

# Let It Snow: Public Health's Role in Planning for, Responding to, and Recovery from Cold Weather Emergencies, Including Winter Storm Jonas

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## OBJECTIVES

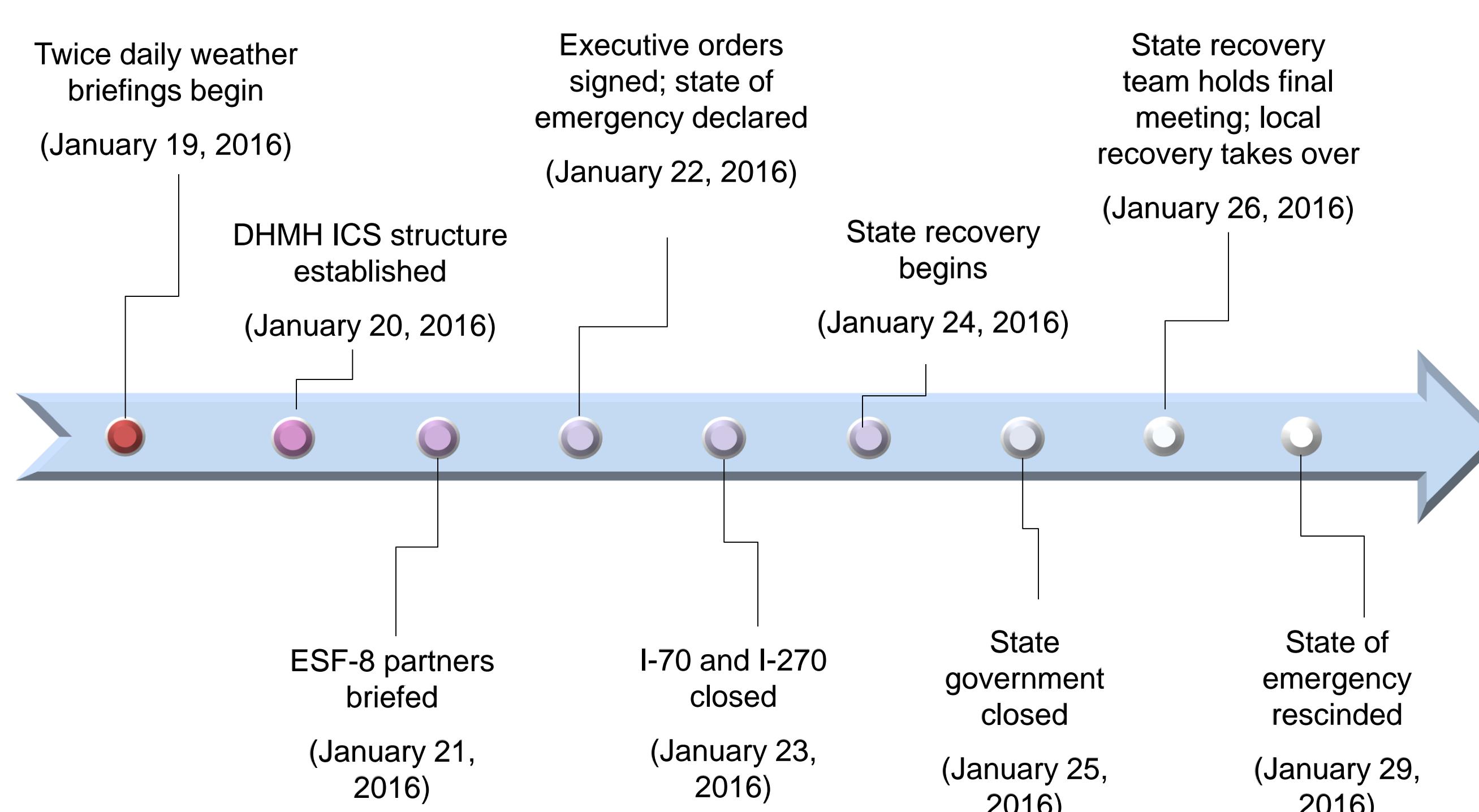
1. Identify current priority areas in public health and healthcare preparedness at the local, state, tribal, and national levels.
2. Describe emergency public health actions to consider when responding to cold weather emergencies.
3. Extend technical assistance to local health departments and healthcare coalitions for the development of local public health all-hazards planning that can be adapted to meet the needs and objectives of local jurisdictions.

## BACKGROUND

Winter Storm Jonas was a record-setting winter weather event (January 22-29, 2016), bringing unprecedented snow levels to the Central and Western parts of Maryland, along with high winds and coastal flooding.

The governor signed two Executive Orders, (1) declaring a state of emergency and (2) allowing for extended deliveries of commodities related to winter weather relief. Additionally, the governor ordered the closure of two interstate highways on Saturday night to facilitate snow removal and the closure of state office buildings on Monday to allow extra time for infrastructure recovery. The state of emergency was rescinded one week after implementation.

## Winter Storm Jonas Operations Timeline



## PUBLIC HEALTH ACTIONS

Though not a traditional public health domain, the Maryland Department of Health and Mental Hygiene (DHMH) has prepared for cold weather emergencies through annual planning and monitoring weather conditions using a cross-cutting, multidisciplinary cold weather team including planning, operations, communications, and biosurveillance subject matter experts.

Major public health activities for cold weather emergencies include:

- Updating the DHMH Cold Weather Emergency checklist and disseminating the DHMH Weekly Cold-related Illness Surveillance Report
- Establishing an Incident Command System structure and pre-staging/staffing the State Emergency Operations Center (in-person and virtual operations) for over 120 hours
- Coordinating with Maryland Institute for Emergency Medical Services Systems to ensure EMS resources were available before, during, and after the event
- Regularly communicating with Emergency Support Function (ESF-8) Public Health & Medical Partners
- Updating the public via social and traditional media
- Tracking power status to licensed healthcare facilities
- Ensuring healthcare partners could operate throughout the emergency or re-open soon after for continuity of services
- Making prescription refill waivers available for Maryland residents through the assistance of the Maryland Insurance Agency
- Pre-identifying licensed food facilities at risk for coastal flooding to facilitate sanitarian planning to inspect and reopen facilities
- Communicating with vulnerable populations, such as Medicaid patients, to ensure they were able to keep, reschedule, or pre-schedule their medical appointments
- Deploying Maryland Responds Medical Reserve Corps volunteers to staff health stations at cold weather shelters
- Coordinating with the Maryland National Capital Homecare Association to prepare their patients and caregivers and notify oxygen providers to deliver emergency supplies before the storm
- Conducting biosurveillance and follow-up investigation focused on issues associated with cold weather emergencies, such as frostbite and carbon monoxide poisoning
- Coordinating with dialysis centers and EMS to ensure patients are dialyzed within a safe window
- Providing subject matter expertise to the state recovery process

## RESULTS

The implementation of these operations support cold weather activities at the state and local levels to mitigate cold weather associated deaths and injuries.

## LESSONS LEARNED

Many issues arose requiring public health intervention during Winter Storm Jonas operations, which will be included in future cold weather emergency planning, such as the following:

- Coordinating snow removal with transportation partners for those who had medically necessary appointments, such as dialysis
- Ensuring removal of deceased persons when funeral homes were unable to pick up due to road blockage
- Ensuring ESF-8 partners have appropriately trained and pre-staged their staff and resources, given limited mobility due to snow and closed public transit
- Assisting ESF-8 partners to train more staff to ensure adequate personnel are available for longer-term response

## CONCLUSION

While this weather event brought record-setting snowfall, shutting down many transportation routes, enough advanced warning was available to conduct preparation activities/training and communicate with partners. Previous planning and testing of systems allowed for continued operations through telework and pre-staging staffing and resources. However, continued work needs to be done to prepare for future cold weather emergencies, including planning for staffing through this type of event, collaborating with transportation and emergency management partners to prioritize medically necessary appointments, and training to ensure adequate personnel are available to respond.

## ACKNOWLEDGEMENTS

The authors would like to recognize DHMH leadership for their guidance in planning for cold weather emergencies as well as DHMH staff and ESF-8 partners who responded for Winter Storm Jonas operations.

