

LEGAL PREPAREDNESS FOR PUBLIC HEALTH EMERGENCIES:
A Model for Minimum Competencies for Mid-Tier Public Health Professionals
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Disclaimer

The findings and conclusions in this document are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention/the Agency for Toxic Substances and Disease Registry.

“[P]ublic health emergencies raise unique legal issues, necessitate rapid responses, [and] require consistent approaches A uniform set of legal competencies that are routinely implemented and evaluated would prove invaluable to emergency preparedness and response.”

*The National Action Agenda for Public Health Legal Preparedness
Journal of Law, Medicine, and Ethics, spring 2008*

This document, developed by CDC’s Public Health Law Program (PHLP), presents a model set of **Minimum Competencies in Public Health Emergency Law** for mid-tier public health professionals. This model was prepared at the request of CDC’s Office for Public Health Preparedness and Emergency Response (OPHPR) and the Association of Schools of Public Health (ASPH), and in response to the call for the development of a legal preparedness competency framework in the 2008 *National Action Agenda for Public Health Legal Preparedness*.

I. Background

A key challenge in preparing for public health emergencies is determining appropriate state and local public health preparedness priorities. In response to this challenge, in March 2011, CDC released the *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (PHEP Capabilities) to help state, tribal, local, and territorial (STLT) planners identify gaps in preparedness, determine specific jurisdictional priorities, and develop plans for building and sustaining specific competencies and capabilities. The “standards are designed to accelerate state and local preparedness planning, provide guidance and recommendations for preparedness planning, and, ultimately, assure safer, more resilient, better prepared communities.”¹

Competency in public health legal preparedness is critical to a public health practitioner’s ability to effectively prepare for and respond to all-hazards public emergencies.² Moreover, efforts to strengthen competency in this area are consistent with the widely understood principle that law is integral to all public health practice settings and situations. According to the 2008 *National Action Agenda for Public Health Legal Preparedness*, “a uniform set of legal competencies that are routinely implemented and evaluated would prove invaluable to emergency preparedness and response.”³ While an understanding of law is integral to each of the PHEP Capabilities,

¹ U.S. Department of Health and Human Service Centers for Disease Control and Prevention, *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (July 22, 2011). Available at <http://www.cdc.gov/phpr/capabilities/at-a-glance.pdf> (last visited Sept. 12, 2012).

² James G. Hodge, Kristine M. Gebbie, Chris Hoke, Martin Fenstersheib, Sharona Hoffman, and Myles Lynk, *Assessing Competencies for Public Health Emergency Legal Preparedness*, 36 (Supp. 1) J.L. MED. ETHICS 28, 28–35 (2008). Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2008.00257.x/pdf> (last visited Sept. 12, 2012).

³ *Id.*

law-based competencies were not specifically considered in their development.⁴ Given the significance of public health law to effective public health emergency preparedness, and recognizing this critical gap in existing emergency preparedness competencies, OPHPR approached PHLP and asked that we

- Develop a model set of Minimum Competencies in Public Health Emergency Law for mid-tier public health professionals (Section III);
- Create a cross-walk between the PHEP Capabilities and the model set of Minimum Competencies in Public Health Emergency Law (Section V); and
- Create a cross-walk between existing public health emergency law training, tools, and resources, and the model set of Minimum Competencies in Public Health Emergency Law. (Section VII).

Ideally, this legal preparedness competency model will be used to advance the inclusion of law-based content in all public health emergency training, resources, and tools. This would ensure that more state and local mid-tier public health professionals could improve competency in this critical area. State, tribal, local, and territorial preparedness coordinators and other public health professionals can use this model set of Minimum Competencies in Public Health Emergency Law when they update or revise related job descriptions. In addition, mid-tier public health professionals can use this model as a self-assessment tool.

A. Key Definitions

As defined by the ASPH,⁵ a **mid-tier public health professional** is either a) an individual with five years of experience and an MPH equivalent or higher degree in public health or b) an individual who does not have an MPH or related degree, but has at least ten years of experience working in the public health field. In general, aside from years of experience and education, these workers may be responsible for program support, coordination, development, implementation, management and/or evaluation, supervision, establishment and maintenance of community relations, argument prevention, and policy issue recommendations. As such, the broad capabilities

⁴ In 2010, CDC, along with a 16-member Leadership Group, ASPH staff, academicians, and consultants, released a set of 18 competencies for the public health workforce to assure their readiness in preparedness and response.) ASPH and CDC used a transparent, collaborative process to develop, vet, and finalize this competency model, titled the Public Health Preparedness & Response Core Competency Model. Over 400 individuals from state, tribal, local, and federal public health practice and from academe contributed to the process as volunteers in three rounds of electronic stakeholder input and in expert workgroups. One of the competencies in the model, #3.4 "Refer matters outside of one's scope of legal authority through the chain of command" was taken up by this report. This new competency model for public health law, presented herein, is advised for use in conjunction with the Public Health Preparedness & Response Core Competency Model. ASPH, *Public Health Preparedness & Response Core Competency Model Version 1.0* (Dec. 17, 2010). Available at <http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf> (last visited Sept. 12, 2012).

⁵ *Id.*

presented herein generally apply to public health practitioners with program management and/or supervisory responsibilities.

Legal preparedness is an integral part of comprehensive preparedness for public health emergencies. It has been characterized as a subset of public health preparedness and is defined as the “attainment by a public health system . . . of legal benchmarks essential to the preparedness of the public health system.”⁶ The four core elements of public health emergency legal preparedness are

- 1) Laws—legal authorities based in science and on contemporary principles of jurisprudence;
- 2) Competencies—professionals who know their operating legal framework and how to apply law to public health goals;
- 3) Coordination—to implement law-based actions across jurisdictions and sectors; and
- 4) Information—on public health emergency law best practices and promising policies.

The model set of Minimum Competencies in Public Health Emergency Law proposed herein focuses on competencies, and offers a set of core standards that aim to ensure that mid-tier public health professionals both understand the legal framework and can skillfully apply legal authorities to public health emergency preparedness and response activities.

II. Methodology for the Development of the Model Set of Minimum Competencies in Public Health Emergency Law

CDC PHLIP staff attorneys developed this model set of Minimum Competencies in Public Health Emergency Law through a deliberative process aimed at building on existing frameworks for competency-based public health emergency curricula. We reviewed and analyzed existing statements of competencies, performance benchmarks, and other related standards for public health work force development in public health emergency preparedness and in general public health practice. Our review also included a limited literature review and communications with public health practitioners, public health emergency professionals, academicians, public lawyers across STLT jurisdictions, and ASPH educational specialists. See Section VIII for a list of selected resources reviewed.

⁶ Anthony Moulton, Richard N. Gottfried, Richard A. Goodman, Anne M. Murphy, Raymond D. Rawson, *What Is Public Health Legal Preparedness?* 31 (Supp. 4) J.L. MED. ETHICS 672, 672–83 (2003). Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2003.tb00134.x/pdf> (last visited Sept. 12, 2012).

III. Minimum Competencies in Public Health Emergency Law: A Model

This model set of Minimum Competencies in Public Health Emergency Law is organized into three domains and includes nine competencies. As the table in Section V indicates, the three organizational domains are important for, and can be mapped to, each of the 15 preparedness capabilities.

This model set is neither comprehensive nor prescriptive, but presents a core set of law-specific skills and legal knowledge—for mid-tier public health professionals across job functions—necessary for effective public health preparedness and emergency response across STLT jurisdictions. If mid-tier public health professionals prioritize and master these competencies, they should be better able to perform their job functions during public health emergencies. They will be able to comply with applicable law, reduce concerns for personal and institutional liability, and recognize and respect the individual rights of community members, all within the context of the broader emergency response effort.

Domain 1: Systems Preparedness and Response

- 1.1. **Act** within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
- 1.2. **Communicate** legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
- 1.3. **Identify** limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
- 1.4. **Integrate** legal information into the exercise of professional public health judgment within the larger public health response.

Domain 2: Management and Protection of Property and Supplies

- 2.1. **Implement** the use of relevant legal information, tools, procedures, and remedies, including injunctions, closing orders, and abatement orders.
- 2.2. **Identify** how and under what circumstances legal searches, seizures, and destruction of property or material can take place for public health purposes.
- 2.3. **Describe** the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.

Domain 3: Management and Protection of Persons

- 3.1. Implement** the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
- 3.2. Recognize** the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.

Minimum Competencies in Public Health Emergency Law

Domain 1: Systems Preparedness and Response

- 1.1. **Act** within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
- 1.2. **Communicate** legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
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IV. **Annotated Description of Public Health Preparedness (PHEP) Capabilities: National Standards for State and Local Planning**⁷

Capability 1. Community preparedness is a community's ability to prepare for, withstand, and recover from public health incidents—in both the short and long terms—through engagement and coordination with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, and community and faith-based partners.

Capability 2. Community recovery is the ability to collaborate with community partners (e.g., healthcare organizations or business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/ behavioral health systems to function at pre-incident levels, and for improving levels where possible.

Capability 3. Emergency operations coordination is the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

Capability 4. Emergency public information and warning is the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders.

Capability 5. Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/ behavioral health services to the family members, responders, and survivors of an incident.

Capability 6. Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government and the private sector. This includes routine information sharing as

⁷ U.S. Department of Health and Human Service Centers for Disease Control and Prevention, *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (July 22, 2011). Available at <http://www.cdc.gov/phpr/capabilities/at-a-glance.pdf> (last visited Sept. 12, 2012).

well as the issuance of public health alerts to federal and STLT levels of government and the private sector in preparation for, and in response to, significant public health events or incidents.

Capability 7. Mass care is the ability to coordinate with partner agencies to address the public health, medical, and mental/ behavioral health needs of those impacted by an incident at a congregate location. This includes the coordination of ongoing surveillance and assessment to ensure that health needs are met as the incident evolves.

Capability 8. Medical countermeasure dispensing is the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

Capability 9. Medical material management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical material (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident. This includes recovering and accounting for unused medical material, as necessary, after an incident.

Capability 10. Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover from compromised operations.

Capability 11. Non-pharmaceutical intervention is the ability to recommend to the applicable lead agency (if not public health) and, if necessary, implement strategies to control disease, injury, and exposure.

Capability 12. Public health laboratory testing is the ability to conduct rapid and conventional detection, characterization, confirmatory testing, data reporting, investigative support, and laboratory networking to address actual or potential exposure to all-hazards. Hazards include chemical, radiological, and biological agents in multiple matrices that may include clinical samples, food, and environmental samples (e.g., water, air, and soil). This involves routine surveillance, including pre-event or pre-incident and post-exposure activities.

Capability 13. Public health surveillance and epidemiological investigation is the ability to create, maintain, support, and strengthen routine surveillance and

detection systems and epidemiological investigation processes. It can also expand these systems and processes in response to significant public health incidents.

Capability 14. Responder safety and health is the ability to protect public health agency staff who respond to an incident and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

Capability 15. Volunteer management is the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency’s response to incidents of public health significance.

V. Cross-walk between the PHEP Capabilities and the Minimum Competencies in Public Health Emergency Law⁸

PHEP Capability	Minimum Competencies in Public Health Emergency Law
Capability 1: Community Preparedness	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
Capability 2: Community Recovery	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	2.2. Identify how and under what circumstances legal searches, seizures, and destruction of property or material can take place for public health purposes.

⁸ There are limitations in trying to map individual competencies to system-wide/institutional capabilities. While an individual, or entire workforce unit, could be competent in specific knowledge, skills, and/or attitudes “as individuals,” if there are institutional gaps in other areas (such as in resources, whether material or financial, infrastructure, policies, systems, lines of communication, access to information, personnel, etc.), then workers’ abilities to perform successfully can be negatively impacted.

Capability 3: Emergency Operations Coordination	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	2.1. Implement the use of relevant legal information, tools, procedures, and remedies, including injunctions, closing orders, and abatement orders.
	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
	3.1 Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
	3.2 Recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.
Capability 4: Emergency Public Information and Warning	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
Capability 5: Fatality Management	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
Capability 6: Information Sharing	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual

	emergencies.
	1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
Capability 7: Mass Care	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
	3.2. Recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.
Capability 8: Medical Countermeasure Dispensing	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
Capability 9: Medical Material Management and Distribution	2.1. Implement the use of relevant legal information, tools, procedures, and remedies, including injunctions, closing orders, and abatement orders.
	2.2. Identify how and under what circumstances legal searches, seizures, and destruction of property or material can take place for public health purposes.
	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
Capability 10: Medical Surge	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
Capability 11: Non-Pharmaceutical Interventions	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
Capability 12: Public Health Laboratory Testing	1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
	2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.

Capability 13: Public Health Surveillance and Epidemiological Investigation	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
Capability 14: Responder Safety and Health	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
	3.2. Recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.
Capability 15: Volunteer Management	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.
	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
	3.2. Recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.

VI. **Annotated Description of Existing Tools, Resources, and Trainings Developed by PHLP or Partners**

- A. Forensic Epidemiology** is a training package designed to help public health and law enforcement agencies strengthen their coordinated response to pandemic influenza and similar disease outbreaks. Related training materials include original CDC scenarios, partner-developed scenarios, and other supplemental materials. The training curricula include an agenda, course manager’s guide, course objectives, and case study instructor and student versions. The full training materials are available in the “Publications and Resources”—“Emergency Preparedness” Topics section of CDC’s Public Health Law page.
- B. Public Health Emergency Law 3.0** is a training tool to help public health practitioners and emergency management professionals improve their understanding of the law’s role in public health emergency response. The training curricula include a course manager’s guide, case study instructor and student versions, and presentations for each of the three units. The full training materials are available in the “Publications and Resources”—“Emergency Preparedness” Topics section of CDC’s Public Health Law page.
- C. Model Memorandum of Understanding for Joint Public Health-Law Enforcement Investigations** is a tool designed to be a starting point, setting forth the major gaps and problems in cross-sectoral and cross-jurisdictional emergency preparedness planning, as well as some key opportunities for addressing them. Please contact state and local public health officials or FBI Weapons of Mass Destruction coordinators in FBI field offices for a copy of the MOU or send an e-mail request to phlawprogram@cdc.gov.
- D. *Coordinated Implementation of Community Response Measures (Including Social Distancing) to Control the Spread of Pandemic Respiratory Disease: A Guide for Developing a Memorandum of Understanding for Public Health, Law Enforcement, Corrections, and the Judiciary*** provides guidance to state, tribal, local, and other jurisdictions when addressing planning efforts to coordinate cross-sectoral implementation of community responses (including social distancing) to prevent or limit the spread of a severe, contagious respiratory disease such as pandemic influenza. Available at https://www.bja.gov/Publications/CRM_MOU.pdf.

- E. ***Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response*** is a compilation of action steps to equip public health, law enforcement, judiciary, and corrections professionals to improve cross-sectoral coordination for emergency preparedness while balancing federal, state, and local power and responsibilities; balancing the common good with safeguarding of individual liberties; preserving the rule of law; and building on existing emergency response coordination mechanisms and structures wherever possible. The full training materials are available in the “Publications and Resources”—“Cross Sector Coordination” Topics section of CDC’s Public Health Law page.
- F. ***A Menu of Suggested Provisions for Public Health Mutual Aid Agreements*** is a toolkit of sample language provisions to include in mutual aid agreements which can be used as effective tools to assist U.S. state and local governments, provinces, First Nations, and Mexican states in sharing information, data, supplies, resources, equipment, or personnel for the purpose of protecting the public’s health. The full training materials are available in the “Publications and Resources”—“Mutual Aid” Topics section of CDC’s Public Health Law page.
- G. ***Social Distancing Law Assessment Template: A Practical, Field-Tested Methodology to Assess Your Jurisdiction’s Legal Preparedness for Pandemic Influenza*** describes the Social Distancing Law Project as conducted by 15 states, the District of Columbia, and Puerto Rico in 2007, and by 9 additional states in 2009–2010, to assess their legal preparedness to implement social distancing measures during a potential influenza pandemic. It provides all jurisdictions with a template they may use to conduct similar assessments. The full training materials are available in the “Publications and Resources”—“Emergency Preparedness” Topics section of CDC’s Public Health Law page.
- H. ***Community Pan Flu Preparedness Checklist for Key Legal Issues for Healthcare Providers*** is a scalable tool to assist providers along the continuum of care and to help the broader healthcare and public health communities take concrete steps to prepare for an influenza pandemic. The full training materials can be found at <http://www.healthlawyers.org> under the “Health Law Resources” section.
- I. ***Public Health Law Bench Books*** are guides for judges and court administrators who preside over public health law cases. They may also be helpful resources for interested public health practitioners, their legal counsel, and other partners. Public Health Law Bench Books provide concise responses to key questions as

well as analysis and background information on some of the public health legal issues the court may need to consider. The bench books also include glossaries of public health related terminology. Examples of existing public health law bench books include

1. Pennsylvania Public Health Law Bench Book (Feb. 2007).
Available at <http://www.cphp.pitt.edu/upcphp/benchbook.pdf> (last visited Sept. 12, 2012).
2. Public Health Law Bench Book for Indiana Courts (May 2005).
Available at http://louisville.edu/bioethics/public-health/IN%20BenchBook.pdf/at_download/file (last visited Sept. 12, 2012).
3. Public Health Emergency Bench Book (Washington) (Dec. 2006).
Available at <http://www.courts.wa.gov/content/manuals/publicHealth/pdf/publicHealthBenchBook.pdf> (last visited Sept. 12, 2012).
4. Public Health Judicial Reference Guide for Kentucky Courts (Sept. 2006). Available at <http://louisville.edu/bioethics/public-health/KY%20Benchbook.pdf/view> (last visited Sept. 12, 2012).

VII. Cross-walk between existing public health emergency law training, tools, and resources and the Minimum Competencies in Public Health Emergency Law

PHEL Training, Tool or Resource	Minimum Competencies in Public Health Emergency Law
A. Forensic Epidemiology	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
	2.2. Identify how and under what circumstances legal searches, seizures, and destruction of property or material can take place for public health purposes.
B. Public Health Emergency Law 3.0	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.

	<p>1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.</p>
	<p>1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.</p>
	<p>1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.</p>
<p>C. Model Memorandum of Understanding for Joint Public Health-Law Enforcement Investigations</p>	<p>1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.</p>
	<p>1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits</p>
	<p>2.2. Identify how and under what circumstances legal searches, seizures, and destruction of property or material can take place for public health purposes.</p>
<p>D. Coordinated Implementation of Community Response Measures (Including Social Distancing) to Control the Spread of Pandemic Respiratory Disease: A Guide for Developing a Memorandum of Understanding for Public Health, Law Enforcement, Corrections, and the Judiciary</p>	<p>1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.</p>
	<p>1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.</p>
	<p>2.3. Describe the legal authorities related to the distribution and dispensation of medical supplies and the effect of a state and/or federal emergency or public health declaration on those authorities.</p>
	<p>3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.</p>
	<p>3.2. Recognize the sources of potential civil and criminal liability of public health personnel and consider due process issues before taking legal action.</p>
<p>E. Framework for Improving Cross-Sector Coordination for Emergency Preparedness and Response</p>	<p>1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.</p>
	<p>1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.</p>
<p>F. A Menu of Suggested Provisions for Public Health Mutual Aid Agreements</p>	<p>1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.</p>

	<p>1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.</p> <p>1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.</p>
G. Social Distancing Law Assessment Template: A Practical, Field-Tested Methodology to Assess Your Jurisdiction’s Legal Preparedness for Pandemic Influenza	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
H. Community Pan Flu Preparedness Checklist for Key Legal Issues for Healthcare Providers	3.1. Implement the use of relevant legal information, tools, procedures, and remedies related to social distancing, including evacuation, quarantine and isolation orders, closure of public places, and curfews.
I. Public Health Law Bench Books	1.1. Act within the scope of federal, state, tribal, and local statutory and regulatory authority during emergencies and through state and/or federal declarations of emergency.
	1.2. Communicate legal authority and procedures to emergency response partners, such as other public health agencies, health agencies, or government agencies during planning, drills, and actual emergencies.
	1.3. Identify limits to legal knowledge, skill, and authority and identify key system resources, including legal advisors, for referring matters that exceed those limits.
	1.4. Integrate legal information into the exercise of professional public health judgment within the larger public health response.

VIII. Resources Reviewed in the Development of the Model set of Minimum Competencies in Public Health Emergency Law (Selected)

A. Competency Statements

1. ASPH, *Master’s Level Public Health Preparedness and Response Competency Model 1.1* (Nov. 3, 2011). Available at http://www.asph.org/UserFiles/Model%20Version%201.1_11-3-11.pdf (last visited Sept. 12, 2012).

2. Center for Health Policy, Columbia School of Nursing, *Core Public Health Worker Competencies for Emergency Preparedness and Response* (Apr. 2001). Available at http://www.nnepi.org/pdf/IC_Public_Health1.pdf (last visited Sept. 12, 2012).
3. CDC, *Bioterrorism and Emergency Readiness: Competencies for All Public Health Workers* (Nov. 2002). Available at <http://training.fema.gov/emiweb/downloads/BioTerrorism%20and%20Emergency%20Readiness.pdf> (last visited Sept. 12, 2012).
4. Center for Law and the Public's Health, *Core Legal Competencies for Public Health Professionals* (Sept. 7, 2001). Available at <http://www.publichealthlaw.net/Training/TrainingPDFs/PHLCompetencies.pdf> (last visited Sept. 12, 2012).
5. CDC, *Public Health Preparedness Capabilities: National Standards for State and Local Planning* (Mar. 2011). Available at http://www.cdc.gov/phpr/capabilities/DSLRCapabilities_July.pdf (last visited Sept. 12, 2012).
6. ASPH, *Public Health Preparedness & Response Core Competency Model Version 1.0* (Dec. 17, 2010). Available at <http://www.asph.org/userfiles/PreparednessCompetencyModelWorkforce-Version1.0.pdf> (last visited Sept. 12, 2012).

B. Literature Review (Journal Articles, etc.)

1. Evan D. Anderson & James G. Hodge, Jr., *Emergency Legal Preparedness Among Select US Local Governments*, 3 (Supp. 2) *Disaster Med. Public Health Preparedness* S176–84 (2009). Available at http://171.66.125.179/cgi/reprint/3/Supplement_2/S176 (last visited Sept. 12, 2012).
2. Anda Botosaneanu, Helen Wu, Jeffrey Wasserman, Peter D. Jacobson, *Achieving Public Health Legal Preparedness: How Dissonant Views on Public Health Law Threaten Emergency Preparedness and Response*, 33 (Supp. 3) *J. Pub. Health* 361–8. (Nov. 8, 2010). Available at <http://jpubhealth.oxfordjournals.org/content/early/2010/11/07/pubmed.fdq092.full.pdf+html> (last visited Sept. 12, 2012).

3. Scott Fisher & Resham Patel, *PHEP and PPHR: Making Sense of Alphabet Soup*. Available at <http://newsmanager.commpartners.com/nacchoa/issues/2011-09-20/4.html> (last visited Sept. 12, 2012).
4. Public Health Accreditation Board, *Standards: An Overview Version 1.0* (May 2011). Available at <http://www.phaboard.org/wp-content/uploads/PHAB-Standards-Overview-Version-1.0.pdf> (last visited Sept. 12, 2012).
5. The Center for Law and the Public's Health, *Public Health Emergency Legal Response Checklist: Local Government Public Health Emergency Legal Preparedness and Response* (Dec. 2004). Available at <http://www.publichealthlaw.net/Resources/ResourcesPDFs/Checklist%202.pdf> (last visited Sept. 12, 2012).
6. James G. Hodge, Kristine M. Gebbie, Chris Hoke, Martin Fenstersheib, Sharona Hoffman, and Myles Lynk, *Assessing Competencies for Public Health Emergency Legal Preparedness*, 36 (Supp. 1) *J.L. MED. ETHICS* 28, 28–35 (2008). Available at <http://onlinelibrary.wiley.com/doi/10.1111/j.1748-720X.2008.00257.x/pdf> (last visited Sept. 12, 2012).
7. James G. Hodge, Timothy Lant, Jalayne Arias, Megan Jehn, *Building Evidence for Legal Decision Making in Real Time: Legal Triage in Public Health Emergencies*, 5 (Supp. 2) *Disaster Medicine and Public Health Preparedness* S242–51 (2011). Available at http://www.dmph.org/cgi/reprint/5/Supplement_2/S242 (last visited Sept. 12, 2012).