

Role of Public Health Department in new Emergencies

A.I.M.C.

Role of sanitary function

Decree of Minister of the Interior of 13 February 2001:

“Adoption of outline criteria for sanitary aid organization in case of catastrophe”

National Plan

Regional Plan

Province Plan

Local Plan

1.7 Support function of n.2 Human and Veterinary Health, Social Work

Local Sanitary Agencies

Public Health Intervention:

- Hygienic-sanitary Control;
- Control of drinkable water until the aqueduct is restored;
- Disinfection and disinfestation;
- Control of food, destruction and removal of rotten food;
- Collection and removal of dead animals;
- Epidemiological surveillance and eventual prophylaxis;
- Animal health and welfare;
- Psychologic support to people and helpers;
- Public health in first aid centres;
- Sanitary base and specialistic assistance.

Role definition

As professional sanitary operators of
public health

our aim is the evaluation and management
of the elements and devices that have
effect on: public health, life quality and
risk causes.





Answer to accidents and terrorism

PHD Tasks:

- To assist and advise first aid operators about public health, environmental and safety matters.
- To restrict and try to prevent further lesions or diseases passed by the environment.
- To help emergency services to recover primary services and make their work easier.

Answer to accidents and terrorism

Activities:

To place at First Aid Operators' disposal all PHD members;

To keep contacts with other Local Sanitary Departments.

To give opinion about public health, environmental health and safety matters

- Destination and transport of biological or chemical materials
- Withdrawals, bonds and prescriptions.

Answer to accidents and terrorism

Activities:

- To train and inform first aid operators and people about public health.
- Supervise and give advices about health/environment and safety, particularly about these matters.

Activities

- Detection of the main risk causes for diseases and lesions.
- Determination of the best way to reduce and/or prevent conditions detrimental to public health .

OPERATING PROTOCOL FOR DISEASES TRANSMITTED BY FOOD, DRINKS.

- The PHD must adopt operating protocols providing appropriate action by the involved services and sectors
- information about diseases transmitted by food and drink.
- Operating protocol adoption.

OPERATING PROTOCOL FOR DISEASES TRANSMITTED BY FOOD, DRINKS.

- Definition of **disease transmitted by food**: every acute unhealthy event connected with eating food; this definition includes infections, toxic infections, infestations and intoxications caused by food.
- Definition of **outbreak of disease transmitted by food**: two or more disease cases connected with eating the same food.
- The above mentioned events and episodes are almost always considered **“suspect”** to be of terrorist origin, since one of the tasks of AUSL is exactly verifying their real cause.

OPERATING PROTOCOL

FOR DISEASES TRANSMITTED BY FOOD, DRINKS.

When the epidemiological research raises the suspect of a possible bioterrorism event, PHD puts immediately in action the Regional Crisis Unit for bioterrorism and “*SARS emergency*”, the Prefect and the Mayor of the concerned town. For events not connected with bioterrorism the times provided by the procedure must be followed.

OPERATING PROTOCOL FOR DISEASES TRANSMITTED BY FOOD, DRINKS.

The disease transmitted by food and even its suspicion must be reported by all doctors that have direct knowledge of it, and particular:

- first aid service doctors
- doctors working in the hospital
- general practitioners on duty and doctors working in seasonal assistance services
- free choice family doctors and paediatricians
- community paediatrics doctors
- public health service doctors

OPERATING PROTOCOL FOR DISEASES TRANSMITTED BY FOOD, DRINKS.

Suspicion of infective disease transmitted by food have to be reported also by principal or person in charge of schools and by owners or holders of food production, preparation, handling and selling plants.

Aqueducts and Cisterns

We believe that a bioterroristic outrage through introduction of toxic substances into the public aqueduct is not likely to occur, both because it would need the use of very dangerous toxins in very big quantities in order to obtain the desired toxic effect, and because the use of aqueduct water for drinking and cooking is very small.

On the contrary we can suppose aqueduct water pollution through coloured or stinking substances or substances that clearly worsen the water quality but have no direct acute toxic effect (for instance: gas oil).

Aqueducts and Cisterns

Would every acute event anyhow worsen the aqueduct water quality, Public Health Departments must carry out the following tasks:

- to limit the use of aqueduct water for drinking, suggesting the Mayor adopts a restricting and urgent decree
- to cooperate closely with the aqueduct managing body in taking every necessary step to identify the cause of the problem, its extent and its dangerousness for public health
- to sample the water in the aqueduct sectors and in the network in the concerned area, to make analysis and identify the foreign substance





Pathogenic agents transmitted by powders

1. After **specific police report** about finding a substance that is **rightly considered** suspect Fire Brigade and Public Health Department intervene: the two bodies enter jointly upon the Intervention Direction, according to their competencies. Police, Emergency Department 118 and municipal guards of the concerned town intervene too, according to their institutional tasks. PHD informs **Regional crisis unit for bioterrorism and “SARS” emergency** about the event.

Pathogenic agents transmitted by powders

2. Police bound the risky area and forbid moving according to PHD and Fire Brigade indications.
3. After Intervention Direction has considered the situation, only firemen with **Personal Protection Devices** can access to the place where the suspect substance was found: exceptionally PHD operators can access with their own **PPD**. If not available they can be supplied by firemen.

Pathogenic agents transmitted by powders

4. The transport of suspects must be organised by Emergency Department 118, using the available means or finding other logistic ways in cooperation with the Prefect, according to the number of contaminated suspects that need to be moved.
5. All contamination suspects must converge in Contagious Disease Hospital Ward. The first decontamination must be made on the spot. Anyhow the general hospital must provide decontamination facilities both for people escaped the controls and for logistic impossibilities, to be considered case by case.

Pathogenic agents transmitted by powders

6. PHD operators must start the due epidemiological researches together with non-contaminated persons in charge of the facility
7. PHD operators give instructions to make rooms or area polluted by the suspect substance inaccessible, through written prescriptions to people in charge or owners and suggesting the Mayor adopts a Decree for Sanitary Problems until the results of the laboratory exams is known.
8. The suspect substances, handled and protected according to the protocol is taken by the Police to laboratory in Bologna for the sterilization
10. PHD organizes the transport of the sterilized stuff to the competent laboratories.

Pathogenic agents causing high sanitary impact transmissible diseases



Pathogenic agents causing high sanitary impact transmissible diseases

1.PHD TASKS

Epidemiological surveillance

PHDs, keep attention level high, through the Notice System of contagious and diffusive diseases and infections, toxic infections and food origin infestations, cooperating with Public Health Regional Service, in order to find out unexpected events probably connected with bioterrorism acts.

Notice Receipt

Contagious Disease Prophylactics Dep. on working days and Medical staff on duty on holiday and pre-holiday days, receives the notice and gets all available elements for the event surveys.

Pathogenic agents causing high sanitary impact transmissible diseases

- Notice Surveys
- Communication of the event to other offices and bodies
- Epidemiological research
- Adoption of prophylaxis and quarantine measures
- Cooperation with the Police
- Prophylaxis measures in living and working environment

PHD AVAILABILITY SHIFT ACTIVATION (BIOTERRORISM, TOXIC FOOD INFECTIONS, SARS, AVIAN INFLUENZA)

ORGANIZATION

Availability guaranteed by a team of operators

- The team is composed of 1 Technician, 1 Doctor, 1 Vet, who are provided with a car which fits appropriate equipment

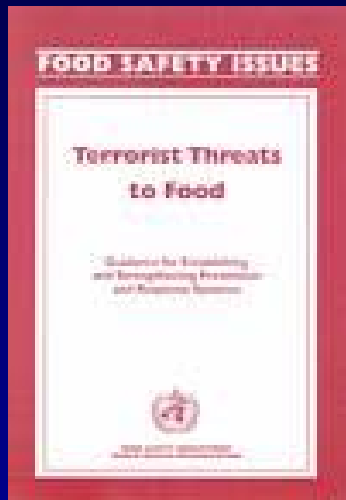
PHD AVAILABILITY ACTIVATION (BIOTERRORISM, TOXIC FOOD INFECTIONS, SARS, AVIAN INFLUENZA)

- Availability can only be activated by: the Fire Department, the Emergency Department (118), the Police or the Prefect.
- After a call the operators of the available team have to get to the place indicated by the above authorities as soon as possible
- Availability is on duty shifts last 24 hours, so in case of a call the team has also to be active during regular working hours

Short term priorities

- Biosafety food rules for trade operators exporting to foreign countries (especially the United States)
- Avian Influenza (H5N1?)

Terrorist Threats to Food Guidelines for Establishing and Strengthening Prevention and Response Systems



The malicious contamination of food for terrorist purposes is a real and current threat, and deliberate contamination of food at one location could have global public health implications. This document responds to increasing concern in Member States that chemical, biological or radionuclear agents might be used deliberately to harm civilian populations and that food might be a vehicle for disseminating such agents. The Fifty-fifth World Health Assembly (May 2002) also expressed serious concern about such threats and requested the Organization to provide tools and support to Member States to increase the capacity of national health systems to respond.

- Outbreaks of both unintentional and deliberate foodborne diseases can be managed by the same mechanisms.
- Sensible precautions, coupled with strong surveillance and response capacity, constitute the most efficient and effective way of countering all such emergencies, including food terrorism.
- Document provides guidance to Member States for integrating consideration of deliberate acts of food sabotage into existing programmes for controlling the production of safe food.
- Prevention, is the first line of defence. The key to preventing food terrorism is establishment and enhancement of existing food safety management programmes and implementation of reasonable security measures.
- Prevention is best achieved through a cooperative effort between government and industry, given that the primary means for minimizing food risks lie with the food industry.

- Member States require alert, preparedness and response systems that are capable of minimizing any risks to public health from real or threatened food terrorism. This document provides policy advice on strengthening existing emergency alert and response systems by improving links with all the relevant agencies and with the food industry.
- The role of the World Health Organization (WHO) is to provide advice on strengthening of national systems to respond to food terrorism. WHO is also in a unique position to coordinate existing international systems for public health disease surveillance and emergency response, which could be expanded to include considerations of food terrorism.

http://www.who.int/foodsafety/publications/fs_management/terrorism/en/



