination**
- **GCCs should coordinate IHR PHEIC reporting requirements with respective CoM**
- **Meetings with CoMs and HN authorities should produce, to the maximum extent possible, written reporting arrangements**
- **Results of meetings to USD (P), ASD(HA) within DoD as well as DoS and HHS**

DoDI 6200.03 – Public Health Emergency Decision Algorithm



- **PHEM and Line installation emergency programs integrated through IEMWG**
- **Roles for Military and MTF Commanders clarified**
- **Notification routing procedures for PHEs identified**
- **PHEO responsibilities expanded**
- **Position of MEM created**
- **Guidelines for “Situational” Standards of Care established**
- **Quarantine and isolation procedures updated**
- **Coordination with SNS and participation with LRN authorized**
- **Algorithm for determining a PHE provided**

Implementation meeting with the Services, Joint Staff, COCOMs, and Defense Agencies held 3 March 2010

- Joint Training for PHEOs and MEMs**
- “Contingency” PHEOs, COCOM PHEOs**
- TRANSCOM’s additional guidance on quarantine and isolation**
- Tabletop Exercise on PHEIC Notification**
- Joint Basing and Installation Tenant Organization PHEO Designation**

Questions?