

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

3

DoDI 6200.03 – Purpose (cont.)

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)

4



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

5



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

6



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”

7



Public Health Emergency (PHE) Declarations

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

8

“Public Health Emergency” Definition

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

11



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

12



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

13



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.

14



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

15



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

16



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**

17



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)**

18

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**

19

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**

20

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**

21

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**

22

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**

23

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)**

24



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

25



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

26



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)**

27



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**

28

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**

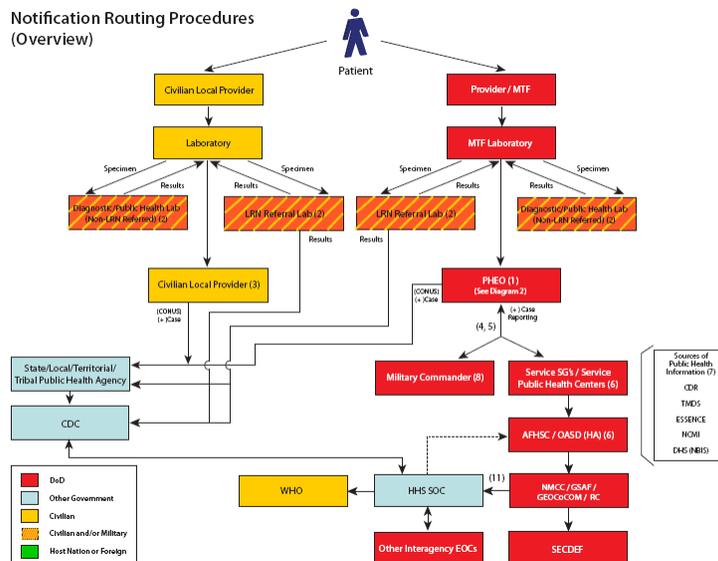
29

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**

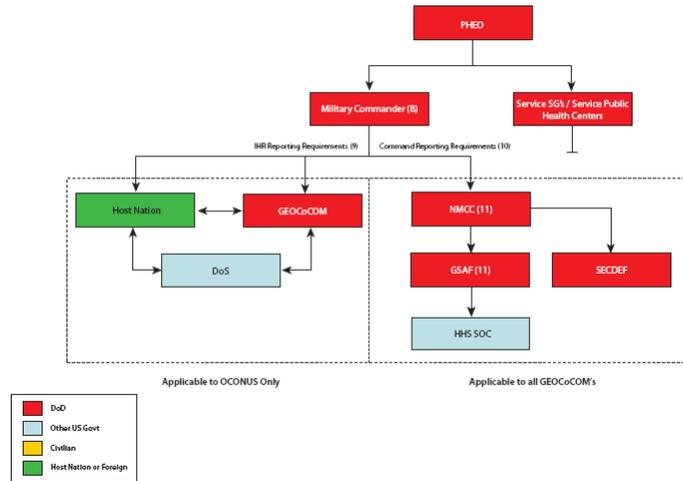
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- MHS shall use limited resources to “achieve the greatest good for the greatest number”
- MTF Commander may supplement staff with reserves, contractors, and/or volunteers
- Implement active risk communication program
- PHE privileges may be initiated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



Command and OCONUS Notification

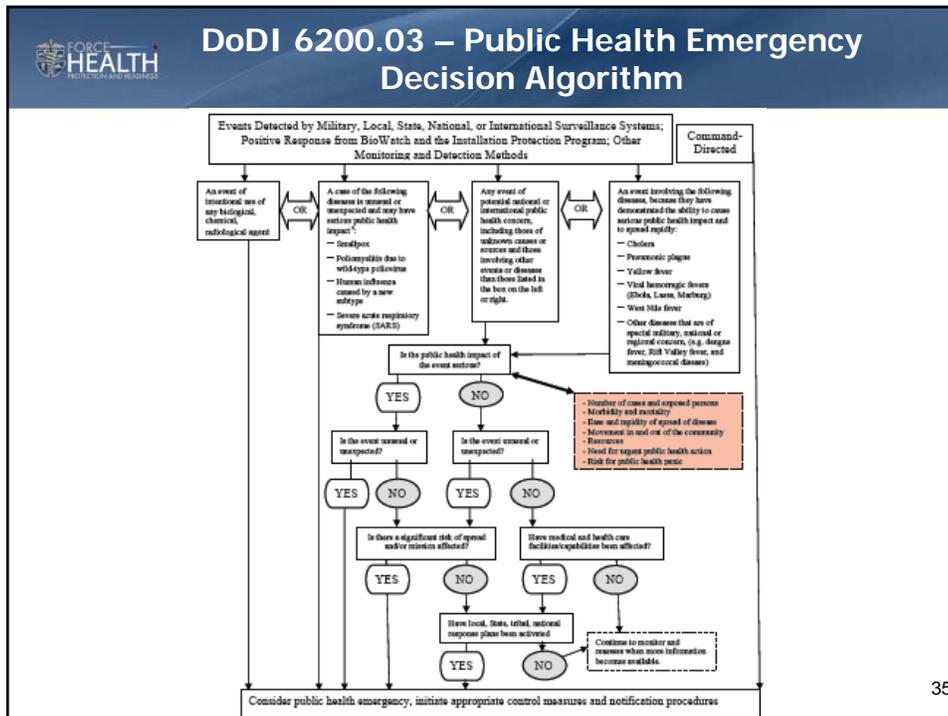
Notification Routing Procedures (Command & OCONUS Notification)



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



35

DoDI 6200.03 – Major Takeaways

- 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

36

Way Ahead

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

37

Questions?