Indiana Environmental Health Emergency Response Teams

Information Packet

2011
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Introduction:

In many man-made or natural disaster emergency situations an effective environmental health component is needed in order to minimize public health and economic consequences. Many states, such as Florida, Louisiana, and Iowa have developed Environmental Emergency Response Teams to integrate with State Homeland Security Officials. This improves the effectiveness of the overall response and recovery efforts by providing a trained and committed team of environmental health professionals to assist and integrate with the traditional first responders.

After Indiana's response to Hurricane Katrina in 2004, the Indiana Environmental Health Association (IEHA) especially observed a need for a coordinated environmental health component to a response representing Indiana. The IEHA Terrorism and All-Hazards Preparedness Committee (TAHP) lead an effort to survey interest in Indiana environmental health professionals and to research the means on how to accomplish these teams. The Indiana State Department of Health recognizes IEHA's efforts in the inception of these teams and the Indiana Environmental Health Emergency Response Teams (EH Teams) will become a function of Indiana State Department of Health under the Emergency Support Function #8 (ESF-8) - Public Health and Medical Services. ESF-8 provides the mechanism for coordinated Federal assistance to supplement State, tribal, and local resources in response to a public health and medical disaster, potential or actual incidents requiring a coordinated Federal response, and/or during a developing potential health and medical emergency.
Mission:

Identify and reduce environmental threats to human health from water, food, waste, and air (indoor and outdoor) in the event of an emergency.
Purpose:

The EH Teams would provide the following capabilities during an emergency response situation by ensuring air quality (indoor and outdoor), food safety and defense, safe water supplies, safe wastewater treatment and disposal, vector control and pest management, solid waste and household hazardous waste disposal, building and shelter assessments, radiation monitoring, and educating the public on good sanitation practices.

The EH Teams will be capable of deploying in- or out-of-state during the event of an emergency requiring an environmental health response. For an in-state deployment, the EH Team will draw from environmental health professionals from unaffected areas. For an out-of-state deployment, the primary team will be deployed.

The EH Teams will be structured to meet the Type I capability under the Federal Emergency Management Agency (FEMA) 508-8 Typed Resource Definitions of an Environmental Health Team. This is listed as a resource under Public Health: Environmental Health in the Health and Medical Category, which falls under ESF-8. An EH Team can minimally perform the following activities under the Authority Having Jurisdiction:

- Manage Environmental Health Tactical Operations
- Develop Environmental Health Procedures/Systems
- Activate Environmental Health
- Assess Environment
- Monitor Environment
- Monitor Air Quality
- Provide Vector Control (when appropriate)
- Demobilize Environmental Health Operations

To apply, obtain employer’s approval, complete application (Appendix 8), and return to the Indiana State Department of Health (ISDH) Environmental Public Health Program via fax: (317) 233-7047.
Team Development:

Following the FEMA National Emergency Responder Credentialing System Medical and Public Health guidelines, the EH Team will consist of Environmental Health Generalists, Environmental Health Specialists, Environmental Health Team Leaders, and Public Health Information Technology Specialists.

FEMA created this credentialing system by considering existing, nationally-accepted standards, the Public Health/Medical Working Group extracted relevant education, training, experience, physical/medical fitness, certification, and licensing criteria to define the baseline criteria for each job title. These baseline criteria represent the minimum requirements for public health and medical personnel to participate in the Incident Management Systems Division’s National Emergency Responder Credentialing System. Per National Incident Management System (NIMS) compliance, Incident Command System (ICS) – and FEMA Incident System (IS) - training courses are listed. Equivalent courses must meet the NIMS National Standard Curriculum.
Environmental Health Generalist Definition (See Appendix 1):

The primary purpose of the Environmental Health Generalist is to independently measure threat or risks to air, food, water, waste, vector, toxics and radiation and recommend or take action to respond and mitigate the threat.

Required Criteria:

Education- Bachelor’s degree in natural or physical science or engineering

Training- Completion of the following courses/curricula:

1) FEMA IS-700: NIMS, an Introduction
2) OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a Chemical-Biological-Radiological-Nuclear-Environmental Mass Casualty Incident (CBRNE MCI)

Experience-

1) More than 2 years experience in Environmental Health or equivalent
2) Participation as an Environmental Health team member in an incident response or a full-scale exercise

Certification- None required

Licensing- Active status of legal authority to function as an Environmental Health Professional without restrictions granted by sending state, the District of Columbia, or US territory as required for the individual’s discipline.

Recommended Criteria:

Training- Completion of the following courses/curricula:

1) Bureau of Radiation Control First Responder training
2) Forensic Epidemiology
Environmental Health Specialist Definition (See Appendix 2):

The primary purpose of the Environmental Health Specialist is to provide professional guidance on specific areas such as environmental epidemiology, toxicology, exposure assessment/risk analysis, radiation training and response, as needed for the incident.

Required Criteria:

Education- specialized area relevant to environmental health such as toxicology, exposure assessment/risk analysis, industrial hygiene, radiation training and response plus one of the following:

1) Bachelor’s Degree with at least 5 years experience  
2) Master’s Degree with at least 2 years experience

Training- Completion of the following courses/curricula:

1) ICS-100: Introduction to ICS  
2) ICS-200: Basic ICS  
3) FEMA IS-700: NIMS, an Introduction  
4) OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a Chemical-Biological-Radiological-Nuclear-Environmental Mass Casualty Incident (CBRNE MCI)

Experience:

1) Specialized, current experience in one of the above sectors  
2) Event response experience

Certification- If pertinent, certification within specialty

Licensing- If pertinent, licensure within specialty
Environmental Health Team Leader Definition (See Appendix 3):

Manages and provides professional guidance for a team of individuals conducting environmental health duties during a disaster. Interfaces with environmental agencies, other public health disciplines, and laboratories.

Required Criteria:

Education- Bachelor’s degree in natural or physical science or engineering

Training- Completion of the following courses/curricula:

1) ICS-300: Intermediate ICS
2) ICS-400  Advanced ICS
3) FEMA IS-700: NIMS, an Introduction
4) FEMA IS-701
5) OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a Chemical-Biological-Radiological-Nuclear-Environmental Mass Casualty Incident (CBRNE MCI)

Experience-

1) Experience as a leader of an environmental health team during an incident or a full-scale exercise
2) Minimum of 5 years field experience EH including at least 2 years at a supervisory level
3) Experience working with emergency response organizations

Certification- None required

Licensing- Active status of legal authority to function as an Environmental Health Professional without restrictions granted by sending state, the District of Columbia, or US territory as required for the individual’s discipline.

Recommended Criteria:

Training-

1) Behavioral Health
2) Basic Risk Communication
3) First Aid/CPR
4) If Emergency involves Radiation: Bureau of Radiation Control First Responder Training
Public Health Information Technology Specialist Definition (See Appendix 4):

The primary purpose of the Public Health Information Technology Specialist is to set up and manage epidemiological hardware and software applications and to have the ability to interface with laboratories.

Required Criteria:

Education- Bachelor’s Degree with formal education in information technology

Training- Completion of the following courses/curricula:

1) ICS-100: Introduction to ICS
2) FEMA IS-700: NIMS, an Introduction
3) OSHA 1910.120 HazMat Awareness Training or equivalent

Experience-

1) Familiarity with public health databases and software such as Excel, MS Word, and Access, GIA, and Epi Info
2) Experience inputting and analyzing surveillance data in a Public Health Setting
3) Familiarity and experience in using available online public health databases

Certification- None required

Licensing- None required
Selection Criteria:

EH Team members are selected by administrative personnel from the ISDH, Public Health and Preparedness Commission. This Commission includes Food Protection and Environmental Public Health Programs. To apply, obtain employer’s approval, complete application (Appendix 8), and return to ISDH Environmental Public Health Program via fax: 317-233-7047.

1) Obtain employer’s approval and remain in an employed duty status with their employers while participating in the Indiana Environmental Health Emergency Response Team.

2) Meet or exceed the required training criteria outlined in FEMA’s National Emergency Responder Credentialing System- Medical and Public Health for the position being sought before deployment.

3) Meet or exceed the experience and certification requirements as outlined in FEMA’s National Emergency Responder Credentialing System- Medical and Public Health for the position being sought before deployment.

4) Be willing and able to deploy in- or out-of-state for a full two-week period, this may be extended for an undetermined amount of time depending on the incident. Deployment will follow the Indiana Department of Homeland Security policy.

5) Be willing and able to train with other selected team members three times a year.

6) Medical and physical fitness requirements include the ability to perform duties under arduous circumstances characterized by working consecutive 12-hour days under physical and emotional stress for a sustained period of time. Long hours of work may be necessary. The duties require primary fieldwork performed by individuals with average endurance and physical conditioning. Activities include, but are not limited to: standing/walking for 12 hours, sitting and walking at will, walking on uneven terrain, speaking clearly, keyboarding, pushing/pulling/lifting/carrying objects weighing at most 50 pounds, crouching/kneeling, bending, reaching, color and depth perception, hearing sounds/communication, close and far vision, handling/grasping/fingerling objects, and exposure to inclement weather, dust, dirt, odors, sewage gases, heavy machinery, chemicals, and communicable diseases. Universal health and safety precautions must be followed at all times to avoid infection and injury to self and others. If requested, team member must provide a doctor’s physical fitness evaluation. Team member must be current on all applicable immunizations. Individuals with medical conditions that require specialized equipment and medications may be excluded from the team.

7) Ability to utilize basic computer programs including MS Word, Access, and Outlook.
Immunization Requirements (See Appendix 5):

Based on Federal Centers for Disease Control and Prevention (CDC) recommendations and guidance, the following vaccines are recommended for all adults >18, based on age. These same recommendations would be appropriate for Environmental Health Responders who are not considered health-care personnel, not expected to provide direct patient care or otherwise expected to have contact with bodily fluids, travel internationally, or who have an underlying medical conditions that would place them in a high-risk group.

Gary Rhyne, CDC Public Health Advisor, provided immunization guidance. Joan Duwve, MD, ISDH Medical Director, reviewed and provided additional guidance and recommendations. Administration of the following vaccines should be based on the vaccine specific schedules addressed in the Recommendations of the Advisory Committee on Immunization Practices (ACIP) for each listed vaccine.

Recommended and MAY BE REQUIRED for deployment:

- Tetanus, diphtheria, pertussis - (three dose series and a Td booster every *10 years that includes a one-time vaccination with Tdap). * Wound management schedule is 5 years.

- Varicella - (2 doses)

- Measles, Mumps, Rubella - (2 doses)

- Influenza - (annually)

- Human papillomavirus - (HPV) — (three doses through age 26)

- Zoster - (>60 and older, one dose)

- Pneumococcal (polysaccharide) – one dose >65, unless underlying medical conditions that are PPSV indications. One time revaccination.

Note: If responders anticipate functioning as health care workers with direct patient care or otherwise expect to have contact with bodily fluids; or, travel internationally, additional immunization recommendations may apply.

Note: The ISDH Immunization Division provides only limited adult vaccines for specific high-risk groups. All health care workers, ISDH employees and volunteers should contact their private medical provider to obtain any recommended vaccines.
Post-exposure Prophylaxis and Post-exposure Vaccination of Persons with Incomplete Vaccination Series:

For situations that require post exposure management for vaccine preventable diseases such as exposure to hepatitis A and B, measles, mumps, rubella and varicella please consult with your physician or a designated medical provider.

The above vaccination schedule is based on the following CDC guidance:

CDC recommends that all adults (based on age) routinely receive a complete series of the following vaccines:

- Tetanus, diphtheria, pertussis - (three dose series and a Td booster every *10 years that includes a one-time vaccination with Tdap). * Wound management schedule is 5 years.
- Varicella (2 doses)
- Measles, Mumps, Rubella (2 doses)
- Influenza (annually)
- Zoster (>60 and older)
- Pneumococcal (polysaccharide) - >65, unless underlying medical conditions that are PPSV indications. [Includes Health-care personnel]

CDC recommends the following vaccines for adults if some other risk factor is present (e.g., on the basis of medical, occupational, lifestyle, or other indications):

- Hepatitis A - Includes Health-care personnel
- Hepatitis B - Health-care and public-safety workers who are exposed to blood or other potentially infectious body fluids.
- Meningococcal - Includes Health-care personnel

CDC recommends the following vaccines for Disaster Responders (with no other indications):

- Tetanus - (full series of Tetanus, diphtheria (Td) and a booster every 10 years, includes a one-time vaccination with Tdap)
- Hepatitis B - (full series for persons who will be performing direct patient care or otherwise expected to have contact with bodily fluids).
Code of Conduct:

As a member of the EH Team, representing the Indiana State Department of Health, your organization, and the State of Indiana, a certain code of conduct is expected of the EH Team members.

1) Team members will work within the National Incident Management System (NIMS) Incident Command Structure (ICS) chain of command. Insubordination will not be tolerated.

2) Complaints, concerns, suggestions, and criticisms will be channeled through the proper means in the chain of command.

3) Conduct yourself with professionalism, dignity and pride, and act appropriately and responsibly at all times during a deployment or training. Your actions reflect your organization, the Indiana State Department of Health, and the State of Indiana.

4) Treat fellow team members, other emergency response participants, citizens and property with respect and courtesy.

5) Remain prepared and diligent even when unassigned.

6) Recreation is limited to unassigned hours and while deployed your response tasks are your top priority.

7) Do not take equipment or supplies without authorization.

8) During activation, the “Buddy System” will be followed in ALL cases. You are not permitted to work in the field alone.

9) Maintain and wear personal protective equipment as appropriate.

10) Harassment of any kind including sexual harassment will not be tolerated.

11) The use or consumption of alcoholic beverages while deployed is prohibited.

12) Use of illegal drugs or misuse of prescription medications is prohibited.

13) Use of foul, inappropriate, or profane language will not be tolerated.

14) Any team member while deployed will not carry weapons.

15) The team leader or designee will direct media requests appropriately to the designated Public Information Officer.

16) All local laws and ordinances will be observed and respected.

17) Develop a broad knowledge base in all areas of environmental health and provide assistance, wherever needed, during an emergency.
Indiana Department of Homeland Security Deployment:

The EH Teams will function as a Mobile Support Unit (MSU) for the State of Indiana. A MSU is a temporary response organization that now may be established by either the Governor or the Indiana Department of Homeland Security (IDHS) Executive Director under IC 10-14-3-19 to respond to a disaster, public health emergency, public safety emergency, or other events that require emergency action. The activation order may place the members on duty for training, an exercise or a response.

Although the statute allows a MSU to be activated for up to 60 days, IDHS generally plans to limit the period of an individual’s term of duty to fourteen calendar days. When the mission requires a longer state presence, IDHS plans to rotate one MSU out and rotate another in to replace it.

If the MSU member is employed by the State of Indiana or a political subdivision of the State, IC 10-14-3-19 (c) provides the individual has the same powers, duties, rights, privileges and immunities and shall receive the compensation and benefits incident to the individual’s employment, whether serving within or outside the political subdivision.

Governmental employees should serve as MSU members in a “present for duty status” with their employers, earning pay, overtime, and are paid directly by their employers. In that status, they also remain eligible for all employer provided protections and benefits. These employees should not be on a leave status with the employer, but should be in a regular working status. Otherwise, the employer is not entitled to reimbursement from IDHS for his or her wages. Being in a leave status will also impair the employee’s rights to employer provided workers compensation or death benefits, in the event of the individual’s injury or death.

In order to be reimbursed for the allowable expenses of their employee(s), employers must provide a copy of several documents including:

1) The Employer’s payroll and overtime policy.
2) The Employer’s payroll register/payroll stubs.
3) The actual receipts for any lodging, travel, or maintenance costs that they paid for their employees.
4) A Vendor’s Information Form (See Appendix 6). This form is required by the Indiana Auditor of State in order for the state to reimburse the employer.
5) A Travel Voucher from each MSU member. An employed MSU member will submit this form to his or her employer upon the end of the MSU deployment. The employer will reimburse the employee for his or her travel costs. The employer will then provide both this form and proof of payment to the employee to IDHS as documentation in support of the employer’s claim for reimbursement by IDHS.

Under IC 10-14-3-19 (a), members serving on the MSU are immune from discipline or termination by the member’s employers for serving on the units. This means that a disciplinary action that was based on the employee’s absence for MSU duty is unlawful.
IC 10-14-3-19 contemplates the state reimbursing public or private employers for “all payments for death, disability, or injury of an employee incurred in the course of duty while the employee was serving as a member of a mobile support unit”. Other than volunteer firefighters, MSU members who are employed need to remain in an employment status with their employers in order to assert a claim for workers’ compensation for any accident or injury taking place during a deployment as a MSU member. MSU members need to be in a working status, rather than in a leave or vacation status, with the consent of their employers in order for the injury to arise “out of and in the course of employment”.

IC 10-14-3-15 creates a broad grant of immunity for the state and its political subdivisions when “complying with or reasonably attempting to comply with IC 10-14-3, Indiana’s “Emergency Management and Disaster Law”. IC 10-14-3-15 also grants limited immunity to any emergency management worker “complying with or reasonably attempting to comply with IC 10-14-3 or any order or rule adopted under this chapter or under any ordinance related to blackout or other precautionary measures enacted by any political subdivision of the state”. Such an emergency management worker is not liable for the death of or injury to persons or for damage to property as a result of any such activity, except in cases of willful misconduct, gross negligence, or bad faith. An individual MSU member is considered an “emergency management worker” for the purposes of the grant of limited immunity provided to such persons in IC 10-14-3-15. Under the legal doctrine of respondeat superior, the employer of an emergency management worker’s liability is derived from the liability of the employee. If the employee is not liable due to the application of the legislative grant of limited immunity, the employer is not liable either.

Questions about Mobile Support Units may be directed to IDHS’s General Counsel:

George Thompson
General Counsel
Indiana Department of Homeland Security
302 West Washington Street
Indianapolis, IN 46204
317-234-7752
gthompson@idhs.in.gov
Training:

All required training is to be completed in order to be deployed with the EH Team. This training is not required to apply.

Most National Incident Management System courses may be found online at http://training.fema.gov/is/nims.asp. This includes:

1) FEMA IS-700: NIMS, an Introduction
2) FEMA IS-701
3) ICS-100: Introduction to ICS
4) ICS-200: Basic ICS

Other required courses may be found on the Indiana Department of Homeland Security website on the Training Calendar at https://oas.in.gov:4443/hs/training/public/calendar.do. This includes:

1) ICS-300: Intermediate ICS
2) ICS-400: Advanced ICS
3) OSHA 1910.120 HazMat Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI

Questions specific to NIMS training may be directed to Indiana Department of Homeland Security State Training Officer.

Amy Lindsey, MS, CEM
State Training Officer
Indiana Department of Homeland Security
302 West Washington Street
Indianapolis, IN 46204
317-234-2539
alindsey@idhs.in.gov

Other recommended training opportunities may be found at:

- FEMA Online Course Catalog http://training.fema.gov/occ
- Center for Domestic Preparedness https://cdp.dhs.gov/
- Emergency Management Institute http://www.training.fema.gov/EMI/
- Texas Engineering Extension Service http://www.teex.org/index.cfm
- Energetic Materials Research and Testing Center http://www.emrtc.nmt.edu/training/
Once a qualified EH Teams is selected, the EH Team will be integrated into the IDHS training plan and train during homeland security exercises together to prepare for a real deployment. All team members must meet the training, education, and experience guidelines to deploy with the EH Team for any purpose.

The EH Team will be activated using the Indiana Health Alert Network (IHAN) and are required to maintain their contact information in order to be deployed.
Activation (See Appendix 7):

This team is capable of identifying and reducing environmental threats to human health from water, food, waste and air (indoor and outdoor).

Type 1 Team:

A Type I EH Team can perform the following activities under the Authority Having Jurisdiction:

- Manage Environmental Health Tactical Operations
- Develop Environmental Health Procedures/Systems
- Activate Environmental Health
- Assess Environment
- Monitor Environment
- Monitor Air Quality
- Provide Vector Control (when appropriate)
- Demobilize Environmental Health Operations

A Type I Team composition will meet the minimal personnel capability of a 12-hour shift. This 12-hour shift will have:

- 1 Environmental Health Team Leader
- 5 Environmental Health Generalists
- 2 Public Health Information Technology Staff

Equipment and supplies will vary by the team type. The Type I EH Team will be expected to have the following upon deployment:

- Communication tools to communicate in secure and unsecured environments
- Relevant software, hardware, and other interoperable capabilities (laptop computers, printers, etc.)
- Personal Protective Equipment (PPE) as appropriate
- GPS field mapping devices (i.e. biosensors, camera, black lights)

Type II Team:

A Type II EH Team is a technically trained team able to augment activities under leadership provided by the Authority Having Jurisdiction:

- Activate Environmental Health
- Assess Environment
- Monitor Environment
- Provide Vector Control (when appropriate)
A Type II Team composition will meet the minimal personnel capability of a 12-hour shift. This 12-hour shift will have:

- 5 Environmental Health Generalists
- 2 Public Health Information Technology Staff

The Equipment and Supplies will vary by team type. The Type II EH Team will be expected to have the following upon deployment:

- Communication tools to communicate in secure and unsecured environments
- Relevant software, hardware, and other interoperable capabilities (laptop computers, printers, etc.)
- Personal Protective Equipment (PPE) as appropriate

Security, housing, transportation, food, and work facilities will be provided by the Authority Having Jurisdiction unless other arrangements have been made.

One Environmental Health Specialist or other subject-matter expert (SME) appropriate to the event may be requested as necessary. Some examples include a Vector Control Specialist, Medical Entomologist, Industrial Hygienist, or GIS Specialist. Registered Nurses (public health experience) may be requested as necessary.

Number, source, and type of environmental sampling supplies for air, food, water, and waste, will be agreed upon at the time of request. If the Authority Having Jurisdiction wishes the team to travel with food and/or water testing kits, the type and amount should be agreed upon by both parties prior to deployment.
Indiana Health Alert Network:

The objective of the Indiana Health Alert Network (IHAN) is to provide a method for redundantly communicating emergency health alert information to key people in Indiana. The alert information can originate from the CDC, the Indiana State Department of Health (ISDH), county health departments and/or other health organizations. The ISDH uses IHAN to deliver messages to the appropriate people in each county; then the local health department or hospital is responsible for cascading the message to the appropriate individuals in the county by whatever means possible.

Since IHAN was developed to provide emergency communications in the event of an incident or natural disaster, it will be used to communicate with the Indiana Environmental Health Emergency Response Teams.

The message status reflects the origin of the message and indicates whether the message is related to a true event or an exercise or test.

- Actual: Indicates that the message refers to a live event
- Exercise: Indicates that the designated recipients must respond to the message
- Test: Indicates that the message is related to a technical system test and should be disregarded

The message header in an e-mail will consistently show IHAN message identification information. The message content is the detail information. If the message comes from an outside source (e.g., the CDC), the message core content is sent intact. However, supplemental information may be sent to further explain the message.

Part of the IHAN process includes selecting the communication methods for sending the message. For emergencies and alerts, multiple, redundant methods will most likely be used. IHAN supports the following communication methods:

- Voice (office, home, cell)
- Fax
- E-mail (office, home/other)
- Text messaging (future)

As a guideline, voice messages are kept short with the detail information usually coming in the e-mail.

The IHAN contact information when a person registers to use the IHAN is stored on the Public Health Information Network (PHIN) Directory. Messages from IHAN are addressed by using the PHIN directory, which contains information such as name, telephone number, e-mail address, phone numbers, organization name and the professional roles assigned for the IHAN contact. IHAN messages can be sent out globally across the state or tailored to a specific audience.

Every contact in the PHIN Director has one or more professional roles as part of the registration process. It can be limited to the audience receiving the message by selecting the appropriate professional role. To simplify the registration process, common professional roles are group together into Role Categories.
For the purposes of the EH Team, the role category will be Environmental Health Response. Professional roles identified will be Environmental Health Generalist, Environmental Health Specialist, Public Health Information Technology Specialist, and Environmental Health Team Leader.

For critical messages, confirmation that you received the message is required. This will only occur on critical messages. Confirmations can be made via the portal, from the phone or from an e-mail. While critical message can be received multiple ways (e.g. phone and e-mail), you only need to confirm it once.

ISDH follows CDC guidelines and requires IHAN users to review contact information every 90 days. The user will receive an email reminder to update contact information.

**Voice Messages**

The work phone (or home or cell phone if registered that number) will ring. The caller ID will be Indiana State Government. The system asks that a key be pressed to receive the message. This is a check to insure the correct person is receiving the message. If the phone isn’t answered, this is the message that will be on voice mail or message machine. If it is required to acknowledge receipt of the message, there will be a prompt at the end of the message to press “1” to acknowledge receipt. If there is no prompt to acknowledge the message, the phone may be hung up.

Depending on the urgency of the message, the same message may be on the home phone or cell phone, if you registered that information, and in an e-mail and a FAX. Even though the message will be sent in multiple ways, you need acknowledge only one of those messages. If your message goes to an answering machine or voice mail, you will either need to confirm with e-mail of go to the Portal to acknowledge receipt.

**Email Messages**

If e-mail information is registered the message will be from HealthAlertNetwork@isdh.state.in.us. The subject line will have the subject of the message.

At the bottom of the email is a message saying “to confirm that you received this IHAN message, please click on the link below.” This will be there only if an acknowledgement is required. **Do NOT CLICK on REPLY** for these messages, but instead CLICK on the link indicated. Again, not all messages will require an acknowledgement of receipt. A message, such as the following, will be sent once the message is acknowledged.

```
Thank you for acknowledging you received message number 41. Your confirmation of this message has been received by the IHAN system.
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**FAX Messages**

FAX messages will come through the FAX machine, if this information was registered. It is necessary to log on to the Portal to acknowledge receipt of the message.
Appendix 1: National Emergency Responder Credentialing System - Medical and Public Health - Environmental Health Generalist Definition

**9. Environmental Health Generalist**

| DESCRIPTION | The primary purpose of the Environmental Health Generalist is to independently measure threat or risks to air, food, water, waste, vector, toxins and radiation and recommend or take action to respond and mitigate the threat. |

| Table 9-1: Required Criteria |

| EDUCATION | Bachelor's degree in natural or physical science or engineering. |
| TRAINING | Completion of the following courses/curricula: |
| | 1. FEMA IS-700: NIMS, An Introduction |
| | 2. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI |
| EXPERIENCE | 1. More than 2 years experience in Environmental Health or equivalent |
| | 2. Participation as an Environmental Health team member in an incident response or a full-scale exercise, |
| CERTIFICATION | None required |
| LICENSING | Active status of legal authority to function as an Environmental Health Professional without restrictions granted by sending state, the District of Columbia, or U.S. territory as required for the individual's discipline |
| TRAINING | Completion of the following courses/curricula: |
| | 1. Bureau of Radiation Control First Responder training |
| | 2. Forensic Epidemiology |
Appendix 2: National Emergency Responder Credentialing System - Medical and Public Health-
Environmental Health Specialist Definition

| EDUCATION: | Education in a specialized area relevant to environmental health such as toxicology, exposure assessment/risk analysis, industrial hygiene, radiation training and response plus one of the following:
|            | 1. Bachelor's Degree with at least 5 years experience
|            | 2. Master's Degree with at least 2 years experience

| TRAINING: | Completion of the following courses/curricula:
|           | 1. ICS-100: Introduction to ICS
|           | 2. ICS-200: Basic ICS
|           | 3. FEMA IS-700: NIMS, an Introduction
|           | 4. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI

| EXPERIENCE: | 1. Specialized, current experience in one of the above sectors
|             | 2. Event response experience

| CERTIFICATION: | If pertinent, certification within specialty
| LICENSE: | If pertinent, licensure within specialty
11. Environmental Health Team Leader

Description: Manages and provides professional guidance for team of individuals conducting environmental health duties during a disaster. Interfaces with environmental agencies, other public health disciplines and laboratories.

Table 11-1: Required Criteria

| EDUCATION | Bachelor's degree in natural or physical science or engineering. |
| TRAINING | Completion of the following courses/curricula: |
| | 1. ICS-300: Intermediate ICS |
| | 2. ICS-400: Advanced ICS |
| | 3. FEMA IS-700: NIMS, an Introduction |
| | 4. FEMA IS-701: |
| | 5. OSHA 1910.120 HAZMAT Awareness Training or equivalent basic instruction on responding to and operating in a CBRNE MCI |
| EXPERIENCE | 1. Experience as a leader of an environmental health team during an incident or a full-scale exercise |
| | 2. Minimum of 5 years field experience in EH including at least 2 years at a supervisory level |
| | 3. Experience working with emergency response organizations |
| CERTIFICATION | None required |
| LICENSING | Active status of legal authority to function as a [licensed or certified professional] without restrictions granted by sending state, the District of Columbia, or U.S. territory if required for the individual’s discipline |

Table 11-2: Recommended Criteria

| TRAINING | 1. Behavioral Health |
| | 2. Basic Risk Communication |
| | 3. First Aid/CPR |
| | 4. If Emergency involves Radiation: Bureau of Radiation Control First Responder Training |
33. Public Health Information Technology Specialist

| DESCRIPTION: | The primary purpose of the Public Health Information Technology Specialist is to set up and manage epidemiological hardware and software applications and to have the ability to interface with laboratories |

<table>
<thead>
<tr>
<th>Table 33-1: Required Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDUCATION:</strong> Bachelor's Degree with formal education in information technology</td>
</tr>
<tr>
<td><strong>TRAINING:</strong> Completion of the following courses/curricula:</td>
</tr>
<tr>
<td>1. ICS-100: Introduction to ICS</td>
</tr>
<tr>
<td>2. FEMA IS-700: NIMS, an Introduction</td>
</tr>
<tr>
<td>3. OSHA 1910.120 HazMat Awareness Training or equivalent</td>
</tr>
<tr>
<td><strong>EXPERIENCE:</strong> 1. Familiarity with public health databases and software such as Excel, MS Word, and Access, GIS, and Epi Info</td>
</tr>
<tr>
<td>2. Experience inputting and analyzing surveillance data in a Public Health Setting</td>
</tr>
<tr>
<td>3. Familiarity and experience in using available online public health databases</td>
</tr>
<tr>
<td><strong>CERTIFICATION:</strong> None required</td>
</tr>
<tr>
<td><strong>Licensing:</strong> None required</td>
</tr>
</tbody>
</table>
Appendix 5: Immunization References

ACIP Recommendations for Vaccine Preventable Diseases:
- [http://www.cdc.gov/vaccines/pubs/ACIP-list.htm](http://www.cdc.gov/vaccines/pubs/ACIP-list.htm)

CDC’s Epidemiology and Prevention of Vaccine-Preventable Diseases (Pink Book):
- [http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm](http://www.cdc.gov/vaccines/pubs/pinkbook/default.htm)

CDC Adult Immunization Schedule, 2010:
- [http://www.cdc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf](http://www.cdc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf)

CDC Healthcare Vaccination Recommendations:

Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC), Recommendations and Reports, December 26, 1997/46(RR-18); 1-42:
- [http://cdc.gov/mmwr/preview/mmwrhtml/00050577.htm](http://cdc.gov/mmwr/preview/mmwrhtml/00050577.htm)

CDC Immunization Recommendations for Disaster Responders:

CDC Q&As About Immunization Recommendations Following a Disaster:
- [http://emergency.cdc.gov/disasters/disease/immunizationqa.asp](http://emergency.cdc.gov/disasters/disease/immunizationqa.asp)

Tetanus Prevention after a Disaster:
- [http://emergency.cdc.gov/disasters/disease/tetanus.asp](http://emergency.cdc.gov/disasters/disease/tetanus.asp)

Health Recommendations for Relief Workers Responding to Disasters (International):
- [http://wwwnc.cdc.gov/travel/content/relief-workers.aspx](http://wwwnc.cdc.gov/travel/content/relief-workers.aspx)
Appendix 6: Vendor Information Form (State Form #53788)

VENDOR INFORMATION

Name and telephone number of the person who completed this document must be provided.

Name: __________________________
Daytime telephone number: __________________________

Legal Name (if name of the DBA or SSN on name appears on your tax return, do not enter the business name or sole proprietorship on this line)

Trade Name (Doing Business as Name or DBA): (Note: only if payment is to be sent payable to the DBA name)

Residence Address: __________________________

Purchase Order Address: __________________________

Enter 9-digit Taxpayer Identification Number (TIN) of the legal name:

(Individual's SSN) ____________ - _______ - _______ - _______ - _______ OR EIN _______

Check legal entity type (A box must be checked in this section. Check only one box.)

☐ Individual ☐ Sole Proprietorship ☐ Partnership
☐ Estate/Trust Note: Show above, the name and number of the legal trust, or estate, not personal representatives
☐ Other [Limited Liability Company (LLC) (attach IRS Form 8832 if applicable), Joint Venture, Club, etc.]
☐ Corporation Do you provide legal or medical services? ☐ Yes ☐ No
☐ Government (or Government operated entity)
☐ Organization Exempt from Tax under Section 501(c)(a)

One box must be checked. I am a U.S. Person (including a U.S. resident alien). ☐ I am not a U.S. Person as W-8 must be filed with the Authority of Issue.

☐ Add Deposit ☐ Change Deposit Indiana Law (IC 4-3-3-14.5) requires that YOU receive PAYMENTS by means of electronic transfer of funds.

SECTION 1: AUTHORIZATION

According to Indiana law, your signature below authorizes the transfer of electronic funds under the following terms:

Account Holder’s Name: __________________________

Account Number: __________________________

Type of Account: ☐ Checking (Demand) ☐ Savings

☐ Please check this box if your direct deposit will be automatically forwarded to a bank account in another country.

SECTION 2: FINANCIAL INSTITUTION'S APPROVAL (Attach a non-abbreviated voided check or have your financial institution complete this section)

The financial institution identified below agrees to accept automated deposits under the terms set forth herein:

Name of Financial Institution: __________________________

Telephone: __________________________

Address: __________________________

Number and Street, and/or P.O. Box No. __________________________

Financial Institution’s Authorized Signature __________________________

City, State, and ZIP Code (00000-0000): __________________________

Title __________________________

ABA Transit-Receiving Number: __________________________

Date __________________________

SECTION 3: ELECTRONIC NOTIFICATION OF ELECTRONIC FUND TRANSFER (EFT) DEPOSITS

If applying this service only if you are requesting electronic notification. (You may provide up to five email addresses.)

I hereby request that all future notices of EFT deposits to the bank account specified above be sent to the following email addresses:

__________________________

__________________________

__________________________

I agree to the provisions contained on the reverse side of this form.

NAME (print or type) __________________________

AUTHORIZED SIGNATURE __________________________

DATE __________________________

TELEPHONE NUMBER __________________________
REQUEST FOR VENDOR INFORMATION

THIS FORM APPLIES TO YOU IF YOU ARE:
1) A U.S. person (including a U.S. resident alien); and
2) A person, business, or other entity who has or will receive a payment from the state; or
3) A state employee who has or will receive a payment, other than payroll, from the state.

PURPOSE OF FORM:
The Auditor of State of Indiana (Auditor) must have correct vendor information to make payments to vendors. This includes the vendor’s legal name, doing business as name (if any), address, Taxpayer Identification Number (TIN), entity type, and banking information. This form allows you to provide your correct name, address, TIN, entity type, and banking information.

If you do not provide us with the information, your payments may be subject to federal income tax withholding. In addition, if you do not provide us with this information, you may be subject to a penalty imposed by the Internal Revenue Service per I.R.C. 6723.

Federal law on withholding preempts any state and local law remedies, such as any rights to a mechanic’s lien. If you do not furnish a valid TIN, we are required to withhold a percentage of our payment to you. Withholding is not a failure to pay you. It is an advance tax payment. You should report all withholdings as a credit for taxes paid on your federal income tax return.

INSTRUCTIONS:
1) Enter your legal name on the designated line. Your legal name is the one that appears on your Social Security Card or, if you are a business, the Employer Identification Number (EIN) as it is in the IRS records. If you are a sole proprietor, then your legal name is the business owner’s name. If you have a “doing business as” (dba) name, enter this on the trade name line. Enter your remit address on the next line, and if you have a separate address for purchase orders, enter that address on the appropriate line.
2) Record the appropriate TIN in the space provided and check the box that corresponds to the correct organization type for your name. Note that individuals and sole proprietors are the only types that should record a social security number (SSN). a) If you are a corporation, you must indicate whether you provide legal or medical services. b) If you are a sole proprietor, you must show the business owner’s name in the legal name box and you may show the business name in the trade name box. You cannot use only the business name. For a sole proprietor, you may use either the individual’s SSN or the EIN of the business. However, we prefer you provide the SSN.
3) Check the appropriate box that indicates whether you are or are not a U.S. person.
4) Complete Section 1: Authorization
5) Have your financial institution complete Section 2: Financial Institution’s Approval. Your financial institution should return the completed form to you. A voided check may be provided in lieu of having your financial institution complete this section. Attach only preprinted checks.
6) Deposit slips, starter checks, or checks that have been altered will not be accepted.
7) Complete Section 3: Electronic Notification of Electronic Fund Transfer (EFT) Deposits. Deposit slips, starter checks, or checks that have been altered will not be accepted.
8) If necessary, you will accept reserves from the State for any credit errors made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
9) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
10) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
11) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.

BY SIGNING THIS FORM:
You represent that you understand and agree that:
1) You are authorized to provide this information on behalf of yourself or your organization.
2) The State of Indiana is authorized to initiate credits (deposits) in various amounts, by EFT through automated clearing house (ACH) procedures, to the checking (demand) or savings account in the financial institution designated on the reverse side of this form.
3) If necessary, you will accept reserves from the State for any credit errors made in error to a bank account per National Automated Clearing House Association (NACHA) regulations.
4) You may only revoke this request and authorization by notifying the Auditor in writing, at the above address, at least fifteen (15) days before the effective date of revocation.
5) Any change to the account or to a new financial institution will require a new Vendor Information form be completed and submitted to the Auditor of State at the above address. Failure to provide timely notification to the Auditor that your account has changed will result in a delay in payment.
6) The State of Indiana and its entities are not liable for late payment penalties or interest if you fail to provide information necessary for an EFT transaction and/or you do not properly follow the Instructions above.
7) The email addresses provided in Section 3 for electronic EFT notification will allow for appropriate application of all payments.
8) You acknowledge that it will cause disruption to the notification process if the email addresses provided for electronic EFT notification are frequently changed or changed without prompt or an updated email address to the Auditor.
9) You acknowledge that an email notification returned as undeliverable may be removed from the Auditor’s email notification system and all future notices of EFT deposits will be provided by the Auditor via U.S. Mail to the remit address designated on the reverse side of this form until you have provided a valid email address to the Auditor.
10) You are responsible for contacting the Auditor if you are not receiving electronic notices of EFT deposits.
<table>
<thead>
<tr>
<th>RESOURCE:</th>
<th>Public Health: Environmental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>CATEGORY:</td>
<td>Health and Medical</td>
</tr>
<tr>
<td>Kind:</td>
<td>Team: This team is capable of identifying and reducing environmental threats to human health from water, food, waste, and air (indoor and outdoor)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MINIMUM CAPABILITIES:</th>
<th>TYPE I</th>
<th>TYPE II</th>
<th>TYPE III</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPONENT</td>
<td>METRIC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Team Type</td>
<td>Capacity</td>
<td>Team that can perform the following activities under the Authority Having Jurisdiction:</td>
<td>Technically trained team able to augment activities under leadership provided by the Authority Having Jurisdiction:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Manage Environmental Health Tactical Operations</td>
<td>- Activate Environmental Health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Develop Environmental Health Procedures/Systems</td>
<td>- Assess Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Activate Environmental Health</td>
<td>- Monitor Environment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Assess Environment</td>
<td>- Provide Vector Control (when appropriate)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Monitor Environment</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Monitor Air Quality</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Provide Vector Control (when appropriate)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Depollute Environmental Health Operations</td>
<td></td>
</tr>
<tr>
<td>Personnel</td>
<td>Team Composition per 12-Hour Shift</td>
<td>- 1 Environmental Health Team Leader</td>
<td>- 5 Environmental Health Generalists</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- 5 Environmental Health Generalists</td>
<td>- 2 Public Health Information Technology Staff</td>
</tr>
<tr>
<td>Equipment/</td>
<td>Will Vary by Team Type</td>
<td>- Communication tools to communicate in secure and unsecured environments</td>
<td>- Communication tools to communicate in secure and unsecured environments</td>
</tr>
<tr>
<td>Supplies</td>
<td></td>
<td>- Relevant software, hardware, and other interoperable capabilities (laptop computers, printers, etc.)</td>
<td>- Relevant software, hardware, and other interoperable capabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Personal Protective Equipment (PPE) as appropriate</td>
<td>- PPE as appropriate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- GPS field mapping devices (i.e. biosensors, camera, blacklight)</td>
<td></td>
</tr>
<tr>
<td>CATEGORY: Health and Medical</td>
<td>TYPE I</td>
<td>TYPE II</td>
<td>TYPE III</td>
</tr>
<tr>
<td>------------------------------------------------------------------</td>
<td>---------------------------------------------</td>
<td>----------------------------------------------</td>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>RESOURCE:</td>
<td>Minimum Capabilities:</td>
<td>Minimum Capabilities:</td>
<td>Minimum Capabilities:</td>
</tr>
<tr>
<td>Team: This team is capable of identifying and reducing environmental threats to human health from water, food, waste, and air (indoor and outdoor)</td>
<td>Comments:</td>
<td>Comments:</td>
<td>Comments:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>COMPONENT:</th>
<th>METRIC:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Security</td>
<td>2. Hygiene</td>
</tr>
</tbody>
</table>

*Note: The table describes the minimum capabilities and comments for different types of health and medical resources.*
I. General Information

Name: ________________________________________________________________

Title: __________________________________________________________________

Subject Matter Expertise: ________________________________________________

Work Telephone: ______________________ Cellular Telephone: ________________ Home Telephone: ________________

Email 1: ___________________________ County of Residence: __________________

Emergency Contact: ___________________________ Relation: __________________

Emergency Contact Telephone: ___________________________ Preferred method of contact: __________________

II. Employer Information

Employer: ____________________________________________________________________

Employer Address (number and street, city, state, and ZIP code): ______________________________________________________________________

HR Director Name: ________________ Telephone: ________________ HR Director Email: __________________

Years of experience in Environmental Health field: ________________ Years of experience at a supervisory level: ________________

III. Education, Training(s), Certification(s), and/or License(s)

Education:

☐ Bachelor’s Degree in natural or physical science or engineering

☐ Master’s Degree

Training(s):

☐ ICS-100: Introduction to ICS

☐ ICS-200: Basic ICS

☐ FEMA IS-700: NIMS, an Introduction

☐ OSHA 1910.120 HazMat Awareness

☐ FEMA IS-701

☐ First Aid / CPR

Certification(s) / License(s):

☐ Registered Environmental Health Specialist / Registered Sanitarian (REHS/RS)

☐ Certified Professional - Food Safety (CP-FS)

☐ Certified Hazardous Material Manager (CHMM)

☐ Other

Have you participated in an environmental health incident response or full-scale exercise before?

☐ Yes

☐ No

Do you meet the required criteria for the following positions defined by the Federal Emergency Management Agency?

☐ Environmental Health Generalist

☐ Environmental Health Team Leader

☐ Environmental Health Specialist

☐ Public Health Information Technology Specialist

IV. Medical Information

☐ I agree to submit medical information pertaining to my primary physician, allergies, blood type, physical fitness, medications, and current immunizations if I am selected for the environmental health emergency response team.

☐ I further agree to have all current and pertinent immunizations prior to my deployment.

Signature ________________________________ Date (month, day, year) ____________________________