FREQUENTLY ASKED QUESTIONS (FAQs)

FOR EMERGENCY SITUATIONS

9/19/07

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DEFINITIONS AND DECLARATIONS

Q: ***What is an emergency?***

The Public Health Emergency Response Authority ("PHERA") defines a "public health emergency" as "an occurrence or imminent threat of a communicable disease, except a sexually transmitted disease, or contamination caused or believed to be caused by bioterrorism, an epidemic or pandemic disease, a natural disaster, a chemical attack or accidental release or a nuclear attack or accident that poses a substantial risk of a significant number of human fatalities or incidents of permanent or long-term disability." CGS §19a-131(8). The primary focus of PHERA is on health-related issues, including quarantine and isolation.

The Civil Preparedness and Emergency Services provisions ("Title 28") defines various terms, including "emergency" and "major disaster" which require that there be federal assistance and a Presidential declaration, respectively. Additionally, Title 28 defines the terms "civil preparedness emergencies" and "disaster emergencies" interchangeably, as situations involving "a serious disaster or enemy attack, sabotage or other hostile action within the state or a neighboring state, or in the event of the imminence thereof." Neither of these latter definitions requires that there be federal assistance or a Presidential declaration. *See,* CSG §28-1(7). The powers vested in the Governor under Title 28, are very broad, intended to address a variety of situations, as further described herein.

Q: ***Who has the authority to declare a public health emergency?***

Under PHERA, only the Governor may declare a public health emergency by filing a declaration with the Secretary of the State and with the clerks of the State House of Representatives and Senate. Under PHERA, the Governor may also: (1) order the DPH Commissioner to implement all or part of a public health emergency response plan; (2) authorize the DPH Commissioner to order the isolation or quarantine of persons; (3) order the DPH Commissioner to vaccinate persons; or (4) apply for federal assistance. CGS §19a-131a.

Under Title 28, only the Governor may declare an "emergency," "major disaster," "civil preparedness emergency," or "disaster emergency" by filing a declaration with the Secretary of the State. CGS §28-1. Once such a declaration is made, the Governor is vested with numerous additional authorities, including modifying or suspending statutes and regulations that conflict with the efficient and expeditious execution of civil preparedness functions. This power only vests when a declaration is made under Title 28. Thus, *waivers of statutes and regulations may only be obtained when the Governor makes a declaration under Title 28; waivers are not available when only a public health emergency is declared under Title 19a.* CGS §28-9(a).

The Governor's authority to take possession of private property is effective both when a civil preparedness emergency is declared under Title 28, and when a public health emergency is declared under Title 19a. CGS §28-11.

Q: What must the Governor's declaration of a public health emergency include?

The Governor's emergency declaration must include:

- the nature of the public health emergency
- the political subdivisions or geographic areas subject to the declaration
- the conditions that have caused the emergency
- the duration of the emergency
- the public health authority responding to the emergency
  CGS §19a-131a(b)(1).

Q: When does a declaration of a public health emergency become effective?

A declaration of an emergency becomes effective upon its filing with the Secretary of the State and with the clerks of the State House of Representatives and the Senate. However, the Governor's declaration may be disapproved and nullified by a majority vote of the members of a special committee of the state legislature, if filed with the Secretary of State within 72 hours of the Governor's filing. CGS §§28-9 and 19a-131a(b)(1).

Q: ***How will the public know that a public health emergency has been declared?***

The Governor is required to publish the declaration at least once in a newspaper with general circulation in each county, provide it to news media, and post it on the state website. CGS §19a-131a(c).

Q: What is contamination?

Contamination is the presence of a biological toxin or chemical, radioactive or any other substance sufficient to pose a substantial risk of death, disability, injury or harm to other persons. CGS §19a-131(5).

Q: What is a communicable disease?

A communicable disease is a disease or condition, which may be passed or carried, directly or indirectly, from the body of one person or animal to the body of another person or animal. CGS §19a-131(4).

Q: What is a public health authority?

A public health authority is a person or entity authorized by law to respond to a public health emergency in accordance with a plan for emergency response to a public health emergency per §19a-131g, including, but not limited to, licensed

health care providers, local and district health directors, and the Department of Public Health. CGS §19a-131(7).

Q: What is civil preparedness?

Civil preparedness includes all activities taken in preparation for and in the event of a major disaster, attack or emergency, which require federal emergency assistance to supplement the state's efforts and resources to avert or lessen the threat of a disaster. Such activities include establishing organizations, recruiting and training personnel; procuring and stockpiling materials and supplies; evacuation efforts; rescuing operations; and, providing emergency medical, health and sanitation services. CGS §28-1(3) and (4).

Q: What are civil preparedness forces?

Civil preparedness forces include any group of organized personnel (*e.g.*, police and fire forces or any political subdivision of the state, Connecticut Disaster Medical Assistance Team ("DMAT"), Medical Reserve Corps ("MRCs"), the Connecticut Urban Search and Rescue Team, and the Connecticut behavioral health regional crises response team) while engaged in civil preparedness duty or training. CGS §28-1(5).

QUARANTINE AND ISOLATION

Q: What is quarantine?

Quarantine consists of the physical separation and confinement of a person(s) who is or is believed to have been exposed to a communicable disease or contamination. CGS §19a-131(9).

Q: What is isolation?

Isolation consists of the physical separation and confinement of a person(s) within a geographic area who is or is believed to be infected or contaminated with a communicable disease. CGS §19a-131(6).

Q: Who can order a quarantine or isolation?

Under PHERA, the Governor may authorize the DPH Commissioner to order a quarantine or isolation; and, the Commissioner may, in turn, delegate to a DPH employee or local health director, as much of his authority as he deems appropriate. When the Commissioner delegates his authority, the delegatee then acts as an agent of the Commissioner.[1] CGS §19a-131a.

Q: When the Commissioner of Public Health delegates his authority to order quarantine and isolation to a local health director, may the local health director, in turn, delegate his authority to a local assistant or employee?

No, only the LHD may sign an order for quarantine or isolation. The LHD may not delegate that authority to an assistant, subordinate or employee. CGS §19a-131a(f).

Q. When are quarantine and isolation orders appropriate?

Quarantine and isolation orders must be the least restrictive alternative to protect or preserve the public health. Such orders are expected to be used primarily to contain an initial outbreak. Once a communicable disease is widespread, quarantine and isolation orders may no longer be appropriate, and individuals will be asked to engage in voluntary quarantine and isolation within their residences. DPH will provide expert advice as to whether Q&I orders are appropriate.

[1] If the Commissioner delegates his authority to order a quarantine or isolation to a local health director, the local health director will issue orders pursuant to CGS §19a-131 *et seq*, rather than the local health director's independent authority to order quarantine or isolation, pursuant to CGS §19a-221. When delegated the authority to issue such orders by the Commissioner, a local health director should use the Department order forms, rather than the forms developed for orders issued pursuant to CGS §19a-221. This FAQ will focus exclusively on Q&I orders issued pursuant to CGS §19a-131 *et seq*.

Q: What do quarantine or isolation orders have to include?

Such orders must be in writing, and include:

- the name of any individual or group that is subject to the order within a geographic area
- the basis for the DPH Commissioner's belief regarding the presence of a communicable disease or that contamination exists within a geographical area
- the period of time the order is effective
- the premises subject to quarantine or isolation which may include private homes or private or public premises
- any other terms and conditions necessary to protect the public health
- notification of due process rights to appeal the order
  CGS §19a-131b(c) and (d).

Q: How will persons who do not speak English understand the order?

Under the current law, there is no requirement that orders be written in the language of the individuals affected. PHERA requires that a copy of the order be provided to the subject of the order or that notice of an order be provided in a manner likely to reach those affected. Nonetheless, orders and notices of orders should communicate the contents of the order effectively. CGS §19a-131b(c).

Q: For how long is an order effective?

Quarantine and isolation orders are effective for no more than 20 days for each period of quarantine or isolation, unless the DPH Commissioner issues another order before the first order ends. CGS §19a-131b(c).

Q: How is the length of the quarantine or isolation order determined?

The length of a quarantine or isolation is based on the length of incubation of the disease or contamination, the date of the exposure, and the medical risk of exposing others, to the extent known. DPH will provide expert advice as to the length of quarantines and isolation orders. CGS §19a-131b(c).

Q: Will quarantined individuals be confined with isolated individuals?

No. Quarantined individuals are confined separately from isolated individuals. CGS §19a-131b(b)(2).

Q: What care is provided to individuals who are quarantined or isolated?

While persons are quarantined or isolated, public health authorities are required to:

- monitor their health status frequently to determine if they continue to require quarantine or isolation
- provide adequate food, clothing, and shelter
- provide a means of communication with others outside quarantine or isolation
- provide medication and competent medical care
- take into consideration, to the extent possible, cultural and religious beliefs. CGS §19a-131b(b)(6)and (9).

Q: Where will the individuals be quarantined or isolated?

Individuals will be quarantined or isolated in private homes or other private or public premises that are maintained in a safe and hygienic manner and designed to minimize the likelihood of further transmission of infection or other harm to individuals quarantined or isolated. Quarantine and isolation must be by the least restrictive means necessary to prevent the spread of a communicable disease or contamination. CGS §19a-131b(b)(1) and (7).

Q: How will family members of individuals in quarantine or isolation be affected?

Family members and members of a household will be kept together as much as possible; guardians will stay with minor children, if necessary. CGS §19a-131b(b)(8).

Q: Are there any provisions to compensate financially individuals in quarantine or isolation for lost wages?

No.

Q: What happens if a quarantined individual becomes or is believed to be infected or contaminated?

He or she may be moved to isolation. CGS §19a-131b(b)(4).

Q: What happens when the quarantined or isolated individual is no longer infectious or capable of contaminating others?

He or she must be released. CGS §19a-131b(b)(5).

Q: Who determines who shall be authorized to enter the quarantine or isolation premises?

The DPH Commissioner or his designee. Authorized individuals may include licensed providers, family, and household members who the Commissioner deems necessary to meet the needs of the quarantined or isolated persons. CGS §19a-131d.

Q: What happens if an individual violates an order issued under PHERA?

Any one who violates an order issued under PHERA or who obstructs, resists, hinders or endangers any person carrying out the provisions of an order is subject to a fine of up to $1,000 and/or imprisonment up to one year. CGS §19a-131a(d).

Q: What happens if an individual refuses to obey a quarantine or isolation order?

The DPH Commissioner or his designee may direct law enforcement officials to place immediately such individual into custody and place him or her into quarantine or isolation. CGS §19a-131c.

Q: Can a LHD, acting as the Commissioner's agent, order a hospital to continue to treat an infected individual who is soon to be discharged, even if the person has no insurance?

Under §19a-131b(e) of the General Statutes, a quarantined or isolated individual must be confined in a place designated by the DPH Commissioner until such time as the DPH Commissioner determines that such individual is no longer infectious or capable of contaminating others. Thus, the Commissioner may order, and the LHD may implement, a directive to keep the infected person in a hospital's care until isolation or quarantine is no longer necessary. CGS §19a-131b(e).

LICENSING ISSUES

Q: ***Can health care providers who are licensed in other states, but not in Connecticut, provide care during a declared public health emergency?***

Yes, in a declared emergency situation under PHERA, the DPH Commissioner may issue an order to suspend temporarily Connecticut licensure, certification or registration requirements for health care providers who are otherwise licensed, certified or registered in another state, to permit them to render temporary assistance within the scope of his/her practice or profession. This suspension may not exceed 60 consecutive days. CGS §19a-131j.

VACCINATIONS AND ANTIVIRALS

Q: Who has the authority to order vaccinations?

In the event of a public health emergency declared by the Governor, the Governor may authorize the DPH Commissioner to issue an order for the vaccination of such persons in a geographic area as the DPH Commissioner deems reasonable and necessary to prevent the introduction or arrest the progress of a communicable disease or contamination that causes the emergency. CGS §19a-131e(a). Additionally, under §19a-222 of the General Statutes, local health directors also have the authority to adopt such measures for the general vaccination of the inhabitants of their towns, cities or boroughs as they deem reasonable and necessary in order to prevent the introduction or arrest of smallpox.

Q: Is it necessary to obtain a written consent prior to administering a vaccination?

Yes. Under PHERA, no individual can be vaccinated without his or her written consent (or, in the case of a minor, the legal guardian's written consent); and persons may refuse to consent to a vaccination. CGS §19a-131e(a).

Q: What happens if an individual refuses to be vaccinated for any reason, including health, religious or conscientious objections?

If the vaccination was ordered by the Commissioner or his designated agent, under PHERA, the DPH Commissioner (or his designee) may order the quarantine or isolation of such person if there is a reasonable belief that the person is infected or has been exposed to a communicable disease or contamination, and poses a threat to the public health. CGS §19a-131e(b).[2]

Q: Who is authorized to administer vaccinations?

If the Governor has declared a public health emergency, and authorized the DPH Commissioner to administer vaccinations, the Commissioner may authorize any qualified person, including, but not limited to, providers licensed to administer medication, and dentists, veterinarians, and paramedics, if necessary to protect the health, safety and welfare of the public. Such authorization shall be in writing and identify the categories of qualified persons included in the authorization, additional training required before they may administer vaccinations, and the duration of the authorization. CGS §19a-131f.

[2] If a Local Health Director has ordered the vaccination under his own authority, pursuant to §19a-222 of the General Statutes, the person refusing a smallpox vaccination may be fined not more than $5.

Q: ***When are antivirals used instead of vaccinations?***

Antivirals are used for community control of influenza in designated individuals in priority groups to prevent or slow the spread of a disease. They may be used before vaccines become available to control an influenza pandemic. The use of these countermeasures are specified in the Antiviral annex to the state Pandemic Influenza Plan. Further and updated guidance on antiviral use will be provided by DPH during a pandemic.

SUPPLY SHORTAGES

Q: What happens if there is a shortage of supplies during a public health emergency?

If a Declaration is made by the Governor under Title 28, the Governor may seize food, water, property, machinery, equipment, gasoline or other fuel, any antitoxins, pharmaceutical products, vaccines or other biological products when there is a shortage and such action is necessary to protect the public health. CGS §28-11(a)(3).

MASS DISPENSING

Q: ***What are PODs?***

"POD" stands for "Points of Dispensing" which are used in public health emergencies. PODs are generally *not* used for treatment of a disease or the delivery of medical care. Rather, the purpose of PODs is to prevent illness among people who have been exposed to a disease or for distribution of "countermeasures" such as vaccinations, antivirals, and antibiotics to persons exposed to or at risk for a disease. Thus, they are designed for high volumes of patients, rapid distribution, and to vaccinate or dispense antibiotics to prevent the spread of disease. Source: Connecticut Mass Dispensing Toolkit: Field Operation Guide.

Q: ***What are "standing orders?"***

Standing orders are orders issued by physicians and Advanced Practice Registered Nurses ("APRNs") to other licensed health care providers to dispense medications and deliver medical care within the scope of their licenses during emergency situations.

Q: ***Who has authority to dispense and/or distribute vaccines?***

Physicians, APRNs, and Physician's Assistants ("PAs"), pharmacists, pharmacist technicians, and pharmacist interns, while under the supervision of a pharmacist, who are presented with a prescription, can dispense or distribute vaccines.

Q: ***What is the Strategic National Stockpile ("SNS")?***

The Strategic National Stockpile (SNS) is a stockpile program (also referred to as "assets") established in 1999 by the federal government. The stockpile is designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an incident. The SNS consists of narcotics, antibiotics, life support medications, IV administration, airway maintenance supplies, and medical/surgical items, that are strategically placed around the country in secure warehouses in case of a public health emergency (bioterrorism attack, pandemic flu outbreak, earthquake), that can reach any declared disaster area within 12 hours or less after the federal government orders its deployment. Source: CDC Strategic National Stockpile, 4/14/05.

Q: ***Who is authorized to request assets from the SNS?***

The Governor is authorized to request assets from the SNS from the CDC with or without a Presidential Disaster Declaration. Source: CDC Mass Antibiotic Dispensing Primer, 6/24/04.

Q: Who is authorized to receive and dispense Class II narcotics from the SNS?

Only a licensed physician who holds a Class II federal license may receive and dispense narcotics from the SNS (presently, Dr. Geetter at DPH; Dr. Richard Kamin is his backup.)

Q: How are the assets from the SNS distributed?

DPH receives and distributes SNS assets to hospitals and local health departments. Hospitals receive pharmaceuticals including narcotics and medical supplies. Health directors receive pharmaceuticals and are responsible for local distribution to the public at risk.

Q: Will potassium iodide be available during a declared public health emergency?

Yes, if appropriate, and depending on the nature of the emergency. The DPH Commissioner has previously distributed potassium iodide to nursing home facilities, child day care facilities, youth camps, and the general population within a certain radius of nuclear power plants. CGS §19a-131k(b).

HIPAA ISSUES

Q: ***If there is a serious and imminent threat to the health and safety of an individual or the public, can health care providers share information without the individual's permission under HIPAA?***

Yes. HIPAA permits providers and other covered entities to disclose personally identifiable health information without a patient's consent or authorization, and without an opportunity for the patient to object, in various circumstances, including, but not limited, to the following:

- To other providers and other covered entities for treatment, payment and health care operations (TPO). 42 CFR §164.502(a)(1).
- To DPH, regardless of whether there is a declared emergency, as part of the Department's public health and public health oversight activities, and as required by law. 42 CFR §164.512(a), (b), and (d).
- To prevent or lessen a serious and imminent threat to the health and safety of the individual or the public when the disclosure is to a person or persons reasonably able to prevent or lessen the threat. 42 CFR §164.512(j); DHHS, 9/2/05; 3/14/06.
- To a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition if the provider is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation. 42 CFR §164.512(b)(1)(iv).
- To a public or private entity authorized by law or charter to assist in disaster relief efforts for the purpose of coordinating with such entities in notifying family members, personal representatives of an individual, or another person responsible for the care of the person (if person is present, obtain agreement; if not, the provider may use his professional judgment in determining whether the disclosure is in the best interests of the person.) 42 CFR §164.510(b).
- To coroners and medical examiners, to determine the cause of death, identify the deceased, and other reasons authorized by law. 42 CFR §164.512(g).
- To funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent. 42 CFR §164.512(g).
- To law enforcement officials regarding victims of a crime (*e.g.*, terrorist attack, WMD, or disease caused by criminal activity) if the individual agrees, or if the individual is unable to agree due to incapacity or other emergency circumstances, and the officer provides sufficient representations as required by HIPAA, or if a death may have resulted from criminal conduct. 42 CFR §164.512(f)(3) and (4).

Q: ***Can providers release health information to DPH and Local Health?***

Yes, as required by law, and to permit DPH to perform its public health and public health oversight activities. 42 CFR 164.512(a)(b), and (d).

Q ***Must a provider who is administering antivirals or vaccinations in a POD setting, comply with HIPAA?***

Providers are "covered entities" only if they engage in the electronic transactions identified in HIPAA. If a provider is not, *e.g.,* billing electronically, the provider is not a "covered entity," and need not comply with HIPAA requirements. Additionally, when a provider works in a POD under the control and direction of a local health director, the provider takes on the characteristics of that entity. Thus, if the local health director is not a covered entity, the provider working under the direction and control of the local health director is also not a covered entity under HIPAA. Even if a provider is not required to comply with HIPAA, please be aware that HIPAA provides best business practices and privacy should be protected as much as possible. 42 CFR160.103, 42 CFR 164.104.

LIABILITY AND COMPENSATION ISSUES

Q: ***Do licensed providers and others who are authorized by the DPH Commissioner to administer vaccinations in a public health emergency, have any immunity for administering the vaccinations?***

Yes. Health care providers who are administering vaccinations in emergency situations are protected from personal liability for damage or injury caused while discharging their duties as long as they are acting within the scope of their practice or profession, are not acting wantonly, recklessly or maliciously, and have obtained written consent. CGS §19a-131i.

Q: ***Are Medical Reserve Corps ("MRCs") who are members of mass dispensing teams immune from liability?***

If an emergency is declared under Title 28, MRCs are immune from liability for death, injury or property damage while engaged in authorized civil preparedness duty for the prevention or mitigation of a major disaster or emergency, unless they engage in willful misconduct. CGS §28-13(a).

Q: ***Are Civilian Emergency Response Team ("CERT") volunteers immune from liability?***

If an emergency is declared under Title 28, CERT volunteers who are not state employees, may be deemed to be state employees for the purposes of immunity from liability for conduct reasonably taken while engaged in training or civil preparedness duties, except for willful misconduct. CGS §28-6(b), 28-13(a); 12 Conn. Ops. 893 (8/28/06).

Q: ***Will volunteers who are injured during emergency preparedness drills receive compensation for their injuries?***

Volunteers who provide first responder, rescue or emergency medical transportation services, or provide such services as a volunteer fire company, will be compensated for injuries, incurred during emergency preparedness drills to the same extent they would be compensated if they were injured during their employment. CGS §28-14a(c).

Q: ***Are benefits and/or compensation available to health care workers who are injured while administering the smallpox vaccine?***

Under the Smallpox Emergency Personnel Protection Act ("SEPPA"), a federal law enacted on April 30, 2003, health care workers and emergency responders who are injured as the result of the administration of smallpox countermeasures, including administering the vaccine, in the case of a threat of or an incident of a

smallpox outbreak, are provided benefits and/or compensation from a federally funded program, administered by HHS, which are secondary to any other coverage the individual may have. SEPPA will also provide benefits and/or compensation to certain eligible individuals who are injured as a result of accidental exposure to the vaccinia virus through contact with a vaccination site before it has healed or by touching bandages or clothing that have become contaminated with the vaccinia virus from the vaccination site. Source: CDC Smallpox/Benefits and Compensation for Smallpox Vaccine Injuries, 5/28/03.

Q: Are benefits and/or compensation available to health care workers who are injured while providing emergency care?

Yes, the Public Safety Officers Benefit Program ("PSOB"), a federal program for public safety officers which covers non-emergency costs of reasonable and necessary medical treatment and compensation for lost employment income, secondary to any other coverage the individual may have, was expanded in October 2000 to include declared emergency and major disaster situations in which health care workers and emergency responders injured while performing official, hazardous duties related to such emergency or major disaster. Benefits may also include a lump sum death payment in circumstances in which the eligible individual's death results from a covered injury. The death benefit is also secondary to benefits paid or payable under the PSOB if the injured individual is already eligible for the PSOB. Source: CDC Smallpox/Benefits and Compensation for Smallpox Vaccine Injuries, 5/28/03.

STANDARDS OF CARE

Q: Could standards of care change during an emergency situation?

Since standards of care are dependent on the totality of the circumstances, they may be different during emergency situations such as a pandemic flu outbreak than in non-emergency situations. The totality of the circumstances may result in a different standard of care for diagnosis and treatment, hospital admission and discharge criteria, access to equipment, medication, procedures such as dialysis, chemotherapy, foregoing aspects of palliative care (e.g. surgical procedures), use of unlicensed personnel, less privacy in rendering/receiving care, less confidentiality, alternate care facilities providing less than hospital level care, and requirements regarding death (e.g., time before cremation, time for filing death certificates).

Q: How could alternate care facilities ("ACF") be utilized during an emergency, if they cannot satisfy licensing requirements?

Procedures for ACFs are still being developed. It is presently envisioned that each ACF will be a satellite of a hospital, and will be used for overflow purposes for persons who are not seriously ill. Patients requiring intensive care should remain in a hospital setting. DPH will explore the possibility of requesting waivers of certain statutory mandates that would impact ACFs.

Q: Will malpractice insurance policies cover staff who are working in an ACF that is operating as a satellite of a licensed hospital?

The answer will depend on the terms of the malpractice policy. This issue should be studied for future recommendations.

Q: May a licensed physician diagnose a health condition of a patient on the telephone and prescribe medication for treatment of that condition over the telephone, without a good faith prior medical exam?

If the person is an existing patient of the physician, the physician may, in exercising his or her professional judgment, diagnose and prescribe medications for a patient. If the person is not an existing patient, a physician may not diagnose or prescribe medications without first conducting a good faith prior examination of the person. Any change in this standard would depend on the totality of circumstances, at any given time.

DEATH CERTIFICATES

Q: ***Who is authorized to register death certificates during a declared public health emergency?***

The DPH Commissioner, in consultation with the Chief Medical Examiner, may designate authorized personnel to register death certificates as needed and carry out other duties related to the registration of deaths, including the issuance of burial transit, removal and cremation permits. CGS §19a-131h.

ACRONYMS

APRN	Advanced Practice Registered Nurse
CDC	Centers for Disease Control and Prevention
CERT	Civilian Emergency Response Team
COOP	Continuity of Operations Planning
DoD	Department of Defense
DEMHS	Department of Emergency Management and Homeland Security
DHHS	Department of Health and Human Services
EOC	Emergency Operations Center
FDA	Food and Drug Administration
FEMA	Federal Emergency Management Agency
FOG	Field Operation Guide
FOIA	Freedom of Information Act
HAN	Health Alert Network
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability & Accountability Act
HRSA	Health Resources and Services Administration
IAP	Incident Action Plan
ICS	Incident Command System
JiTT	Just in time training
LHD	Local Health Director
MDAs	Mass Dispensing Areas
MRCs	Medical Reserve Corps
NIH	National Institutes of Health
NDMS	National Disaster Medical System
PA	Physician's Assistant
PHERA	Public Health Emergency Response Authority Act
PHA	Public Health Authority
POD	Point(s) of Dispensing Operations
PSOB	Public Safety Officers Benefit Program
Q & I	quarantine and isolation
SEPPA	Smallpox Emergency Personnel Protection Act
SNS	Strategic National Stockpile
Stafford Act	Robert T. Stafford Disaster Relief and Emergency Assistance Act
VA	Veterans Administration

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