

**Minutes of the 26 August 2009
Special Meeting of the Yancey County Board of Commissioners
Held at 4:00 o'clock p.m. in the Commissioner's Meeting Room
Yancey County Courthouse, Burnsville, North Carolina**

Present at the 26 August 2009 meeting of the Yancey County Board of County Commissioners were Walter Savage, Chairman, Members Johnny Riddle and Jerri Storie, County Manager Nathan Bennett, Tax Assessor, County Planner Jamie McMahan (came in after start of meeting), Clerk to the Board Jason Robinson, Yancey County Schools Grant Writer Colby Martin, Jody Higgins, and members of the general public.

Chairman Savage called the meeting to order and made a motion to approve the agenda. The motion was seconded by Commissioner Riddle and the vote to approve the agenda was unanimous (See Attachment A).

The Board then recognized Colby Martin with Yancey County Schools to talk about Qualified School Construction Bonds (QSCB). Mr. Martin stated that after the last round of funding applications there was extra money left to appropriate from the QSCB. Yancey County was going to have to take other money from another source until it was discovered that more QSCB money would be available. The application for this round of QSCB funds is going to be used on Micaville Elementary to complete the roofing project. (See Attachment B) These had to be postmarked by August 26, 2009 at 4:30 pm. Upon hearing from Mr. Martin Chairman Savage made a motion to authorize the schools to move forward with the Qualified School Construction Bonds and for county staff to sign all necessary documents. The motion was seconded by Commissioner Riddle and the vote to authorize was unanimous.

The Board then heard from County Manager Nathan Bennett about plans made by Toe River Health District. The first plan deals with the National Stockpile of vaccines. The National Stockpile is able to ship the needed vaccine into an area with a possible flu outbreak. Toe River Health District will be the coordinator of this distribution of vaccine. This will also be part of the County's Emergency Plan. Upon hearing from County Manager Bennett Commissioner Storie made a motion to approve the Standard Operating Guide for Receiving and Dispensing Strategic National Stockpile. The motion was seconded by Commissioner Riddle and the vote to approve was unanimous. (See Attachment C)

The second part of the plan talks specifically about the flu. In the event of a pandemic flu, the health care system will be maintained. Again, this will be done through Toe River Health District as the lead agency. Also, this will be part of the County's Emergency Management Plan. Upon hearing from County Manager Bennett Commissioner Riddle made a motion to approve the Pandemic Influenza Plan and the motion was seconded by Commissioner Storie. The vote to approve the plan was unanimous.

The Board then moved on to issues that were being brought before it by Tax Assessor Susie McIntyre. The first person to be heard from was Mr. Gunther Pinner with Quiet Reflections Retreat. Mr. Pinner told the Board that he was asking for an exemption for religious purposes for 105 acres that is owned by Quiet Reflections Retreat. Tax Assessor McIntyre informed the Board that she had denied the religious exemption because there was more land than was "reasonably necessary" for conducting religious observances. Mr. Pinner stated that the land was used for walking trails for reflections by pastors. Mr. Pinner said that the chapel is always open to anyone. Ms. McIntyre informed the Board that part of the land for Quiet Reflections does have a religious exemption. The Board inquired to Ms. McIntyre if it was appropriate for the Board of Commissioners to hear an appeal by a taxpayer and not be heard by

The Board then heard more late applications for use value by Boyd and Billie Joe Deyton (agriculture), Micheal Stewart (forestry), and Carolyn Brody, Elizabeth Mann, and Anne McCormick (agriculture). The Board was assured by Tax Assessor McIntyre that these applications would be accepted for the next tax year of 2010. Chairman Savage made a motion to deny these late applications, due to the fact that not everything that was needed for the application wasn't submitted in a timely matter. The motion was seconded by Commissioner Storie and the vote to deny these late applications was unanimous.

The Board also heard from Ms. McIntyre about another use value for Anthony Cassida (agriculture). Two properties in his name were approved but another property was not approved due to the title being in another person's name who held a life estate. Upon further investigation it was discovered that the person who held the life estate was deceased. Commissioner Storie made a motion to approve this use value due to that if further investigation would have shown the title was in good standing. The motion was seconded by Commissioner Riddle and the vote to approve was unanimous.

The Board and Ms. McIntyre then had a discussion about the releases and refunds for the month of August.

Having no further business Commissioner Riddle made a motion to adjourn and it was seconded by Chairman Savage. The vote to adjourn was unanimous.

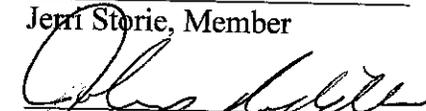
Approved and authenticated on this the 1st day of September 2009.

Attest:


J. Jason Robinson
Clerk to the Board


Walter Savage, Chairman

Jeri Storie, Member


Johnny Riddle, Member



Attachment 4

Nathan Bennett, *County Manager*

Walter Savage, *Chairman*

Jerri Storie, *Commissioner*

Johnny Riddle, *Commissioner*



YANCEY COUNTY

110 Town Square, Room 11 • Burnsville, North Carolina 28714
PHONE: (828) 682-3971 • FAX: (828) 682-4301

AGENDA
YANCEY COUNTY BOARD OF COMMISSIONERS
SPECIAL MEETING
AUGUST 26, 2009
4:00pm

- I. Call to Order---Chairman Savage
- II. Qualified School Constructions Bonds
- III. Toe River Health District Plans
 1. Standard Operating Guide for Receiving and Dispensing Strategic National Stockpile
 2. Pandemic Influenza Plan
- IV. Tax Office Issues
- V. Adjourn

Attachment B

QUALIFIED SCHOOL CONSTRUCTION BONDS PROGRAM
(QSCB)
APPLICATION FOR AUTHORIZATION

Submittal Date: 8/26/2009	Contact Person: Dr. Thomas Little
LEA: Yancey County Schools	Title: Superintendent
School: Micaville Elementary	Address: PO Box 190
Address: PO BOX 122	City: Burnsville
City: Micaville	Phone/Fax: 828-682-6101/828-682-7110
<input type="checkbox"/> New <input checked="" type="checkbox"/> Renovation/Addition	E-mail: tslittle@yanceync.net

Certification of Eligibility
<p>The Board of Education of the above-named LEA certifies, through a board resolution dated <u>July 28, 2009</u>, that the QSCB proceeds will be used as follows:</p> <p><i>Note: A copy of the resolution must accompany this application.</i></p>

1. Construction, rehabilitation, or repair of a public school or for land acquisition for such a facility (not land for a future project). Roofing project (please see attached spending plan/project schedule)
2. Provision of equipment to be used in the portion of the public school facility to be constructed, rehabilitated, or repaired with QSCB funds (not personal computers or similar technology).

Note: A copy of the project description, proposed spending plan and project schedule must accompany this application.

QSCB'S MUST BE ISSUED BY DECEMBER 31, 2009

Yancey County	Board of Education	Yancey County Board of Commissioners
<i>Tom S. Little</i>	Superintendent Chair	<i>David R. Bennett</i> Manager Chair
<i>Tom S. Little</i>	Secretary	<i>P. Jason Collins</i> Clerk
8/26/09	Date	8/26/09

Please return original via certified mail post marked no later than August 26, 2009 to:

QSCB I (Readvertisement)
School Planning Section
North Carolina Department of Public Instruction
6319 Mail Service Center
Raleigh NC 27699-6319

Attachment C

The Strategic National Stockpile Plan for Toe River Health District is an attachment to the County Emergency Operations Plan for Avery, Mitchell and Yancey Counties. I have received a copy of the Strategic National Stockpile Plan for Toe River Health District and acknowledge the responsibilities of my agency within the plan.

J. H. Moore
Toe River Health District Health Director

8-24-09
Date

Bill Van
Coordinator, Emergency Management

8-24-09
Date

Mark R Bennett
County Manager

8-26-09
Date

Walter E Savage
Chairman, County Board of Commissioners

8-26-09
Date

Sheriff

Date

Emergency Medical Services

Date

School Superintendent

Date

Preparedness Coordinator

Date

STANDARD OPERATING GUIDE

FOR

TOE RIVER HEALTH DISTRICT
(Avery, Mitchell, & Yancey County Health Departments)

Receiving and Dispensing
Strategic National Stockpile
(SNS)

August 15, 2005; revised April 30, 2007; revised January 28, 2009; revised June 10, 2009

Annex to:

Avery County Emergency Operations Plan
Mitchell County Emergency Operations Plan
Yancey County Emergency Operation Plan
and
Toe River Health District
Public Health Preparedness and Response Plan

The Strategic National Stockpile Plan for Toe River Health District is an attachment to the County Emergency Operations Plan for Avery, Mitchell and Yancey Counties.

Toe River Health District Health Director

Date

Coordinator, Emergency Management

Date

County Manager

Date

Chairman, County Board of Commissioners

Date

Sheriff

Date

Emergency Medical Services

Date

School Superintendent

Date

Preparedness Coordinator

Date

RECORD OF REVIEW AND UPDATE

Plan Review Date	Section(s) Changed	Notes	Revised/Reviewed by
August 15, 2005	All sections/ Call down list	To bring in compliance with CDC requirements/update Contact List	Susan Clark
July 31, 2006	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
October 20, 2006	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
January 24, 2007	Call down list	Update Contact List	Susan Clark
April 30, 2007	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
June 21, 2007	All sections	To bring in compliance with CDC requirements	Susan Clark
July 27, 2007	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
October 25, 2007	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
Nov 15, 2007	All sections	To bring in compliance with CDC requirements	Susan Clark
Dec 21, 2007	All sections	To bring in compliance with CDC requirements	Susan Clark
January 18, 2008	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
March 14, 2008	All sections	To bring in compliance with CDC requirements	Susan Clark
April 23, 2008	All sections/ Contact List	To bring in compliance with CDC requirements/update Contact List	Susan Clark
May 1, 2008	All sections	To bring in compliance with CDC requirements	Susan Clark
August 18, 2008	Contact List	Update the LHD/support agencies contact	Susan Clark
October 11, 2008	All sections	To bring in compliance with CDC requirements	Susan Clark
Dec 10, 2008	Contact List	Up date Contact List	Susan Clark
January 21, 2009	County Official LE, Media	Update newly elected officials, contact information	Susan Clark
Jan. 27-28, 2009	All sections	To bring in compliance with CDC requirements	LHD Planning Team (PT)
March 18, 2009	Contact List	Update Contact List	Susan Clark
April 20, 2009	Contact List	Avery County Correctional Institutes	Susan Clark
June 10, 2009	All sections	To bring in compliance with TAR	LHD PT
July 7, 2009	Contact List	Update ACHD/HH MCHD Contact List	Susan Clark
July 28, 2009	Alternate Care	Update contact information	Susan Clark

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Glossary of Acronyms

AMY	AVERY, MITCHELL, YANCEY COUNTY
BRRH	BLUE RIDGE REGIONAL HOSPITAL
CDC	CENTER FOR DISEASE CONTROL
COIN	COMMUNITY OUTREACH INFORMATION NETWORK
DEA	DRUG ENFORCEMENT AGENCY
DFS	DIVISION OF FACILITY
DSS	NORTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
EM	EMERGENCY MANAGEMENT
EMS	EMERGENCY MEDICAL SERVICES
EOC	EMERGENCY OPERATIONS CENTER
EOP	EMERGENCY OPERATIONS PLAN
GETS	GOVERNMENT EMERGENCY TELECOMMUNICATIONS SYSTEM
HAN	HEALTH ALERT NETWORK
HIPPA	HEALTH INFORMATION PRIVACY PROTECTION ACT
HSEEP	DEPARTMENT OF HOMELAND SECURITY EXERCISE AND EVALUATION
IAP	INCIDENT ACTION PLAN
IC	INCIDENT COMMAND
ICS	INCIDENT COMMAND SYSTEM
IT	INFORMATION TECHNOLOGY
JIC	JOINT INCIDENT COMMAND (Center)
LEOC	LOCAL EMERGENCY OPERATIONS CENTER
LRS	LOCAL RECEIVING SITE
MAC	MITCHELL COUNTY MESSAGING SYSTEM
MOU	MEMORANDUM OF UNDERSTANDING
NAPH	NAME ADDRESS PATIENT HISTORY
NCDHHS	NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NCDPH	NORTH CAROLINA DEPARTMENT OF PUBLIC HEALTH
NEC	NON-EMERGENCY COMMUNICATIONS
NIMS	NATIONAL INCIDENT MANAGEMENT SYSTEM
PHRST	PUBLIC HEALTH REGIONAL SURVEILLANCE TEAM
PIO	PUBLIC INFORMATION OFFICER
POD	POINT OF DISPENSING
PP	PUSH PACK
PPE	PERSONAL PROTECTIVE EQUIPMENT
PSA	PUBLIC SERVICE ANNOUNCEMENT
RCSOG	RISK COMMUNICATION STD OPERATING GUIDE
SEOC	STATE EMERGENCY OPERATIONS CENTER
SNS	STRATEGIC NATIONAL STOCKPILE
SOG	STANDARD OPERATING GUIDE
TARU	TECHNICAL ADVISORY RESPONSE UNIT
TRHD	TOE RIVER HEALTH DISTRICT
USAMRIID	UNITED STATES ARMY MEDICAL RESEARCH INSTITUTE OF INFECTIOUS DISEASES
VMI	VENDOR MANAGED INVENTORY

Mission Statement:

To protect the health and safety of the residents of the Toe River Health District by assuring the necessary preparedness and response capacity for an event affecting, or likely to affect, Avery, Mitchell and/or Yancey Counties.

Purpose:

This plan sets forth the procedures to be used during a public health emergency when local and regional resources have been expended and it is necessary to request the Strategic National Stockpile (SNS). This document contains the information necessary for SNS management, including point-of-contact information, maps, flow charts and point-of-dispensing (POD) clinic management guidance. The SNS Standard Operating Guide elements are incorporated in the local all hazards plan and are National Incident Management System (NIMS) compliant. 

Scope:

The Toe River Health District (TRHD) developed this operating guide for SNS material management. A copy of this guide is maintained at each TRHD county health department, TRHD office, the TRHD intranet, and at each Avery, Mitchell, and Yancey (AMY) County Emergency Management (EM) office. Upon request, a copy of the guide is provided to all involved community partners. Attachments to the SNS guide are located at each TRHD health department, the district office and TRHD intranet. In accordance with the Center for Disease Control (CDC) requirements, based on deficiencies revealed during federal and/or state SNS Program Technical Assistance Reviews and state/local trainings and exercises, this guide is reviewed and updated annually to meet specific SNS Preparedness training objectives.  Reviews and changes are posted on the “Record of Review and Update” found at the front of this Standard Operating Guide (SOG). Should the event involve a wide range of counties or states, a regional or multi-county approach through mutual aid agreements may be necessary and is expected.

Summary:

Within the guidelines of CDC, TRHD formed an SNS Planning Committee to assist with the plans for managing and dispensing the Strategic National Stockpile. The AMY County Community Partners Planning Group meets to review requirements as set forth by the CDC.

The Community Partners Planning Committee is comprised of persons from:

- Toe River Health District
- Toe River Health District Home Health
- Cannon Memorial Hospital
- Blue Ridge Regional Hospital (BRRH) (Spruce Pine)
- Avery, Mitchell, and Yancey County Emergency Management
- AMY Emergency Medical Services (EMS)
- AMY Local Government/County Manager
- AMY Law Enforcement
- AMY School Systems
- AMY Fire Departments
- AMY Funeral Services
- AMY Chamber of Commerce
- AMY Veterinarians
- Mayland Community College
- Lees McRae College

- AMY Faith Based Organizations
- AMY Department of Social Services
- AMY Mental Health
- AMY Long Term Care Facilities
- AMY Child Care Services
- AMY Senior Services
- AMY Private Schools
- Volunteer Avery
- Local businesses
- Avery/Mitchell Correctional Institute
- Mountain View Correctional Institute

A list of the multi-discipline planning group and their point-of-contact information is found in *Supporting Documents*. 

Description of the Strategic National Stockpile:

The CDC SNS ensures the availability of large quantities of essential medical support material necessary for the state and local responders during an emergency. In the event of an ill-defined threat in the early hours of a public health emergency, a broad-spectrum of support known as a *12-Hour Push Package* (PP) can be deployed anywhere in the United States and its territories within 12 hours after a request is made, including a support team of 5-7 CDC technical advisors, the Technical Advisory Response Unit (TARU). Once authorized, the specialized package of medical support products are supplied and shipped in two phases.

The *12-Hour Push Package* consists of medications (individual dose packs) and medical equipment to treat exposure to nerve agents, radiological agents and biological agents (including anthrax, plague, and tularemia). The *12-Hour Push Package* contains products including:

- Adult and pediatric oral drug preparations;
- Intravenous forms of drugs;
- General emergency medications;
- Different size intravenous catheters and administration sets;
- Burn and blast supplies;
- Items to help establish and maintain airways;
- Fluids for maintenance, irrigation, and wound care;
- Equipment for repackaging bulk oral antibiotics; and
- Drugs for responding to chemical and nerve agents.
 - Vaccines for anthrax and smallpox, botulism antitoxin, and anthrax hyper-immune plasma are **not** included in the push package, but can be shipped separately.
 - 12-hour Push Packages are staged in many locations throughout the country and can be rapidly dispatched once the federal decision to deploy has been made.
 - Specially packaged in cargo containers to minimize handling and deployment time, Push Packages can be delivered by air or truck depending on the circumstances or event.

When the nature of a specific threat agent is known, or additional supplies are needed to supplement the *12-Hour Push Package*, subsequent shipments from Vendor Managed Inventory (VMI) of specific drugs will be

shipped directly to specified sites within 24-36 hours. The VMI consists of large quantities of specifically requested pharmaceuticals or medical materiel related to the type and size of the event.

The 12 Hour response time is inadequate for a nerve agent event, where treatment must be accomplished quickly in order to save as many lives as possible. As a result, the CDC has established a voluntary participation project (CHEMPACK) for the “forward” placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of affected persons.

Nerve agent antidotes include:

- Atropine sulfate, which blocks the effects of excess acetylcholine at its site of action;
- Pralidoxime chloride (2PAM), which reactivates acetyl cholinesterase, and therefore reduces the levels of acetylcholine; and
- Diazepam, which reduces the severity of acetylcholine-induced convulsions that can contribute to death or long-term neurological effects in survivors.

Command and Control:

TRHD uses the Incident Command System (ICS) in accordance with NIMS requirements.

Overall ICS Command Structure:

1. Incident Commander

- The individual in overall charge of the event.
- Unified command: Other agency leaders or their representatives contributing to the command process, under the overall authority of the Incident Commander.
- Command staff includes Liaison Officer, Safety Officer, Information Officer, and Medical Director in addition to Section Chiefs, Operations, Logistics, and Finance.

2. Operations Section

- Controls all activities directly aimed toward reduction of the immediate hazard, establishing situational control, and restoration of normal operations.

3. Logistics Section

- Provides all support needs to effectively manage the event.
- Order resources from off-incident locations, as needed.
- Provides facilities, transportation, supplies, equipment maintenance, fuel, feeding, communications, and medical services, as needed.

4. Finance Section

- Responsible for tracking all event costs and evaluating the financial considerations.
- Responsible for tracking of personnel time and schedule time.
- Responsible for tracking of procurements.
- Responsible for tracking of compensation/claims.

5. Planning Section

- SNS Plan will fulfill initial requirements for this position.

The TRHD Director or Assistant Health Director serves as the overall Incident Commander and directs all operations from the Operations Center. Under this officer, the determination is made as to what medications and supplies are to be distributed to AMY PODs, hospitals and alternative care sites, first responders, and priority emergency personnel. Considerations are directed toward delivering medications to those individuals or groups of individuals who are institution-bound or home bound without access to transportation. Decisions are based on the size and severity of the situation, acuity and prevention considerations, and availability, so that the logistics may be planned and accomplished efficiently.

A copy of the incident command system for SNS management is found in Appendix 2. Contact information required for an emergency response is located in Appendix 1-A and the TRHD Staff Contact List. **10-10**

Standard ICS forms from NIMS are used and found at: www.fema.gov/emergency/nims/JobAids.shtm

The SNS POD command system includes at a minimum:

- POD Site Director
- POD Safety Officer
- POD Medical Director
- POD Nurse Practitioner
- Lead Registrations Clerk
- Greeter

Contact information for POD command positions and their backups **10-9** can be found in Supporting Documents. Job action sheets for the command staff are found in Supporting Documents.

The Public Health Regional Surveillance Team 6 (PHRST 6) may be deployed at the request of the Incident Commander and may be assigned for support at all levels. Point-of-contact information can be found in Appendix 1-B.

Requesting the Strategic National Stockpile (SNS):

The TRHD Health Director or the Assistant Health Director communicates with key local officials in AMY County to discuss the incident and to determine the need to request state assistance based on criteria such as the nature and size of the event, **3-1** status of local and state inventories, hospital capacity, and epidemiological factors, including number of current and potential victims and when local and regional resources are expended. TRHD follows the SNS Resource Request Chain for persons(s) authorized by the health director to request state assistance, identified in Appendix 3-A. **7-5** **3-2** Request for the deployment of all or part of the SNS or VMI materials is by the TRHD Health Director, to AMY County Emergency Management Director, to the State Emergency Management Office. **3-5** Other personnel authorized to request state assistance is the Assistant TRHD Health Director. The decision is a collaborative effort between Local, State, and Federal officials but the justification for the request is the responsibility of TRHD and AMY County Medical Directors.

Criteria CDC use to justify initial request of SNS material: **3-3**

1. Overt release of a chemical or biological agent;
2. Claim of release by intelligence or law enforcement;
3. Indication from intelligence or law enforcement of a likely attack;
4. Clinical or epidemiological indications, such as:
 - Large numbers of ill persons with similar disease or syndromes;
 - Large numbers of unexplained disease, syndromes, or deaths;
 - Unusual illness in a population;
 - Higher than normal morbidity and mortality from a common disease or syndrome;
 - Failure of a common disease to respond to usual therapy;
 - Single case of disease from an uncommon agent (e.g. smallpox);
 - Multiple unusual or unexplained disease entities in the same patient;
 - Disease with unusual geographic or seasonal distribution;
 - Multiple atypical presentations of disease agents;
 - Similar genetic type in agents isolated from temporally or spatially distinct sources;
 - Unusual, genetically engineered, or antiquated strain of the agent;
 - Endemic disease or unexplained increase in incidence;
 - Simultaneous clusters of similar illness in non-contiguous areas;
 - Atypical aerosol, food, water transmission;
 - Three (3) people presenting with the same symptoms near the same time;
 - Deaths or illness among animals that precedes or accompanies human death; or
 - Illnesses in people not exposed to common vent systems.
5. Laboratory results;
6. Unexplainable increase in emergency medical service requests; and/or
7. Unexplained increase in antibiotic prescriptions or over-the-counter medication use.

Criteria /trigger points to determine the need for re-supply of SNS materials are based on the number of persons coming through the POD and/or when the supply on hand is depleted to 25% of the original order. The POD Site Director will notify the LRS by phone, fax and/or email for re-supply orders. The LRS will follow the chain of command for reordering of SNS materials. 34

Emergency Management Form 43 is used to request the initial supply and re-supply orders. See Annex 3. 34

Receiving SNS:

Location –To expedite the movement of medical material to the POD and alternate care facilities, AMY TRHD Emergency Managers have identified a Tri County Local Receiving Site (LRS) and a LRS per county from which to operate safely and which meets the following State and CDC requirements for a receiving site: 71 Memorandums of Agreement (MOA) for LRS are held by AMY EM. 73

Building Requirements:

- *Adequate Floor Space:* 5,000-7000 square feet to co-locate the LRS with operations management, inventory control, distribution dispatch, and repackaging (if needed) functions. This space includes 3,000-4,000 sq. ft. for storage, 1,000-2,000 sq. ft. for staging, and 1,000 sq. ft. of office space. The Inventory Control Function will receive orders from POD(s) and treatment centers. If the function is adjacent to storage and staging, SNS material will move quickly from storage to staging for delivery. Co-locating inventory control and storage functions also enables verifying inventory balances faster.

- *Temperature/humidity Control:* LRS must be able to maintain SNS material at a controlled room temperature to ensure the potency of the pharmaceuticals in the SNS. The US Pharmacopoeia defines this temperature as “the usual and customary working environment of 20°C to 25°C (68° F–77°F) that allows for brief deviations between 15°C and 30°C (59° F–86°F) that are experienced in pharmacies, hospitals, and warehouses.”
- *Sufficient and Emergency Electrical Power:* The Receiving Site will need power for lights, computers, printers, radios, portable refrigeration units, repackaging, and other electrical equipment. Because of the importance of the LRS function to the entire SNS Distribution System, plans should also include methods of providing emergency electrical power to ensure the LRS’s continued operation during power failures.
- *Location out of a flood plain:* This requirement needs little explanation. The warehouse and its access roads should not be near or on a floodplain where rising water might halt SNS operations.
- *Perimeter Fences:* Fences will keep unauthorized persons away from the site and locked doors will prevent unauthorized entry.
- *Multiple Accesses:* Ensure redundant methods of entering and exiting the Receiving Site warehouse compound.
- *Loading Docks:* Loading docks (pneumatic or portable) are convenient for offloading and on-loading trucks manually.
- *Adequate Maneuvering Room:* Room in front of loading ramps must be available for rapidly positioning trucks to loading docks.
- *Forklifts* (4,000-pound) should be available with on-site refueling (propane) or recharging capability as a backup to loading docks or as the means of loading and unloading trucks if docks are not available; a minimum of two hand trucks and two pallet jacks should be available.
- *A Secure Area for Storage of Controlled Substances.*

Inventories of material handling and office equipment available for LRS use are available in Supporting Documents. **7A4-715**

When SNS assets are delivered to the LRS by the State Regional Receiving Site, an invoice of materials received accompanies the shipment. To accept custody of the SNS materials, the AMY Emergency Manager, or LRS designee is authorized to sign for and copy the SNS invoice. **716**

If Schedule II Controlled substances are received from the Division of SNS, DEA Registrant(s) BRRH Pharmacist or their back up, TRHD Medical Director(s) or local health department appointed pharmacist is responsible to sign for the controlled substances. Signature may be obtained immediately following receipt of the SNS. **8-4-8.5**

Staffing and Responsibilities: **7-4-13**

The LRS will be staffed by employees of BRRH, local EM, and TRHD. Staffing assignments are found in the Local Receiving Site Manager Call Down Roster. This roster is reviewed and tested quarterly. Job action sheets for LRS leaders are found in Supporting Documents. **91** Just-in-time training for LRS lead positions is available in Supporting Documents.

Management of SNS Material:

SNS assets are first being staged at one of the three state distribution sites in North Carolina (Guilford, Wake or Mecklenburg Counties). From the state distribution site, assets are delivered under escort of the

State Highway Patrol to the Tri County LRS or back up LRS in Avery, Mitchell or Yancey County. For TRHD, SNS assets should be distributed from Mecklenburg County. Expected travel time and directions to the Tri County LRS and AMY County backup LRS are found in Appendix 4.

The TRHD Preparedness Coordinator serves as the SNS Coordinator and oversees SNS Management. If the Preparedness Coordinator is unable to function as the SNS Coordinator, the Operations Section Chief and/or the TRHD Health Director backup will serve as the SNS Coordinator. 2.1

SNS assets are received by the SNS Coordinator, officials from the Local Emergency Operations Center (LEOC) or the County Manager. If the LEOC or the County Manager cannot receive the SNS materials, the Health Department functions as the back-up for receipt. At the time of receipt, the local sheriff's office or BRRH Security assumes security over the shipment. Point-of-contact information is found in Appendix 1

Under the direction of Emergency Management, SNS materials are stored in designated locations in AMY County. These facilities meet all requirements for distribution sites according to North Carolina Department of Public Health (NCDPH) and CDC. Medications requiring environmental controls are stored in accordance with manufacturer's specifications, CDC and State requirements. All medications are stored in a secure container. Controlled substances will be under the direction of the BRRH Pharmacist, local health department medical director or the local pharmacist responsible for health department medications.

The BRRH is responsible for staffing the Tri County LRS and the local Emergency Manager is responsible for staffing the back-up AMY LRS, security, inventory of materials received, inventory of materials distributed and distribution to the local POD and alternate treatment centers 9.6 (e.g., hospitals, prisons, long term care, and school with dormitories), and an inventory of materials returned using the *SNS Order and Tracking Form - Appendix 10-B*. 6.2 There exists Memorandums of Agreement between TRHD and AMY EM outlining staffing responsibilities. 7.3, 9.2-9.5. A chain of custody form is required when SNS materials are distributed to the treatment centers. *Sample form can be found in Appendix 10*. 8.3 Any transportation of SNS material, once it is received in TRHD, is coordinated by AMY Emergency Management, with local law enforcement personnel escorting if necessary, or the local sheriffs' office. 6.2, 9.7 Storage and handling requirements for SNS material are found in Appendix 5. 9.7

The local SNS Coordinator coordinates SNS materiel management. The SNS Coordinator for TRHD is the POD Site Director for each county. Point-of-contact information for the local SNS Material Management Coordinator/POD Site Director and back up is found in Supporting Documents.

Communications:

The SNS Emergency Response Notification List is initiated by the Liaison Officer. Point-of-contact information is found in Appendix 3-C

TRHD SNS Logistics Section Chief aided by TRHD Information Technology Specialist (IT) (job action sheet 4.2) is responsible for establishing and maintain communications between the management locations; Command Center, POD's and TRHD health department, and support agencies. Appendix 25 4.3 As soon as possible, communications networks and backup systems to support the dispensing clinics by the local emergency dispatcher, phone, fax, or other forms of communications are to be available at the site.

To ensure rapid repair of communication systems during a public health emergency, the TRHD IT and LEOC works directly with local communications companies.

Internal Communications and Redundant Communications - Internal communication systems used on-site include cell phones, radios, runners, signage, public address systems, or megaphones.

Two-way radios and/or cell phones are issued to each command officer at the beginning of each shift and collected at the end of the shift. Logistic Chief or their designee announces the radio channel to be used at the beginning of each shift. Radio messages are short, concise, plain text and begin with identifying information. Radios/cell phones are kept charged when not in use. Technical problems encountered with radios and cell phones should be reported to the Logistics Section Chief. All communications are Health Information Privacy Protection Act (HIPPA) compliant. Transmission of sensitive or confidential information is limited as radio and cell phone messages can be monitored by persons not involved in the response effort. 4.4

In the absence of radios or cell phones, face-to-face communication shall be used. Voice amplification systems (i.e. megaphones, in-house public address system) are appropriately used if available.

External Communications and Redundant Communications– The TRHD health department communicates with the State and other local health departments via email, land phones, cell phones, fax, text pagers, satellite phones, Pack Radio, the Health Alert Network (HAN), WEB EOC and Government Emergency Telecommunications Service (GETS) Card (emergency phone line system). 4.4

As soon as possible, radio/phone/fax and Internet connections are established between the POD and the following: 4.3

- LEOC
- SEOC (State Emergency Operations Center)
- 9-1-1 Center
- Joint Operations Center (if operational)
- Local hospitals
- Alternative care facilities (if being used)
- Other POD's located within TRHD
- AMY Board of Education

Amateur radio operators are used as an alternative or in addition to phones and radios if available. AMY Dispatch can be use to send messages to all area EMS, First Responders and Volunteer Firemen. 4.4

Broad communication throughout AMY Counties to reach the public are; 4.4

- Reverse 911
- Schools Message System, Avery List Serve, Avery ALERTNOW Notification Service (allowing telephone, text messages or email messages for school events and/or any emergency), Mitchell County "MAC" message system (may be used for all groups in Mitchell County)
- Schools' Snow Hotline
- Media (e.g. local radio stations, Citizen Ban Radios)
- WARN Yancey
- Code Red (Mitchell County EM)

Alternate methods to disseminate messages in case of electrical outages include but are not limited to, text messages through the broad communication venues in AMY, postal service, notices in local businesses, and word of mouth. 5.5

SNS Risk Communications:

The Public Information Officer (PIO) (*job action sheet*) for the TRHD is the Health Educator. If the Public Health Educators are unable to function as the PIO, the Health Director or Assistant Health Director serves as back-up. Point-of-contact information is located in Supporting Documents. Refer to TRHD Crisis Communication Plan.

During an emergency, the local health department coordinates with the North Carolina Department of Health and Human Services (NCDHHS) Public Information Office and Epidemiology Branch to ensure consistency in disease reporting, response, and health education throughout the state. See TRHD Public Information and Communications Plan (PIC) 5.2 TRHD continues to develop a health education library of fact sheets and medication statements.

Reportable disease statutes require that TRHD and North Carolina Department of Public Health, Communicable Disease Branch, Epidemiology Section be notified of any reportable disease that is identified. Consistent public information and health education activities are ensured through the use of blast faxes and email, hotline messages, and County websites to transmit press releases and disease information. All health information reports and press releases approved by the Health Director before distribution.

After an emergency has been declared, state and local Joint Information Centers (JIC) assumes primary responsibility for all media relations activities. When this occurs, a representative of the local health department may be called upon to serve as JIC liaison. Responsibilities of the JIC Liaison are provided in detail within the Risk Communications Standard Operating Guide (RCSOG).

TRHD uses local, regional, State and/or CDC supplied health education and public information materials during a public health emergency. These materials, as well as multilingual drug information handouts and incident-specific information, are provided. Disease specific information is available on the CDC or Preparedness web site and may be issued as a Health Alert Network (HAN) alert. See Educational Materials for the Public 5.6

TRHD has developed a template information sheet for each POD site in each county. A copy of this information sheet can be found in Appendix 4. This information will be distributed at the local level through radio, television, and print media by the PIO/ Health Educator. 5.5 Mass production of printed materials is produced by the local health department and/or local printing companies and is stored in the AMY TRHD Preparedness trailers. 5.6

The media outlets available for TRHD are listed in the TRHD Communications Plan. 5.3 The Public Information Officer maintains contact with the local media to provide accurate and timely information to the public. Message maps, fact sheets, and disease information are available. See Educational Materials for the Public. 5.6 During operation of a POD, a media staging area is designated to ensure efficient clinic operations and protection of client privacy. TRHD limits media access to the POD clinic during operations, and media personnel are required to have identification and a public health representative escort them through the POD clinic if access is granted.

5.3

TRHD uses easily seen, durable signs translated to the top languages of the community to identify the following areas (lists all applicable clinic stations): See directional signs, Appendix 6. 5.7

English/Spanish 5.4

- Parking - ESTACIONAMIENTO
- Entrance - ENTRADA
- Greeter - RECEPCIONISTA
- Registration - REGISTRO

- Screening Interviews - ENTREVISTAS
- Pharmacy - FARMACIA
- Counseling - CONSEJARIA
- Medical Care – MEDICINA GENERAL
- Education - EDUCACION
- HELP/Questions –AYUDA/PREGUNTAS
- Staff Lounge – SALA PARA EMPLEADOS
- Bathrooms - BANOS
- Exit - SALIDA

Each area is clearly identified and the direction of traffic flow marked. Where possible, illustrations appear on signage to reinforce the intended message.

Legal Issues:

Once an event has been identified in TRHD, the Medical Director is authorized to issue standing orders for dispensing and administration of medications to support mass prophylaxis operations and/or medical supplies management and distribution. Current law allows for Public Health Nurses to dispense medications during an emergency event under written medical orders signed by the Medical Director. Non Public Health Nurses needed for dispensing receive “Just in time training” and supervision by a North Carolina registered pharmacist.

See Appendix 7 “Personnel Requirements for Dispensing Drugs During disasters and Emergencies” North Carolina General Statutes (NCGS): GS 90-12-2, GS 166A-45. 

Should private property be needed to carry out the response, the Emergency Management Director in each county is authorized by NCGS: GS 166 A to procure the necessary property required for the response. 

Employees of TRHD are protected by the North Carolina Workers Compensation Act: NCGS: GS 97. Employees of TRHD have liability protection and workers compensation insurance through North Carolina Association of County Commissioners Risk Management Pools. 

See Appendix 8-A “Workers Compensation Insurance” GS 28-89A-110

Staff is paid in accordance to the TRHD Administrative Workers Compensation Policy. See Appendix 8 

The Finance Section Chief is responsible for issuing any special forms the employees need to use to document their time and submit for federal reimbursement. 

Safety and Security:

Security for SNS supplies during reception phase:

The U.S. Marshall provides security for the supplies until the state agency takes possession. Once possession is turned over to the local health department from the NCDPH, security is provided by local law enforcement agencies. Spruce Pine Police Department provides security at the LRS, AMY law enforcement provides security at the point of distribution and during the transfer of any controlled substance. (MOU with AMY EM) 

The Safety Officer/Coordinator for TRHD (job action sheet) assures personnel safety at each POD by anticipating hazardous and unsafe situations. During an event where more than one POD is in operation, the safety team leader of each county acts as the safety officer of that site. A member of the safety team serves as backup.

Security plans for each primary POD location can be found in Supporting Documents. 107 Security personnel at a POD site are clearly identified and visibly positioned throughout the clinic. Security maintains a presence at the POD site daily from start up to take down for the duration of the POD and lock down the POD building at the end of each day. (See Security Plans) The reasons for maintaining security in the POD include protection of medications and vaccines, protection of clinic staff, and to maintain order. Additional security resources include the police department, sheriff's office, and any other sworn law office personnel who assist as needed. 61

Law enforcement functions under their jurisdictional protocols. For use of force guidelines see North Carolina General Statutes, GS 15A-401. 15

The Safety Officer/Coordinator is responsible for calling Emergency Management to provide assistance with site crowd control and traffic management. The traffic flow and parking plan for each POD site is determined by a rapid dispensing strategy for dispensing at the POD site. 101

Volunteers serving in a medical role are required to show a valid medical license and valid photo identification. Non-medical volunteers are required to show valid photo identification. No spontaneous volunteers are utilized in the POD. Time permitting, volunteers not receiving a photo ID and background check prior to the event are verified by TRHD. Identification includes name, role, and site access. Refer to TRHD Policy on Badge Identification and Access Level 15, 64 Temporary non-photo identification may be issued, if necessary.

Staffing:

The Logistics Section Chief (job action sheet) is responsible for deployment of staff and attempt to identify, credential, and train volunteers prior to a public health emergency. All volunteers are processed prior to deployment to a POD. Medical Reserve Corps (through NC Serve) and Volunteer Avery list volunteers in a data base. Volunteer Avery has established an MOU with TRHD. 1011 The volunteer data base is exercised annually. All medical licenses are verified with the appropriate medical board. Once a POD has been activated, the Logistics Section is in charge of check in and requires all employees to present their TRHD Photo ID prior to assignment. 15 (See Avery County Resource Directory and Mitchell County Health and Human Services Provider Directory for listing, services and contact information of volunteer agencies)

All staff and volunteers working in a POD site receive just-in-time training and job action sheets as to role assigned 64, 1012 (See TRHD Emergency Response Role and TRHD Care/Feed Plan.) 717, 1013

The Dispensing Site Director (job action sheet) at each POD is responsible for assigning staff. Public Health Regional Surveillance Team 6 (PHRST 6) are contacted for chief operations and planning assistance. Point-of-contact information is found in Appendix 1-B.

The Health Educator serves as the Volunteer Coordinator for the district.

There is Memorandum of Understanding (MOU) for volunteer agencies with EM for each county. Reference each county Emergency Operations Plan (EOP) for specific MOU's.

Dispensing Operations:

TRHD has an approximate population of: 52,068

Avery County	18,028
Mitchell County	15,892
Yancey County	18,148

It is noted that seasonal/special events in Avery, Mitchell, and Yancey Counties may drastically increase the population due to special events such as:

- Grandfather Highland Games
- Seasonal/part time residents (It is estimated that the county population of AMY may increase during this time to 60,000.)
- vacations, summer, and winter events
- Blue Ridge Parkway
- Gem Festival
- county fairs
- summer camps
- other mountain attractions

TRHD has a designated POD in each county, which operates on 8-hour shifts ^{10.1} with the expectation that prophylaxis is completed within 48 hours. POD Shift Schedule forms are located in *Supporting Documents*. To achieve this goal each POD sees an estimated 330 to 380 people per hour. Facilities designated as PODs serve as mass prophylactic medication/vaccine dispensing clinics and are non-hospital sites. Clinic selection is based on suitable site availability, location of the disease threat and population requiring treatment. These same sites may also serve as patient evaluation and triage centers for less symptomatic patients or for isolation/quarantine facilities. The specific choice of such sites is based on a review of the pre-determined plans and modified to include a rapid dispensing strategy for dispensing by the TRHD Health Director, Medical Director, Operations Section Chief, Logistics Section Chief, and the Avery, Mitchell or Yancey County Director of Emergency Management, in conjunction with other appropriate participants. ^{10.2}

Pre-designated POD sites include but are not limited to:

- Avery County High School
- Mitchell County High School
- Burnsville Elementary School (Yancey County)

Sites are determined according to their availability and location as appropriate for incident management. In some cases, the sites selected may be small and centrally located near a focus of infection or case outbreak. Decision-making is based on the number of persons who require prophylaxis, ^{7.1} transportation issues and other special needs, available staffing and supplies, and other logistical considerations. AMY uses local drive-through fire stations as alternate dispensing models to increase the throughput when necessary to save lives. ^{10.3} (See *Appendix 11, Criteria/authorization and Procedures to Alter Dispensing Model*) ^{10.4} Alternate POD site messages are sent to inform the public of alternate locations.

POD site maps and directions are found in *Appendix 4*. ^{7.1} *Memoranda of Understanding* (MOU) or use agreements for these facilities are on file in TRHD Administration Office and with the Safety Officer.

Treatment protocols for specified medications have been developed and implemented as appropriate for the specific disease threat. These protocols have been developed in conjunction with current treatment and CDC guidelines.

The Operations Section Chief is responsible for all dispensing operations.

Hotline numbers/call numbers are established at the AMY health department to address questions and concerns from the public.  Carolinas Poison Center assists with and records all calls with medication questions and address Adverse Drug Reactions events. AMY will provide Carolinas Poison Center with the local hotline number. 

Facility Operations:

Activation – After briefing the staff, the local health department and emergency management officials, in consultation with the State Emergency Operations Center (SEOC) and in accordance with local response planning, activate the POD.

Mobilization – Public Health Incident Commander alerts the designated Command Staff and Section Chiefs assigned to work via phone, pager, or public service announcement, and informs them where to report as outlined in the TRHD Preparedness Plan. Contact information is found in *Supporting Documents*.

The Logistics Section Chief alerts the contact of the designated POD facility to be used and advises them of the need to open the facility. Persons responsible for bringing identified equipment and supplies (e.g. TRHD POD Trailers) to the POD are notified. The Liaison Officer contacts all assisting agencies, including: EMS, Cannon Memorial Hospital, Blue Ridge Regional Hospital, and County Government, law enforcement, fire department and State officials. Contact information is found in *Appendix 1*.

TRHD Safety Officer/Coordinator is responsible for bringing the identified equipment and supplies to the POD and shall be notified by the Logistics Section Chief. It is the responsibility of the Safety Coordinator to assess and provide for the refrigeration and storage of any medication.

Special vendors needed to support the POD (e.g., Telephone Company, power company, etc.) are notified by the Finance/Administration Section Chief.

The media is contacted by the PIO and given appropriate briefing information about the POD (address, available transportation means, hours of operation, etc.).

The process of dispensing medications during a public health emergency follows the North Carolina Board of Pharmacy guidelines and North Carolina General Statutes. *Appendix 7* 

Medication Preparation – Pediatric dosing and select geriatric dosing may require some liquid medication preparation. The preparation of these medications takes place under the direction of Avery, Mitchell and/or Yancey County Medical Director and is performed by the nursing staff or volunteer pharmacists. The CDC recommended preparation procedures is followed as closely as possible. See *Appendix 19* fro CDC Pediatric Weight for Age Chart.

Each county within TRHD has a medical director. However, all standing orders will be formatted the same before being signed off by each medical director prior to an event. The medical history and screening for appropriate treatment and care will be specified in addition to algorithms for the dispensing of medications. See *Appendix 16* for medication labels, *Appendix 9-A* for standing order format

Client Traffic Flow – A POD clinic flow chart is located in *Appendix 20*. Clinic flow may be altered to meet the needs of the public health event or disease outbreak. 

- **Entrance** – POD staff is located at the front entrance to provide direction and guidance.
- **Greeter (triage)** – designated staff at the front of each process corridor visually scans each person as they enter a processing lane and ask “are you sick or exposed?”

- Persons answering “no” to the question will exit the clinic area.
- Persons answering “yes” will continue to triage.
- **Triage** – questions concerning pregnancy, underlying illness, contraindications, and weight are asked. Based on the answers given, determines what medication dosage is given, if the client is sent to the hospital or Special Needs Area. Clients are given information developed on the incident and the medication/vaccination to be administered. Each person is asked to complete the required information on a Name–Address–Phone–Health History (NAPH) Form before proceeding to the Registration Desk and Dispensing Station. Persons requesting medications for additional family members must present an ID at this time in order to receive additional NAPH Forms. See *Appendix 14-B* for NAPH form.
- **Special Needs** – clients requiring services for handicap, mental health, or language needs are sent to the Special Needs area. An Optional Dispensing Station is set up in conjunction with this registration desk. **101**
- **Dispensing Station** – the client presents the dispensing staff with the appropriate forms indicating the medication/dosage or vaccinations they are to be given. The medication dispenser records the drug name and lot number on the appropriate form and place the form in a storage box.
- **Questions/Help Area** – clients with questions may stop at the help desk for staff assistance prior to exiting the facility.
- **Exit** – once the client has completed all stations they exit through the designated area.

The POD Site Director is responsible for clinic operations at each POD.

Each POD Director keeps the Incident Command (IC) regularly apprised of their progress and any problems encountered. The POD Site Director keeps the SNS Operations Section Chief regularly apprised of the progress being made, problems encountered, and resources needed.

Alternate Dispensing Modalities – If it is determined that the throughput anticipated from the use of a traditional POD is not sufficient (see *Appendix 11*), the TRHD may institute alternate dispensing modalities. These modes of dispensing include: drive-through dispensing, rapid dispensing, and push sites. Plans for these dispensing strategies are detailed in *Supporting Documents*.

POD Orientation – At the opening of the POD, the POD Site Director, in conjunction with the Operations Section Chief, orients their command personnel and staff.

The Unit Leaders distribute job action sheets for all clinic functions during “just-in-time training” and orientation.

Orientation for POD volunteers and staff includes, but is not limited to:

- Situation update
- POD mission
- Chain of command
- Work assignments

- Communication procedures
- Client processing
- Medical care capabilities
- Injury reporting procedure
- Sign in and out procedure

A walk-through of the process is demonstrated. Staffing shifts, if possible, are 8 hours or longer and less than 12 hours. ~~10.1~~

On the first shift worked, each staff member completes a brief registration and emergency contact form maintained by the Safety Officer and Logistics Chief. At the beginning of each shift, everyone signs the shift sign-in sheet and presents photo identification and medical licensure, if appropriate and receives a briefing of events and responsibility. ~~10.1~~ When personnel complete their shift, they sign out. It is not permitted for anyone to sign in or out for another person.

Every POD staff member wears a form of POD identification during their shift. The POD staff wears either the County issued picture ID or one provided by a designated Safety Officer.

Health and Hygiene – All personnel working with clients follows Infection Control Personal Protective Equipment (PPE) protocols appropriate to the disease entity. Masks (surgical or N95) and gloves are worn when there is a communicable disease risk or at the direction of the POD Site Director and the Safety Officer. When N95 masks are used, staff members are fitted for and issued the proper sized mask, if not previously done. Respiratory training is provided for all staff members as well as First Responders by TRHD Safety Officer. Needles and syringes used are properly disposed of in sharps containers. Staff reminders about universal precautions and other appropriate health and safety issues are given as necessary in just-in-time training and orientation sessions. See Appendix 14-A and TRHD EPI Manual

Bathroom facilities are made available inside and outside the POD. Portable latrines are used where necessary. Hand sanitizer is placed in all client areas for use by staff. The Staff Lounge Area has a sign reminding personnel about hand washing before eating and before returning to work. The Safety Officer routinely looks for and corrects any health and hygiene related problems. See TRHD Hand washing poster.

Documentation/Forms – For records and reimbursement purposes, accurate documentation is kept during POD clinic management and is the responsibility of the Logistics Section Chief. Suggested forms maintained during the operation of the POD are provided in Supporting Documents.

Forms completed by clients are given to the Registration Director, who places them in an appropriate file. Records are filed and stored according to TRHD Record Retention Policy.

Completed Incident Report forms are submitted to the Safety Officer. See Appendix 21.

In the event of a public health emergency, forms are updated to reflect the situation or disease outbreak. The Finance/Administration Officer is in charge of updating forms for a public health emergency. If the Finance/Administration Officer cannot update forms, the Clinical Services or another designated clerical position serves as back-up.

The Finance/Administration Officer, working in conjunction with the Logistics Section Chief, establishes an inventory control and back up paper system for the POD.

Tracking Inventory - The LRS, Operations Section Chief and Logistics Section Chief establishes an inventory management (Medication Distribution Record) and paper back-up system for the LRS and/or

POD to include the recipient of listed items, identification of essential items, documentation of types and quantities of all medications and materials, and their location. 8.1

Lot numbers for all medications are recorded for future reference, as needed and kept by the BRRH Pharmacy Director or local health department appointed pharmacist. See *Appendix 10-B* 8.3

Depletion of Medications/Supplies – As medications or other equipment/supplies needed to administer medicines near depletion, the POD Site Director and command staff develops a “hold strategy.” Hold strategies are predicated on the following considerations.

- Can substitutes for items in short supply be used?
- How soon before needed items arrive?
- Implications of terminating the client processing.
- Are other PODs able to pick up the remaining clients?

The Operations Section Chief, Public Health Incident Commander, AMY County Emergency Operations Center (EOC), and SEOC are informed of the situation and asked to provide assistance if possible. The decisions reached is first be announced privately to staff members and then to the client population in the POD.

Demobilization:

The decision to terminate operations is made by the Public Health Incident Commander in concert with the LEOC. Principle decision criteria are the estimated completion of medication distribution/immunization of the assigned population. The Clinic Site Commander informs the staff when the POD is terminating its operation and a general operations outline for how it shall be done. The press and media are advised when the POD is closing along with the general public.

Priority Prophylaxis: 10.5

Individuals or groups of individuals are identified as candidates to receive medication based on either exposure history or other determination of disease risk, depending on the biological agent causing the disease. Potential recipients include individuals with a specific exposure history (e.g., residents in a specific neighborhood, attendance at a specific event), specific occupations (e.g., health care workers, first responders), risk factors for illness (e.g., elderly, juvenile, immunocompromised), or the entire population of AMY County. In most cases, these decisions are disease specific. An outbreak requires intensive case investigation with containment prophylaxis of face-to-face contacts as appropriate to the disease. Initial medication prophylaxis, when indicated, is directed towards contacts and specific health care workers, first responders and priority emergency personnel. Priority Prophylaxis of community responders follows CDC guidelines.

Priority Prophylaxis Groups

- ❖ Healthcare workers and Toe River Health District staff and immediate household members. (Immediate household members are defined as persons living in the home).
- ❖ Hospital and Toe River Health District clinic volunteers assisting with clinic operations
- ❖ Emergency Medical Service personnel and immediate household members
- ❖ Law Enforcement
- ❖ Fire Department
- ❖ Identified contacts

- ❖ Agencies/Organizations that have a Memorandum of Understanding (MOU) with TRHD
- ❖ General public

<i>Provisional estimates</i>	Avery County	Mitchell County	Yancey County
Population estimate	18,028	15,892	18,148
HealthCare workers	618	543	110
Public Health	30	20	32
Emergency Responders	10	20	25
Sheriff Department	30	21	16
Other Public Safety	40	7	40
Firefighters/First Responders	280	280	275
911 dispatchers	20	12	13
Correctional facilities	594	N/A	N/A
Key Government	28	34	25
Essential utility	50	8	50
Transportation	10	12	15
Telecommunications	30	15	
Totals	1740	972	601

Exposure history, person-to-person transmissibility (e.g., smallpox and flu), and other epidemiological factors are considered. Administration of medications is accomplished under the direction of the Avery, Mitchell and/or Yancey County Medical Director. Medications are dispensed to individuals identified as susceptible per the epidemiological standards set by the TRHD Health Director and in keeping with CDC and United States Army Medical Research Institute of Infectious Diseases (USAMRIID) recommendations. Facility-based medical responders are expected to do the same within their own settings once the medications are approved, released, and/or authorized by the TRHD Medical Director along with the issuance of medical protocols.

Alternatives for management of the priority prophylaxis process include onsite prophylaxis at the recipient organization or at a designated site within Avery, Mitchell or Yancey County. Prophylaxis for hospital staff and household members is accomplished at the individual hospital utilizing hospital personnel; TRHD staff and household members in the county in which the employee is based or assigned to at the time of the event; AMY EMS personnel and household members at EMS Headquarters by EMS personnel; law enforcement and fire department personnel and household members by AMY EMS; essential government officials and public works staff by the TRHD staff at the local health department or POD in the county in which these persons reside.

Should medication be available, MOU's have been established with local businesses, hospitals, schools, prisons for dispensing medication.

Special Needs Populations: 

Populations that have been identified in TRHD as having special needs include:

1. Limited/ Non English speakers
2. Hearing or sight impaired
3. Homebound individuals-physical ability, no transportation
4. Elderly/Children in general
5. Adults/Elderly with special medical needs

6. Children-special medical needs, foster care
7. Institutionalized persons (hospital, nursing homes, assisted living)
8. Incarcerated individuals
9. Undocumented aliens
10. Indigent persons and population needs due to the event
11. Mentally Challenged Individuals-can not follow directions
12. Culture
13. Faith
14. Attitude/appearance-trust in government

It is evident that the citizens of TRHD receive information more readily from persons they trust. Pre event, TRHD establishes a system such as COIN-Community Outreach Information Network to: **57**

1. identify individuals with whom the population trust
2. a method of get information to the public
3. prepare preparedness information in advance

During a public health emergency, TRHD utilizes the translators/interpreters on staff. Contact information for these employees is listed in Supporting Documents. Translators/interpreters and other staff/volunteers are available during POD clinics to assist limited English speakers, hearing impaired and illiterate individuals. **57**

101 TRHD PIO develops materials that are easy to read and have been translated to the top languages in the community. **57**

TRHD or LEOC provides special needs helpers to assist sight impaired individuals and semi-ambulatory individuals through the POD clinic. **57**

In the event of a public health emergency, TRHD Liaison Officer contacts the AMY County Department of Social Services (DSS). AMY County DSS, in turn, notifies residents of rest homes, family care homes, and foster care homes. NC Division of Facility Services (DFS) is notified by TRHD Liaison Officer, who in turn, notifies all licensed nursing homes. Homebound individuals are notified via media Public Service Announcements (PSA), DSS or local home health agency staff. **57**

The number of long term care facilities in each County has been determined. A list of these facilities with point-of-contact information, location and their respective maximum occupancy levels is found in the Alternate Care Facility List. In the event of a public health emergency TRHD provides medications/vaccinations to these facilities for prophylaxis or vaccinate their own populations using in-house medical staff.

TRHD receives medications for the State Correctional Facilities located in Avery County. A list of these facilities with point-of-contact information, location, and their respective maximum occupancy levels can be found in Appendix 1-F and the Alternative Care Facility List. Training information and records for these facilities are available in Supporting Documents. **11.1.1.2.14** Emergency medications for local facilities are delivered and dispensing medications to the institution's population is the responsibility of the facility's medical staff.

To the extent possible, a family member, legal guardian, or designated employee who is 16 years of age or older, with identification (any form of picture identification), **1.5** may pick up recommended prophylaxis at a POD for members of their immediate family or agency. The family member, legal guardian, or agency representative must provide a copy of the Name, Address, Phone, and Health History (NAPH) Form as found in Appendix 14-B **101** for persons receiving medication. There is no limit to the number of doses a single person picks up **101** as long as a NAPH is completed for each person medication is requested for. **1.5** If possible, this form should be

completed before arrival at the POD. This form is available to the public online, at local libraries, grocery stores, fire stations, schools, and at the POD sites.

If underage clients (less than 16 years of age) present at the POD alone **10.1**, they are directed to the Dispensing Site Director or designee (*job action sheet*), who interviews the client and evaluates the situation, making phone calls to parents/guardians as necessary and as possible. **10.5** If a minor is acting as a family representative; he/she must sign the NAPH form for the family. Based upon the available information, the Dispensing Site Director or designee/Medical Director determines the suitability of providing the needed medication/vaccination for the underage client and/or their family. The Medical Directors for TRHD are Dr. Charles Baker/Avery County and Dr. David Craig/ Mitchell County and Yancey County

Undocumented individuals are prophylaxis/vaccinated with the general population in a POD clinic setting. No proof of residency is required. The Public Information Officer develops and implements a public health education campaign to inform undocumented individuals that they may bring their families to POD sites and are required to show proof of residency.

TRHD uses agencies such as home health to provide prophylaxis to homebound and other at-risk populations. **10.6**

Sick Patient Transport and Treatment Centers:

If a symptomatic patient presents at the POD clinic, ill patients are advised to self-transport to local hospitals and treatment centers. Severely ill or injured patients or staff is transported to a hospital or local treatment center by AMY County EMS. **10.1**

TRHD has two (2) hospitals within its jurisdiction. A list of hospitals with contact information is located in *Appendix 1-D*. In the event of a public health emergency, the Liaison Officer contacts the hospitals.

Equipment and Supplies:

In order to operate a POD clinic, TRHD needs clinic supplies that can be readily transported to the POD site. TRHD has a response trailer located in each county, stocked on a rotation system, with necessary clinic and office equipment (i.e. paper, pens, clipboard) to respond to an event. **10.8** A special equipment trailer is deployed to each TRHD POD site for delivery of larger equipment and generators. Based on the type of event and time frame of need, additional office supplies are ordered from TRHD office supply vendors or other office supply vendors locally using a *TRHD Purchase Requisition Form*. Medical supplies are ordered from vendors currently supplying TRHD clinics. **5.6**. A list of possible equipment and supplies needed for TRHD POD operations is found in *Appendix 1.7*

TRHD Communication/ Information Technology (IT) are responsible to set up the necessary office equipment (i.e. computers, fax, copiers, and scanners) at the POD. The Safety Officer is responsible to for supplying identifiers other than badges, i. e. Command & Control vest. Crowd and traffic control equipment will be supplied at the POD by TRHD Safety Officer and/or AMY EM, and security. **10.8**

The Logistics Section Chief is overall responsible for equipment and supplies.

Training, Exercise, and Evaluation

The Health Director, and/or TRHD Preparedness and Response Coordinator(s) serve as the lead person for local training, exercise, and evaluation of the SNS Plan. **12.1**

Just-in-Time Training Plan:

Just-in-Time Training will occur in two phases during an activation of the Mass Dispensing Clinics. *Phase One* includes coordination with the Medical Reserve Corps and Emergency Management where incoming volunteers and staff with no prior Mass Dispensing Clinic experience will receive training on clinic operations and roles in the incident. At the area staging area, volunteers and staff review educational videos which provide an overview of clinic operations and the various roles within the clinic. The Job Action Sheet is accompanied by directions to the requesting clinic site and a layout of the site with attention brought to the staff entrance and POD Site Director to which the volunteer/staff member reports to. Specific forms or equipment associated with the position are distributed at the assigned clinic site and reviewed during phase two training during staff rotations. Prior to leaving the staging area, volunteers and staff are credentialed or have credentials validated. Credential verification or ID cards are to be in place prior to arrival at a dispensing site.

Phase Two of the Just-in-Time Training will occur at the assigned POD. The staff member will report to the POD Site Director who is responsible for providing any needed equipment or forms used in the position, orientation to the clinic operations and structure, and orientation to the specific position with review of the Job Action Sheet.

Pre-Event Training Plan:

Just-in-Time Training will be enhanced by providing pre-event training in a classroom setting. The facilitator provides instruction on Mass Prophylaxis, Medical Supplies Management (SNS), Incident Command, POD with Clinic Flow and Job Action Sheets, Alternate Care Facilities, Role in SNS with Volunteers, First Responders, LE and other community partners. The scenarios or questions that are posed in the pre-event training section are adapted to the audience to provide training with a series of scenarios likely to be encounter in the job position.



Health Department Staff Training Plan:

Yearly TRHD conducts/participates in a preparedness exercise/drill of the SNS plan. Training toward the yearly exercise is offered to health department employees in preparations for the exercise. Pre-event training is also offered to community partners who have a role in the SNS plan and/or the yearly exercise. Content of the yearly training includes Strategic National Stockpile review and a focus on the objectives covered in current exercise. TRHD employee training records are found in Supporting Documents.

New employees are provided information on preparedness training, both mandatory and role specific. The employee's supervisor orients the employee to the mandatory preparedness trainings in the agencies policy.

Preparedness training for health department staff includes:

- Mandatory Workforce Development preparedness assessment within the first three months of employment
- National Incident Management System (NIMS) and Incident Command System (ICS) trainings are mandatory trainings for current and new employees. NIMS 700 and ICS 100 are mandatory trainings regardless of position and are independent study courses offered on-line through fema.gov.
- Specific training toward predetermined positions based on licensure or experience may include; WebEOC, GETs Card, Pack Radio, CP 100 hand held radio, interpreter equipment, surveillance equipment, data entry, etc. Refer to TRHD Telecommunication Plan.

As emergency service personnel, TRHD employees are required to work in an emergency when requested to do so. Staff is subject to disciplinary action for failing to report to work without good reason. TRHD staff assumes roles based on experience, training or resources. This policy applies during working and non- working hours.

Exercise Plan:

TRHD exercises preparedness plans yearly in accordance with the Department of Homeland Security Exercise and Evaluation (HSEEP) guidance that allows mass prophylaxis plans and/or medical supplies management and distribution to be tested and evaluated, independently, with community partners, regionally and/or with the state. County wide, regional, and state exercises include; video broadcasts, tabletops, drills, functional and full scale field exercises. Exercises at the county level include community partners, at the regional level exercises include PHRST 6 and surrounding counties including counties community partners, exercises at the state level include but are not limited to the state entities of health and human services, public health, state laboratory, EM and EMS



Community Partners support training and exercise through MOU's. AMY school system(s) are provided pre-event training from health department staff, training on public health incidents impacting the school system, and provide infrastructure equipment, personnel and support for exercise functions.

Avery Volunteer and the Medical Reserve Corps develop a data base of physicians, nurses, and other health care professionals in the area. Training programs are developed for Medical Reserve Corps volunteers to include NIMS 700, ICS 100, CPR, and SNS training.

Evaluation Plan:

In conjunction with community partners, TRHD exercises are evaluated using the After Action Report and Correction Action Plan. Community Partner input in evaluating an exercise provides the baseline for each agency to address their individual After Action Report and upgrade agency preparedness plans.

Additional SNS resources may be found in *NCDHHS Information Resource Guide* 

TRHD Pandemic Influenza Plan

J. J. Greene
Toe River Health District Health Director

8-24-09
Date

Bill Rami
Coordinator, Emergency Management

8-24-09
Date

Nad R Bennet
County Manager

8-26-09
Date

Walter E Savage
Chairman, County Board of Commissioners

8-26-09
Date

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Susan Clark
Preparedness Coordinator

8-18-09
Date

Reviewed: 05/21/2008

By: Susan Clark, PC

Reviewed: 03/24/2009

By: Susan Clark, PC

Reviewed: _____

By: _____

Reviewed: _____

By: _____

Reviewed: _____

By: _____

Toe River Health District

Pandemic Influenza Plan

The Pandemic Influenza Plan for Toe River Health District is an attachment to the County Emergency Operations Plan for Avery, Mitchell and Yancey County.

Toe River Health District Health Director

Date

Coordinator, Emergency Management

Date

County Manager

Date

Chairman, County Board of Commissioners

Date

Preparedness Coordinator

Date

Preparedness Coordinator

Date

Reviewed: 05/21/2008

By: Susan Clark, PC

Reviewed: 03/24/2009

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By: _____

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Acronyms and Abbreviations Used in Pandemic Influenza Response Plan

Acronym	Meaning
AMY	Avery, Mitchell, and Yancey Counties
BRRH	Blue Ridge Regional Hospital
CDC	Center for Disease Control and Prevention
COOP	Continuity of Operations Plan
CMH	Cannon Memorial Hospital
CN	Child Nutrition Programs
EM	Emergency Management
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EPA	Environmental Protection Act
FD	Food Distribution Program
FNS	Food and Nutrition Service
HAN	Health Alliance Network
ICS	Incident Command System
ILI	Influenza-Like Illness
NCDHHS	North Carolina Department of Health and Human Services
NCGCDC	North Carolina General Communicable Disease Control Branch
NCGS	North Carolina General Statutes
NCSLPH	North Carolina State Laboratory of Public Health
NCVDL	North Carolina Veterinary Diagnostic Laboratory
NIMS	National Incident Management System
NPI	Nonpharmaceutical Interventions
P	Prophylaxis
PEP	Post-Exposure Prophylaxis
POD	Point of Dispensing
PPE	Personal Protective Equipment
PRR	Partnership Recourse and Referral
SNS	Strategic National Stockpile
SPCH	Spruce Pine Community Hospital (changed to BRRH)
T	Treatment
TRHD	Toe River Health District
USDA	United States Department of Agriculture
USDHHS	United States Department of Health and Human Services
WHO	World Health Organization
WIC	Women, Infants and Children

I. INTRODUCTION

Background

Influenza is a highly infectious viral illness that causes yearly epidemics. Influenza pandemics or worldwide epidemics are regular events that have been occurring throughout history with varying degrees of impact. In the 20th century, three epidemics occurred: the 1918 Spanish Flu epidemic that resulted in more than 500,000 deaths in the United States, and over 20 million deaths worldwide; the 1957 Asian Flu epidemic; and the 1968 Hong Kong Flu epidemic.

In the United States, influenza causes up to 36,000 deaths each year, primarily among the elderly. Influenza is a highly contagious illness and can spread easily from person to person, transmitted in most cases by droplets or direct contact. Maximum communicability occurs from one to two days from exposure to onset of symptoms to four to five days after symptom onset. The incubation period is usually two days, but can vary from one to five days. Typical symptoms include abrupt onset of high fever, chills, myalgia, sore throat, nonproductive cough, and headache and may include substernal chest burning, eye pain, or sensitivity to light. Gastrointestinal symptoms may also occur and are more commonly seen in children than adults. An annual influenza vaccination is the best method of protection against influenza. Other measures, such as frequent hand washing, universal respiratory hygiene and cough etiquette, will help stop the spread of influenza in communities as well as in health care facilities.

Influenza viruses are distinctive in their ability to cause sudden, pervasive illness in all age groups on a global scale. However, previous pandemics caused disproportionate illness and death in young healthy adults. New data from recent epidemic years show that young children are at increased risk for complications and death. Hospitalization rates are highest among children 0 to 1 years of age and are comparable to rates reported in persons ≥ 65 years of age.

Influenza viruses present biological threats because of a number of factors, including a high degree of transmissibility, the presence of a vast reservoir of novel variants (primarily in aquatic birds), and unusual properties of the viral genome.

Influenza Pandemic

An influenza pandemic is considered to be a high probability event. Due to the viruses' potential for rapid transmission and evolution, there may be as little as one to six months warning before outbreaks occur in the United States. Outbreaks of influenza would present a unique public health emergency due to the fact that they are expected to occur simultaneously throughout much of the country and state. The impact of the next pandemic could have devastating effects on the health and well being of our citizens, our services, our economy, and our human and material resources that normally occur in most other natural disasters. Further predicted complications include a shortage of vaccine and antiviral agents and a need for a second dose, as well as the increased risk of exposure for health care providers and first responders. The goals are to limit the spread of a pandemic; mitigate disease, suffering, and death; and sustain infrastructure and lessen the impact on the economy and the functioning of society.

Pandemic Phases

Pandemic influenza response is divided into six phases as defined by the World Health Organization (WHO) from early identification of a novel virus to resolution of pandemic cycling.

WHO Pandemic Phases and Planning Goals

New Phases	Overarching Public Health Goals
<p>Interpandemic Period</p> <p>Phase 1. No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.</p> <p>Phase 2. No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.</p>	<p>Strengthen influenza pandemic preparedness at the global, regional, national, and sub-national levels.</p> <p>Minimize the risk of transmission to humans; detect and report such transmission rapidly if it occurs.</p>
<p>Pandemic Alert Period</p> <p>Phase 3. Human infection(s) with a new subtype, but no human-to-human spread, or at most, rare instances of spread to a close contact.</p> <p>Phase 4. Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</p> <p>Phase 5. Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).</p>	<p>Ensure rapid characterization of the new virus subtype and early detection, notification, and response to additional cases.</p> <p>Contain the new virus within limited foci or delay spread to gain time to implement preparedness measures, including vaccine development.</p> <p>Maximize efforts to contain or delay spread, to possibly avert a pandemic and to gain time to implement pandemic response measures.</p>
<p>Pandemic Period</p> <p>Phase 6. Pandemic: increased and sustained transmission in the general population.</p>	<p>Minimize the impact of the pandemic.</p>

Early identification of the initial outbreak and epidemiological investigations will be a key to best contain the spread of the disease.

In a pandemic influenza event the Toe River Health District would become primarily concerned with the health and safety of the citizens of Toe River Health District (TRHD). Goals of these efforts would be to reduce mortality and morbidity, preserve continuity of essential government functions, and minimize social disruption and economic losses. A pandemic influenza event would stretch the capabilities of the local health systems through increased hospitalizations, outpatient/physician office visits, and deaths. The business community would be affected through mass absences and therefore lowered productivity.

It is noted that seasonal/special events in Avery, Mitchell, and Yancey Counties may drastically increase the population due to special events such as:

- Grandfather Highland Games
- seasonal/part time residents (It is estimated that the county population may increase during this time to 60,000.)
- vacations, summer, and winter events
- Blue Ridge Parkway
- Gem Festival
- county fairs
- summer camps
- other mountain attractions

A summary of Center for Disease Control and Prevention (CDC) FluAid *estimates for a moderate* pandemic influenza morbidity and mortality for Toe River Health District follows:

Avery County with a population of 18,028 (year round residents)

Outpatient Visits (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	332	554	776
minimum	278	463	648
maximum	387	645	903
19-64 years most likely	878	1,464	2,049
minimum	631	1,051	1,471
maximum	1,341	2,234	3,128
65+ years most likely	225	375	525
minimum	212	354	495
maximum	349	582	815

Hospitalization (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	1	2	2
minimum	1	1	1
maximum	4	7	10
19-64 years most likely	21	35	49
minimum	3	6	9
maximum	23	38	54
65+ years most likely	13	21	30
minimum	9	15	21
maximum	16	27	37

Deaths (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	0	0	0
minimum	0	0	0
maximum	1	1	2
19-64 years most likely	4	6	8
minimum	1	1	1
maximum	7	11	16
65+ years most likely	5	8	11
minimum	5	8	11
maximum	6	10	14

For an example of a more severe pandemic, multiply above figures by 10.

CDC's FluAid *estimates for a moderate* pandemic influenza:

Mitchell County with a population of 15,892 (year round residents)

Outpatient Visits (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	311	518	725
minimum	259	432	605
maximum	362	603	844
19-64 years most likely	725	1,208	1,691
minimum	520	867	1,214
maximum	1,106	1,843	2,581
65+ years most likely	233	388	544
minimum	220	366	513
maximum	362	603	844

Hospitalization (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	1	2	2
minimum	0	1	1
maximum	4	7	10
19-64 years most likely	17	29	41
minimum	3	5	7
maximum	19	32	44
65+ years most likely	13	22	31
minimum	9	16	22
maximum	17	28	39

Deaths (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	0	0	0
minimum	0	0	0
maximum	1	1	2
19-64 years most likely	3	5	7
minimum	0	1	1
maximum	6	9	13
65+ years most likely	5	8	11
minimum	5	8	11
maximum	6	10	14

For an example of a more severe pandemic, multiply above figures by 10.

CDC's FluAid estimates for a moderate pandemic influenza:

Yancey County with a population of 18,148 (year round residents)

Outpatient Visits (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	360	600	840
minimum	301	501	702
maximum	419	699	978
19-64 years most likely	828	1,379	1,931
minimum	594	990	1,386
maximum	1,263	2,105	2,947
65+ years most likely	261	435	609
minimum	246	411	575
maximum	405	676	946

Hospitalization (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	1	2	3
minimum	1	1	1
maximum	5	8	11
19-64 years most likely	20	33	46
minimum	3	6	9
maximum	22	36	51
65+ years most likely	15	25	34
minimum	11	18	25
maximum	19	31	43

Deaths (number of cases)			
Gross attack rates			
	15%	25%	35%
0-18 years most likely	0	0	0
minimum	0	0	0
maximum	1	1	2
19-64 years most likely	3	6	8
minimum	0	1	1
maximum	6	10	15
65+ years most likely	6	9	13
minimum	5	9	12
maximum	7	11	16

For an example of a more severe pandemic, multiply above figures by 10.

The Plan primarily focuses on the roles, responsibilities, and activities of TRHD. However, planning and preparedness efforts for a pandemic influenza event require collaboration and cooperation among various agencies within TRHD that would be responding to such an event. It is expected that health care facilities and health care professionals, essential service providers, local governmental officials and business leaders will develop and incorporate procedures and protocols addressing influenza preparedness and response activities into their emergency response plans. Planning between these agencies is ongoing to anticipate and plan for efficient and effective response.

Primary responders in a pandemic flu event:

- Toe River Health District
- Cannon Memorial
- Blue Ridge Regional Hospital
- Avery, Mitchell, and Yancey County (AMY) Emergency Management
- AMY Emergency Medical Services (EMS)
- AMY Local Government, AMY Law Enforcement
- AMY School Systems
- AMY Fire Departments
- AMY Funeral Services
- AMY Chamber of Commerce
- AMY Veterinarians
- Mayland Community College
- Lees McRae College
- AMY Faith Based Organizations
- AMY Department of Social Services
- AMY Mental Health
- AMY Long Term Care Facilities
- AMY Child Care Services
- AMY Senior Services
- AMY Private Schools
- Local businesses

Reference: Centers for Disease Control and Prevention (CDC)

<http://www.cdc.gov>

World Health Organization (WHO)

<http://www.who.int>

US Government Pandemic Influenza

<http://www.pandemicflu.gov>

North Carolina Public Health

<http://www.ncpublichealth.com>

<http://www.epi.state.nc.us/epi/gcdc/pandemic.html>

II. Command and Control

The *North Carolina General Statutes (NCGS)* statutory authority of Public Health is the basis for anticipated Public Health action in a pandemic influenza.

NCGS 166A "North Carolina Emergency Management Act of 1977"
5(3) b1 requires a special component of the Emergency Operations Plan to be prepared in coordination with the State Health Director that includes specific provisions regarding public health matters, including guidelines for prophylaxis and treatment of exposed and affected person, allocation of the National Pharmaceutical Stockpile and appropriate conditions for quarantine and isolation to prevent further transmission of disease. (See appendix to Emergency Operations Plan)

NCGS 130A "Public Health Law of North Carolina"

TRHD's Pandemic Flu Plan is an annex to Avery, Mitchell, and Yancey County's Emergency Operations Plan.

Public Health preparation and response are guided by the Center for Disease Control and Prevention (CDC), Division of Public Health of the NC Department of Health and Human Services and the World Health Organization (WHO). The NC Pandemic Flu Plan is the primary guidance tool and can be found at

<http://www.epi.state.nc.us/epi/gcdc/pandemic.html> (Appendix A).

The United States Department of Health and Human Services (US DHHS) is the federal government's lead agency for the preparation and planning for an influenza pandemic.

The US DHHS will:

- Coordinate the federal government's response to the public health and medical requirements of an influenza pandemic.
 - Development and use of diagnostic laboratory tests and reagents.
 - Development of reference strains and reagents for vaccines.
 - Vaccine evaluation and licensure.
 - Deployment of federally purchased vaccine.
 - Deployment of antiviral agents in the Strategic National Stockpile.
- Provide the US DHHS Secretary's Command Center as the national incident command center for all health and medical preparedness, response, and recovery activities.
- Authorize the CDC as primary responsibility for tracking an influenza pandemic and managing the operational aspects of the public health response.
- Coordinate medical and public health communications.
- Determine population at highest risk and strategy for vaccination and antiviral use.

The CDC has assumed primary responsibility for a number of key elements of the national plan, including:

- Vaccine research and development.
- Coordinating national and international surveillance.
- Assessing and potentially enhancing the coordination of vaccine and antiviral capacity, and coordinating public-sector procurement.
- Assessing the need for and scope of a suitable liability program for vaccine manufacturers and persons administering the vaccine.
- Developing a national clearinghouse for vaccine availability information, vaccine distribution and redistribution.
- Developing a vaccine adverse events reporting system at the national level.
- Developing a national information database/exchange/clearinghouse on the internet.
- Augment local and state resources in the areas of:
 - disease surveillance
 - epidemiological response
 - diagnostic laboratory services and reagents
 - education and communication
 - disease containment and control

The North Carolina Department of Health and Human Services (NC DHHS) will provide the first line of response with respect to preparing and planning for a pandemic by:

- Making recommendations to local health departments, health care providers and facilities, and the general public to aid in controlling the spread of influenza.
- Identifying and managing local resources to deal with a pandemic including antivirals and antibiotics.
- Maintaining surveillance systems to monitor the spread of disease.
- Recommending appropriate resources within mass quarantine measures.
- Imposing other community containment measures as required.

Toe River Health District's role during an influenza pandemic:

- ❖ Public Education
 - Health Department Staff
 - Community Partners planning and preparedness efforts
 - Healthcare providers (hospitals, private practices, EMS, long-term care facilities, etc.)
 - General Public (schools, institutional facilities, day cares, businesses, etc.)
 - TRHD will encourage annual vaccination of all healthcare workers to decrease the risk of people being infected by a novel influenza virus and a known influenza virus at the same time.
 - Respiratory Hygiene/Cough etiquette alerts will be on-going at the first point of contact with a potentially infected person to prevent transmission of all respiratory tract infections. Stations containing masks, tissues,

alcohol hand wash and instruction to “cover your cough, wash your hands” will be present in the lobbies of the local health departments.

- All health care personnel will observe Standard Precautions as well as Droplet Precautions with patients who present with cough and fever.
- ❖ Plan for mass vaccination clinics in each of the three counties in Toe River Health District.
- ❖ Enhance investigation and surveillance of suspected cases.
- ❖ Be available for consultation and support to our community partners.
- ❖ Issue isolation and quarantine orders if indicated.

Quarantine and Isolation

The Toe River Health District will, in addition to the activities listed below, follow the NC DHHS Department of Public Health’s recommendations/guidance on “Community Containment Measures including Non-Hospital Isolation and Quarantine and Home Care” using the state pandemic flu plan.

1. Toe River Health District would follow NC GCDC Branch’s recommendations on isolation and quarantine should there actually be cases of pandemic influenza in the TRHD.

North Carolina General Statute (NCGS) 130A-145 – Establishes the authority of the State Health Director and of a local health director to issue isolation or quarantine orders. The isolation or quarantine order initially lasts up to 30 days but can be extended by court order.

G.S. 130A-2(3a) “Isolation authority” means the authority to issue an order to limit the freedom of movement or action of a person or animal with a communicable disease or communicable condition for the period of communicability to prevent the direct or indirect conveyance of the infectious agent from the person or animal to other persons or animals who are susceptible or who may spread the agent to others.

G. S. 130A-2(7a) “Quarantine authority” means the authority to issue an order to limit the freedom of movement or action of persons or animals which have been exposed to or are reasonably suspected of having been exposed to a communicable disease or communicable condition for a period of time as may be necessary to prevent the spread of that disease. Quarantine authority also means the authority to issue an order to limit access by any person or animal to an area or facility that may be contaminated with an infectious agent. The term also means the authority to issue an order to limit the freedom of movement or action of persons who have not received immunizations against a communicable disease when the State Health Director or a local health director determines that the immunizations are required to control an outbreak of that disease.

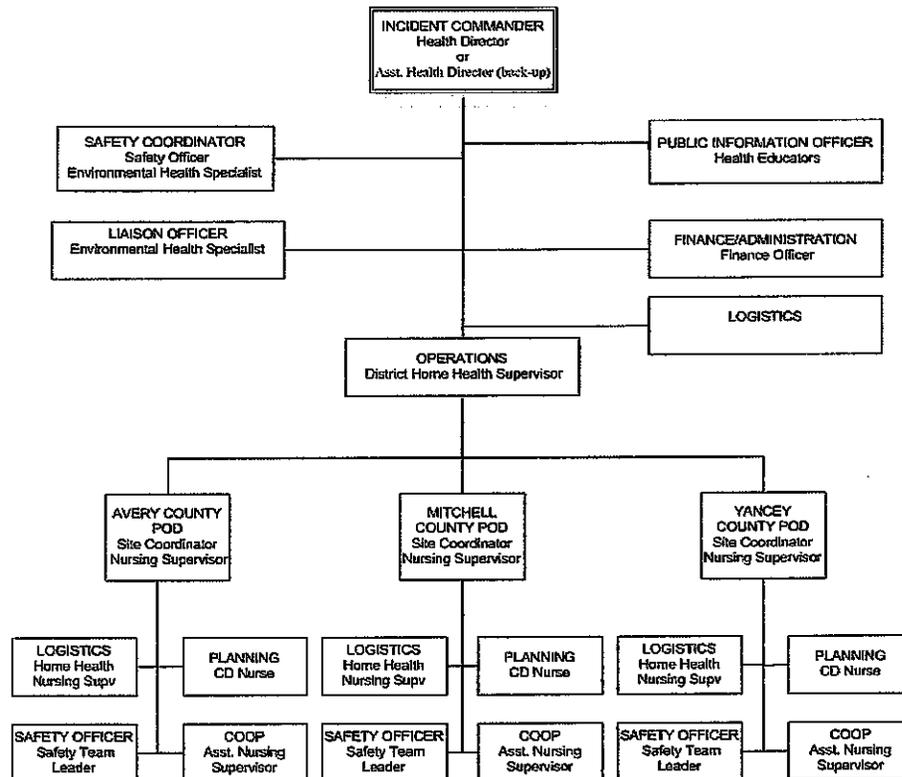
2. Isolation and Quarantine orders will be authorized by the Toe River Health District Public Health Director and are located in *Appendix B* of the Pandemic Influenza Plan.
3. Home care and voluntary isolation/quarantine would be used as the method of choice in an attempt to reduce incidence and spread of disease.

4. Toe River Health District will consult with the Superintendents of Avery, Mitchell, and Yancey County Schools regarding the isolation of students and faculty. They will also be consulted should there be an indication that pandemic flu is spreading through any school or school system.
5. Toe River Health District Public Information Officer will assist in issuing educational messages to residents of Avery, Mitchell, and Yancey County in an attempt to reduce or contain the spread of influenza.

*Resources: NC Statutory Authority to Address Pandemic Influenza; Isolation Order; Quarantine Order
Toe River Health District Mass Dispensing/Mass Vaccination (SNS)
Preparedness Manual Volume #2*

During any response by the Toe River Health District, the Incident Command System (ICS) of Operation will be utilized in accordance with the National Incident Management System (NIMS).

Fig.: TRHD Incident Command System Chart



TRHD Policy: Communicable Disease Surveillance, Investigation, and Reporting
 TRHD Policy: Preparedness Manual Volume #2

Resources:

- Toe River Health District Mass Dispensing/Mass Vaccination (SNS) Preparedness Manual Volume 2*
- Avery, Mitchell, Yancey County Emergency Operations Plan*
- North Carolina Pandemic Influenza Plan*
- www.epi.state.nc.us/epi/gcdc/pandemic.html*
- North Carolina General Communicable Disease Manual*
- CDC Document: Preparing for Pandemic Influenza*
- CDC Document: State and Local Pandemic Influenza Planning Checklist 12/05*
- CDC Document: Business Pandemic Influenza Planning Checklist 12/05*
- NIMS: www.fema.gov/pdf/emergency/nims/nimsdocfull.pdf*
- NACCHO's LHD Guide to Pandemic Influenza Planning*
- www.naccho.org/topics/infectious/influenza/documents/NACCHOPanFluGuideforLHDsll.pdf*

III. SURVEILLANCE

Virologic and disease surveillance data can aid in the identification of effective control strategies and re-evaluate recommended priority groups for vaccination and antiviral therapy. They can also facilitate efforts to mathematically model disease spread during a pandemic.

Surveillance will be monitored on global, national, and state levels for both virus and disease activities. The objectives of influenza surveillance are to determine when, where, and which influenza viruses are circulating; to determine the intensity and impact of influenza activity; and to detect the emergence of novel influenza viruses and unusual or severe outbreaks of influenza.

Each year, the NCDPH conducts routine influenza surveillance from the end of September through May. Following CDC's outline for surveillance, North Carolina surveillance includes virologic surveillance by the NCSLPH, surveillance of influenza-like illness (ILI) by sentinel providers, level of influenza activity in North Carolina as reported by the State Epidemiologist, and the 122-Cities pneumonia and influenza mortality system.

This surveillance includes the investigation of outbreaks of influenza, influenza-like illnesses monitoring in hospital emergency departments, case investigation of severe illnesses and deaths in children associated with influenza and enhanced surveillance for novel influenza viruses through travelers, refugees, and poultry, etc.

Reference: Detection and Management of Suspect Cases of Avian Influenza H5N1 in travelers.

Influenza is a reportable disease under North Carolina General Statutes when:

- Any influenza virus causing death in an individual younger than 18 years of age (within 24 hours by telephone and Disease Report Card)
- Any novel influenza virus infection (immediately by telephone and Disease Report Card)
- Outbreaks or unusual clusters should also be reported

Reference: North Carolina Communicable Disease and Related Statutes 130A-134

The TRHD will, in addition to the activities listed below, follow the NC DHHS's recommendations/guidance on surveillance of influenza using the state pandemic flu plan.

Interpandemic period

Phase 1 and 2:

- ❖ Surveillance will be ongoing through:
World Health Organization (WHO)
CDC
North Carolina General Communicable Disease Control Branch (GCDC)

NCDTECT

Health Alliance Network (HAN)

Epi-X

- ❖ Monitor the level of influenza activity reported weekly by North Carolina State Epidemiologist.
- ❖ Monitor influenza-like-illness through local hospitals, emergency departments, health care providers, and clinics.
- ❖ Request regular reporting of unexplained deaths by the medical examiner.
- ❖ Request abnormal absenteeism reports from schools, colleges, and other entities within the community.
- ❖ Monitor voluntary reporting of outbreaks in long-term care facilities.
- ❖ Ensure contact information for community partners is current in the event of an emergency.

Pandemic Alert Period

Phase 3:

- ❖ Enact enhanced surveillance efforts.
- ❖ Expand surveillance to local health care providers, school, daycares, and long term care facilities.
- ❖ Contact NCDPH to determine whether or not influenza culture specimens for patients with ILI should be sent to the SLPH. (Refer to North Carolina Pandemic Flu Plan, Appendix P-1 for guidelines on what specimens should be sent to SLPH.)
- ❖ Coordinate efforts with other local, state, and federal entities.
- ❖ Expand seasonal influenza surveillance to year round.
- ❖ Enhance surveillance among tourist and recreational travelers in Toe River Health District.
- ❖ Develop additional data request for symptomatic patients for either personal or contact history of travel to geographic areas with novel virus activity. (See the North Carolina Pandemic Flu Plan, Appendix P-1 and P-2.)

Phase 4:

- ❖ Activate process to identify and track any possible cases within Toe River Health District.
- ❖ Activate current surveillance methods for ILI and influenza if outside the regular influenza season.
- ❖ Establish case definition in concert with NCS DHHS and CDC.
- ❖ Report surveillance guidelines to local hospitals, clinics, and physicians.
- ❖ Monitor local media and news sources for information related to pandemic influenza activity.

Phase 5:

- ❖ Communicate to all community partners the heightened need for timely and complete surveillance data.
- ❖ Enhance surveillance to identify patients at increased risk for infection with a novel virus.
- ❖ Provide physicians and other primary care sites with information and instructions about gathering samples from individuals who display symptoms of ILI and who are at increased risk for infection according to established guidelines. (See North Carolina Pandemic Flu Plan, Appendix P-1.)

- ❖ Investigate outbreaks of influenza-like illness in local schools, colleges, and other community gathering places.
- ❖ Conduct epidemiological investigations and monitoring among any cases in Toe River Health District.
- ❖ Provide information regarding status of the outbreak to the local hospitals, all health care providers, and other care facilities.

Pandemic Period

Phase 6:

- ❖ Intensify virologic and disease surveillance.
- ❖ Screen and/or quarantine persons residing within TRHD who express recent international travel to an area known and/or suspected to be infected with a novel influenza virus.
- ❖ Request estimates of the level of ILI if the local hospitals, emergency rooms, clinics, and physicians are unable to keep record of the number of patients seen in an effort to maintain active surveillance.
- ❖ Conduct surveillance studies to determine effectiveness of control measures such as regulating gatherings and community quarantine.
- ❖ Obtain local surveillance data to establish age-specific attack rate, morbidity and mortality.
- ❖ Review surveillance data for potential risk factors that either prioritize or de-prioritize infected individuals for receiving antiviral and/or vaccine.

Second and Subsequent Waves

- ❖ Surveillance methods utilized during the phases before the pandemic wave can be reactivated.
- ❖ Maintain level of surveillance to determine the onset of a subsequent pandemic wave.
- ❖ Prepare community partners for the possibility of a second wave.

Post pandemic period

- ❖ Return to routine influenza surveillance.
- ❖ Review and analyze epidemiologic data obtained during the influenza pandemic.
- ❖ Evaluate the efficacy of containment measures and emergency management strategies.

After hours, holidays and weekend emergency contact personnel for Toe River Health District are listed bi-monthly with Cannon Memorial Hospital, Spruce Pine Community Hospital, and AMY County Dispatch, and Emergency Management. Questions during work hours will be directed to the Communicable Disease Nurse, Nursing Supervisor, or EPI Team Leader within the local health department.

Persons presenting themselves to TRHD with ILI will be evaluated by the provider.

*Resources: [NC Pandemic Influenza Plan: Enhanced Surveillance for Avian Influenza in Humans and Appendix P-1](#)
www.cdc.gov/flu/weekly/fluactivity.htm
[WHO: Global Influenza Preparedness Plan](#)*

IV. Laboratory Diagnostics

The goal of laboratory diagnostic testing during a pandemic is to identify the earliest cases of pandemic influenza, support disease surveillance to monitor the pandemic's geographic spread and impact of interventions, facilitate clinical treatment by distinguishing patients with influenza from those with other respiratory illnesses, and to monitor circulating viruses for antiviral resistance.

The North Carolina State Laboratory of Public Health (SLPH) in Raleigh routinely performs viral cultures for propagation and detection of influenza virus. Testing for novel influenza viruses (H5 and H7) is also performed by the SLPH. To request testing of novel influenza viruses, clinicians will need to call the SLPH. A call should also be made to the NCGCDC branch epidemiologist on-call (919) 733-3419 for consultation regarding testing and management of patients with suspected novel influenza infection. Specimens may be sent to the Regional BT/Emerging Pathogens Laboratory in Asheville (828) 250-6110 after approval from state lab.

While TRHD Laboratories do not perform influenza testing on site, all laboratory personnel are available to provide rapid collection and processing of laboratory specimens for the identification and diagnosis of a pandemic influenza virus to community partners and providers of TRHD.

Specimens collected within TRHD are taken to the health department laboratory for processing and shipment to the state laboratory.

Interpandemic Period

Phase 1 and 2:

- ❖ Encourage routine vaccination of all eligible laboratory personnel who are exposed to specimens from patients with respiratory infections.
- ❖ Conduct laboratory procedures with the proper PPE.
- ❖ Send clearly labeled specimens from patients with suspected influenza to the state laboratory to enhance laboratory-based monitoring of seasonal influenza virus subtypes.
- ❖ Begin surveillance for influenza-like illnesses among laboratory personnel and providers who are collecting specimens.
- ❖ Conduct preparedness planning to support the response to an influenza pandemic (e.g., collection kits, media, mailers, PPE).

Pandemic Alert Period

Phase 3, 4 and 5:

- ❖ Conduct laboratory procedures with the proper PPE.
- ❖ TRHD laboratories should be on the alert for new human subtypes of influenza that might have pandemic potential.
- ❖ Establish the current level of diagnostic supplies to process large numbers of samples during the initial stages of a pandemic (e.g. collection kits, gloves, masks).
- ❖ TRHD laboratories will assess anticipated equipment and supply need, and determine a plan for ordering extra resources as well as find back-up sources of supplies if most laboratories in the state are relying on the same manufacturer for particular supplies.

- ❖ Determine how consumption of supplies will be tracked during a pandemic.
- ❖ Send clearly labeled specimens from patients with suspected novel influenza viruses to the state laboratory with proper biocontainment facilities.
(In the event an avian influenza strain causes an influenza pandemic, it may become necessary to re-evaluate biocontainment requirements and select agent registration requirements for laboratory testing. CDC and the Laboratory Response Network will assist USDA in making such a decision.)
- ❖ Continue to provide hospitals and health care providers with information on how to contact the laboratory when a novel influenza subtype is suspected and how to handle, label, and ship clinical specimens for diagnostic evaluation.

Pandemic Period

Phase 6:

- ❖ Conduct laboratory procedures with the proper PPE.
- ❖ Support surveillance for pandemic influenza.
- ❖ Confer with the state as to when confirmatory testing is required.
- ❖ Provide local hospitals and health care providers with specimen submission forms that specify the clinical and epidemiologic data that should accompany clinical specimens sent to the state laboratory.
- ❖ Rapidly communicate test results and reminders that a negative test result might not rule out influenza and should not affect patient management or infection control decisions.
- ❖ Provide guidance on which specimens should be sent to state laboratory as the pandemic continues.

While there are no large scale poultry farms in TRHD, several “backyard flocks” exist. Laboratory testing for avian influenza in poultry or livestock is performed by the North Carolina Veterinary Diagnostic Laboratory (NCVDL), a branch of the North Carolina Department of Agriculture and Consumer Services. Guidelines and forms for poultry and livestock specimens can be accessed at: <http://www.ncvdl.com/VetLabSubmitting.html>

Resources: [NC State Laboratory of Public Health Influenza Preparedness and Response Plan: Appendix H-1](#)
[North Carolina State Laboratory of Public Health SCOPE A Guide to Laboratory Services](#)
<http://slph.state.nc.us/Forms/DHHS-3431.pdf>
[Laboratory Submission Form NC DHHS 3431 \(Viral Culture/Molecular Biology Form\)](#)
[Packaging and Shipping Specimens](#)
<http://www.fedex.com/us/services/packaging/diagnosticbrochure.pdf>

V. Vaccine

Vaccine administration is the most effective preventive strategy against outbreaks of influenza and the next pandemic influenza. Unlike the annual production of influenza vaccine, where strains are selected in the spring for distribution in late summer, with current manufacturing procedures, a pandemic strain could require six to eight months before large amounts of vaccine are available for distribution. The emergence of a pandemic strain with new hemagglutinin and/or neuraminidase antigens will likely require a second (booster) dose of vaccine two to four weeks after the first dose is given to elicit a good immune response. It is anticipated that demand for vaccine will be greater than the supply early in the course of the pandemic.

Due to the expectancy of a relative shortage of vaccine early in the pandemic, vaccine recipients will be prioritized. Recommendations for prioritization will be made at the national level at the time of the pandemic and will be based on the epidemiology of disease and its impact. The target population may be modified.

Eventually, it is assumed that sufficient vaccine will be available for mass vaccination of the population. The USDHHS and CDC guidance for mass vaccination and/or mass dispensing clinics will be the cornerstone for TRHD planning and service delivery. If medications are received through the Strategic National Stockpile (SNS) Program, CDC requirements would be followed and recommendations for delivery would be considered. Refer to the Toe River Health District: Mass Vaccination/Mass Dispensing (SNS) Plan (*Toe River Health District Preparedness Manual Volume #2*).

Storage of the vaccine will be according to the guidelines from NCDHHS Immunization Branch.

This plan details all components for mass dispensing/vaccinations (i.e. responsibilities, security, ICS functions, clinic sites, special needs populations).

The primary goal of a pandemic response is to decrease health impacts including severe morbidity and death; secondary pandemic response goals include minimizing societal and economic impacts. By limiting the effects of a pandemic on society, essential societal functions can be preserved. During a pandemic wave in a community, between 25% and 30% of persons may become ill during a 6 to 8 week outbreak.

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ Increase the public's acceptance and confidence in the vaccine.
- ❖ Enhance influenza vaccination coverage in traditional high-risk groups.
- ❖ Enhance pneumococcal vaccination in traditional high-risk groups to reduce the incidence of invasive pneumococcal disease secondary to influenza.
- ❖ Review, modify and exercise the SNS.
- ❖ Increase vaccination among healthcare workers.

Pandemic Alert and Pandemic Period

Phase 4, 5, and 6

- ❖ Update recommendations regarding priority groups to receive vaccination.
- ❖ Finalize mass vaccination plans with community partners.
- ❖ Prepare to receive and store vaccine as needed.
- ❖ Distribute and administer vaccine as soon as possible after receipt according to local priorities and CDC guidelines, including SNS as appropriate.

Priority Prophylaxis Groups

- ❖ Healthcare workers and Toe River Health District staff who are involved in direct patient contact and immediate household members*
- ❖ Hospital and Toe River Health District clinic volunteers assisting with clinic operations
- ❖ Emergency Medical Service personnel and immediate household members*
- ❖ Law Enforcement
- ❖ Fire Department
- ❖ Identified contacts
- ❖ Agencies/Organizations that have a Memorandum of Understanding (MOU) with TRHD
- ❖ General public
 - Population at risk for serious outcome
 - Household contact of risk population
 - General Public

- * Immediate household members are defined as family/relatives living in the home (i.e. children, spouse, parents that live with you). However, the intended use of vaccine in immediate family members may not be possible in an extreme shortage of vaccine if the state health director makes an emergency order to strictly follow federal guidance.

*Resources: [HHS Pandemic Influenza Plan Appendix D: NVAC/ACIP Recommendations For Prioritization of Pandemic Influenza Vaccine and NVAC Recommendations on Pandemic Antiviral Drug Use](#)
[Toe River Health District Preparedness Manual Volume #2 "Mass Vaccination/Mass Dispensing \(SNS\) Plan"](#)
<http://www.immunizenc.com/>
<http://www.hhs.gov/pandemicflu/plan/appendixd.html>*

Influenza Vaccine Estimations Worksheet

Contact information: Toe River Health District
 Avery County Health Department
 Att: Vivian Green RN PHNS II
 PO Box 325
 545 Schultz Circle
 Newland, North Carolina 28657
 828-733-6031

Completed by: Susan Clark PC March 27, 2007

Essential personnel for Pandemic Response	Tier*	Population in the county	Vaccine Estimations	
			Single-Dose Packages	Multi Dose (10 Dose Packages)
Public Health and Healthcare Personnel				
Vaccine/antiviral manufactures and essential support	1A	0		0
Healthcare workers with direct patient contact <u>AND</u> Essential support workers to maintain healthcare services	1A	618		62
Public health workers with direct patient contact (including vaccinators)	1A	10		1
Public health emergency response workers <u>critical</u> to pandemic response	1D	10		1
Other public health responders	2B	10		1
Public Safety Personnel				
Sheriff Department	2B	30		3
Firefighters	2B	280		28
911 dispatchers	2B	20		2
Correctional facility staff	2B	594		60
Other Public Safety Personnel (Police in County)	2B	40		4
Essential Community Service Personnel				
Key Government leaders	1D	10		1
Essential utility workers :power, water, sewage	2B	50		5
Transportation workers	2B	10		1
Essential telecommunications/IT	2B	30		3
Other key government health decision-makers	3	18		2
Funeral directors/embalmers	3	2		0
Totals		1732		174

* Tier groups in accordance with US DHHS Pandemic Influenza Plan Vaccine Estimations Worksheet will be updated annually.

Influenza Vaccine Estimations Worksheet

Contact information: Toe River Health District
 Mitchell County Health Department
 Att: Stacie McKinney RN, PHNS II
 130 Forrest Service Drive, Suite A
 Bakersville, North Carolina 28705
 828-688-2371

Completed by: Susan Clark PC March 27, 2007

Essential personnel for Pandemic Response	Tier*	Population in the county	Vaccine Estimations	
			Single-Dose Packages	Multi Dose (10 Dose Packages)
Public Health and Healthcare Personnel				
Vaccine/antiviral manufactures and essential support	1A	0		0
Healthcare workers with direct patient contact <u>AND</u> Essential support workers to maintain healthcare services	1A	543		55
Public health workers with direct patient contact (including vaccinators)	1A	10		1
Public health emergency response workers <u>critical</u> to pandemic response	1D	20		2
Other public health responders	2B	10		1
Public Safety Personnel				
Sheriff Department	2B	21		2
Firefighters	2B	280		28
911 dispatchers	2B	12		1
Correctional facility staff	2B			
Other Public Safety Personnel (Police in County)	2B	7		1
Essential Community Service Personnel				
Key Government leaders	1D	16		2
Essential utility workers :power, water, sewage	2B	8		1
Transportation workers	2B	12		1
Essential telecommunications/IT	2B	15		1
Other key government health decision-makers	3	18		2
Funeral directors/embalmers	3	2		0
Totals		974		98

* Tier groups in accordance with US DHHS Pandemic Influenza Plan
 Vaccine Estimations Worksheet will be updated annually.

Influenza Vaccine Estimations Worksheet

Contact information: Toe River Health District
 Yancey County Health Department
 Att: Fran Giardina FNP
 202 Medical Campus Drive
 Burnsville, North Carolina 28714
 828-682-6118

Completed by: Susan Clark PC March 27, 2007

Essential personnel for Pandemic Response	Tier*	Population in the county	Vaccine Estimations	
			Single-Dose Packages	Multi Dose (10 Dose Packages)
Public Health and Healthcare Personnel				
Vaccine/antiviral manufactures and essential support	1A	0		0
Healthcare workers with direct patient contact <u>AND</u> Essential support workers to maintain healthcare services	1A	110		11
Public health workers with direct patient contact (including vaccinators)	1A	17		2
Public health emergency response workers <u>critical</u> to pandemic response	1D	25		3
Other public health responders	2B	5		0
Public Safety Personnel				
Sheriff Department	2B	16		2
Firefighters	2B	275		27
911 dispatchers	2B	13		1
Correctional facility staff	2B			
Other Public Safety Personnel (Police in County)	2B	40		4
Essential Community Service Personnel				
Key Government leaders	1D	13		2
Essential utility workers :power, water, sewage	2B	50		5
Transportation workers	2B	15		2
Essential telecommunications/IT	2B			
Other key government health decision-makers	3	12		1
Funeral directors/embalmers	3	6		0
Totals		597		60

* Tier groups in accordance with US DHHS Pandemic Influenza Plan Vaccine Estimations Worksheet will be updated annually.

VI. Antivirals

Because vaccine will likely not be available when a pandemic influenza or novel virus first affects communities, antivirals, neuraminidase inhibitors, may play an important role in the control of influenza by inhibiting the neuraminidase activity of influenza A and B. However, existing production capacity for influenza antiviral drugs is less than would be needed to provide prophylaxis or treatment for the entire population. The primary source of antivirals for a pandemic response will be the supply of antiviral drugs already stockpiled.

Neuraminidase inhibitors (Oseltamivir; *Tamiflu*, and Zanamivir; *Relenza*) should be used for therapy because of the potential for viral resistance when adamantines are used for therapy. Therapy is effective at decreasing severe complications and reducing hospitalizations only if offered within two days of developing symptoms and within 48 hours of onset of symptoms. For example; if there is an adequate supply of antivirals, persons classified in priority Group 7 in the following table would only receive prophylaxis after those persons in Groups 1-6 are medicated. Treatment (T) is defined as one course (10 capsules). Post-exposure prophylaxis (PEP) also equals one course (10 capsules). Prophylaxis (P) is assumed to require four courses (40 capsules) however, more may be required if pandemic activity lasts for a longer period in the community.

Identification of influenza within a community will be the trigger for initiating prophylaxis, continuing until the exposure has ceased. Due to the expectancy of a relative shortage of antiviral drugs during a pandemic, antiviral recipients will be prioritized. TRHD will follow the recommendations for prioritization made at the national level at the time of the pandemic and will be based on the epidemiology of disease and its impact. Given the limited supply, prioritizing within priority groups may be necessary. For antivirals purchased with public funds, the state will be responsible for local distribution of the antivirals in collaboration with the private sector in accordance with TRHD's SNS Plan. If there is no state or federal purchase, TRHD's role will largely be one of public and provider education regarding appropriate use of antivirals.

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ Identify priority populations and estimate the number of people in each priority group based on CDC guidelines.
- ❖ Educate the medical community and public regarding appropriate prescribing information during a pandemic.
- ❖ Track antiviral supplies, distribution, use and adverse event tracking.
- ❖ Review SNS for activation to distribute allocation of antiviral medications.

Pandemic Alert and Pandemic Period

Phase 4, 5, and 6

- ❖ Enhance monitoring for antiviral resistance.
- ❖ Distribute and administer antivirals as soon as possible after receipt according to local priorities.

The USDHHS and CDC guidance for mass dispensing clinics will be the cornerstone for TRHD planning and service delivery of antiviral drugs. If antiviral drugs are received

through the Strategic National Stockpile (SNS) Program, CDC requirements would be followed and recommendations for delivery would be considered. Refer to the Toe River Health District: Mass Vaccination/Mass Dispensing and Storage (SNS) Plan (*Toe River Health District Preparedness Manual Volume #2*).

Priority Groups for Treatment, Post-exposure prophylaxis, Prophylaxis

Group 1 *Priority Groups for Treatment*

- ❖ Patients admitted to the hospital.

Group 2 *Priority Groups for Treatment*

- ❖ Healthcare workers and healthcare support staff with direct patient contact.

Group 3 *Priority Groups for Treatment*

- ❖ Highest risk outpatients.
 - Immunocompromised persons
 - Pregnant women (second or third trimester of pregnancy)

Group 4 *Priority Groups for Treatment*

- ❖ Pandemic health responders
 - TRHD staff who are not included in Group 1
 - Law Enforcement, Fire Department, Corrections Personnel
 - Key government decision makers

Group 5 *Priority Groups for Treatment*

- ❖ Increased risk outpatients
 - Young children 12-23 months old (antivirals for influenza are currently not recommended in children less than 12 months of age)
 - Persons 65 and older
 - Persons with underlying medical conditions

Group 6 *Priority Groups for Post-exposure prophylaxis*

- ❖ Outbreak response in nursing homes and other residential settings

Group 7 *Priority Groups for Prophylaxis*

- ❖ Healthcare staff essential for effective functioning of healthcare units

Group 8 *Priority Groups for Treatment*

- ❖ Pandemic societal responders (persons who provide essential community services)
- ❖ Healthcare workers who do not have direct patient contact

Group 9 *Priority Groups for Treatment*

- ❖ Other outpatients (including others who develop influenza and do not fall within the above groups)

Group 10 *Priority Groups for Prophylaxis*

- ❖ Highest risk outpatients

Group 11 *Priority Groups for Prophylaxis*

- ❖ Other Healthcare workers with direct patient contact

Resources: *HHS Pandemic Influenza Plan Appendix D: NVAC/ACIP
Recommendations For Prioritization of Pandemic Influenza Vaccine
and NVAC
Recommendations on Pandemic Antiviral Drug Use
Toe River Health District Preparedness Manual Volume #2 “Mass
Vaccination/Mass Dispensing (SNS) Plan”
<http://www.immunizenc.com/>*

Antiviral Medication Estimations Worksheet

Contact information: Toe River Health District
 Avery County Health Department
 Att: Vivian Green RN PHNS II
 PO Box 325
 545 Schultz Circle
 Newland, North Carolina 28657
 828-733-6031

Completed by: Susan Clark PC March 27, 2007

Antiviral Priority Group	Population in the county	# of courses needed
Group 1 (Treatment)		
Patients admitted to the hospital	101	101
Group 2 (Treatment)		
Health care workers with direct patient contact	618	618
EMS workers	18	18
Group 3 (Treatment)		
Immunocompromised persons	92	92
Pregnant women	89	89
Group 4 (Treatment)		
Pandemic health responders	20	20
Public safety workers	344	344
Key government decision makers	25	25
Group 5 (Treatment)		
Young Children 12-23 months	492	492
Persons 65 and older	3404	3404
Persons with underlying medical conditions	1135	1135
Group 6 (Post exposure prophylaxis)		
Outbreak response in nursing homes	N/A	N/A
Group 7 (Prophylaxis)		
Healthcare workers in EDs	12	48
Healthcare workers in ICUs	8	32
EMS providers	50	200
Group 8 (Treatment)		
Pandemic societal responders	92	92
Healthcare workers without direct patient contact	40	40
Totals	6540	6750

Antiviral Medication Estimations Worksheet

Contact information: Toe River Health District
 Mitchell County Health Department
 Att: Stacie McKinney RN PHNS II
 130 Forrest Service Drive
 Bakersville, North Carolina 28705
 828-688-2371

Completed by: Susan Clark PC March 27, 2007

Antiviral Priority Group	Population in the county	# of courses needed
Group 1 (Treatment)		
Patients admitted to the hospital	93	93
Group 2 (Treatment)		
Health care workers with direct patient contact	345	345
EMS workers	18	18
Group 3 (Treatment)		
Immunocompromised persons	82	82
Pregnant women	86	86
Group 4 (Treatment)		
Pandemic health responders	12	12
Public safety workers	310	310
Key government decision makers	34	34
Group 5 (Treatment)		
Young Children 12-23 months	477	477
Persons 65 and older	2996	2996
Persons with underlying medical conditions	998	998
Group 6 (Post exposure prophylaxis)		
Outbreak response in nursing homes	N/A	N/A
Group 7 (Prophylaxis)		
Healthcare workers in EDs	12	48
Healthcare workers in ICUs	8	32
EMS providers	18	72
Group 8 (Treatment)		
Pandemic societal responders	37	37
Healthcare workers without direct patient contact	9	9
Totals	5535	5649

Antiviral Medication Estimations Worksheet

Contact information: Toe River Health District
 Yancey County Health Department
 Att: Fran Giardina FNP
 202 Medical Campus Drive
 Burnsville, North Carolina 28714
 828-682-6118

Completed by: Susan Clark PC March 27, 2007

Antiviral Priority Group	Population in the county	# of courses needed
Group 1 (Treatment)		
Patients admitted to the hospital	105	105
Group 2 (Treatment)		
Health care workers with direct patient contact	110	110
EMS workers	25	25
Group 3 (Treatment)		
Immunocompromised persons	102	102
Pregnant women	97	97
Group 4 (Treatment)		
Pandemic health responders	25	25
Public safety workers	331	331
Key government decision makers	25	25
Group 5 (Treatment)		
Young Children 12-23 months	516	516
Persons 65 and older	2397	2397
Persons with underlying medical conditions	799	799
Group 6 (Post exposure prophylaxis)		
Outbreak response in nursing homes	N/A	N/A
Group 7 (Prophylaxis)		
Healthcare workers in EDs	N/A	N/A
Healthcare workers in ICUs	N/A	N/A
EMS providers	25	100
Group 8 (Treatment)		
Pandemic societal responders	71	71
Healthcare workers without direct patient contact	25	25
Totals	4653	4728

VII. Disease Containment

The primary strategies for combating influenza are vaccination, treatment of infected individuals, prophylaxis of exposed individuals with influenza antiviral medications, and implementation of infection control and social distancing measures.

It is highly unlikely a vaccine will be available when the first wave of a pandemic influenza begins. Potentially without sufficient quantities of influenza antiviral medications, outbreaks will occur simultaneously throughout the United States and the affecting individual communities six to eight weeks or longer.

Pandemic influenza has the potential of affecting all elements of society. Hospitals and other health care systems already stressed with normal day to day crises will experience a large number of influenza cases. Healthcare personnel as well as other infrastructure workers, (e.g. law enforcement, fire, public works), will not be immune.

Strategy for pandemic influenza mitigation supports a response to limit the spread of a pandemic, mitigate disease, suffering, and death, and sustain infrastructure and lessen the impact to the economy and function of society.

It is recommended that Nonpharmaceutical Interventions (NPI) be initiated early before explosive growth of the epidemic and in the case of severe pandemic, be maintained consistently during an epidemic. Guidance suggests that the primary activation trigger for initiating interventions be the arrival and transmission of pandemic virus defined by a laboratory confirmed cluster of infection with a novel influenza virus and evidence of community transmission.

In combination with vaccine and individual infection control measures, such as hand washing and respiratory hygiene, home care and voluntary isolation/quarantine will be used as the method of choice in an attempt to reduce incidence and spread of disease.

Isolation refers to the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness. Persons in isolation may be cared for in the home, hospitals or in designated healthcare facilities. Isolation is a standard procedure used in hospitals to stop the spread of disease.

Quarantine refers to the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious. Quarantine of exposed persons is a public health strategy intended to stop the spread of infectious disease.

Isolation and quarantine management strategies are directed at individuals. A broader *Community Containment Measures* may be applied to groups of persons or to communities during outbreaks characterized by extensive transmission. These interventions may range from measures to increase social distance among community members {e.g. cancellation of public gatherings, use of masks, and implementation of “snow days”(defined as during a major snowstorm when schools close, work sites are

closed or restricted , large public gatherings cancelled, public transportation is canceled or scaled back))} to community-wide quarantine.

Pandemic mitigation interventions may include:

- ❖ Isolation and treatment with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. (Depending on the severity of illness, isolation may occur in the home or healthcare setting.)
- ❖ Voluntary home quarantine of members of households with confirmed or probable influenza cases and consideration of combining this intervention with the prophylactic use of antiviral medication.
- ❖ Dismissal of students from school (public and private) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reduction of school social contacts and community mixing.
- ❖ Use of social distancing measures to reduce contact between adults in the community and workplace, including cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services.

Due to the remote geographic location of many residents in TRHD, special attention will be given to vulnerable population. Community partners (see SNS Plan Appendix 1-G, H, I) have defined vulnerable population as:

- Senior citizens and frail elderly
- Homebound
- Impoverished
- Physically disabled
- Medically dependent or compromised
- Chemically dependent
- Incarcerated individuals
 - Avery and Yancey County Jail
 - Avery/Mitchell Correctional Institute
- Child and adult care facility residents
- Blind or visually impaired
- Illiterate
- Limited or non-English speaking
- Undocumented persons

Measures are being introduced to create a data base of information for vulnerable populations.

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ Meet with Community Partners to educate and evaluate readiness to respond to a pandemic influenza.
- ❖ Coordinate planning efforts with community partners to prepare for isolation and quarantine.
- ❖ Due to the seasonal increase of population (estimated to rise to 100,000 throughout TRHD), TRHD is following CDC guidelines in developing and implementing isolation and quarantine procedures for individuals traveling from areas in which

a novel influenza virus is present. This includes travelers on the scenic highway “The Blue Ridge Parkway”, hikers on “The Appalachian Trail” (of which both run through TRHD from other states and do not require interaction within the community if the traveler so chooses) and summer camps.

- ❖ Meet with law enforcement to discuss how mandatory isolation and quarantine would be enforced.
- ❖ Work with AMY county agencies to identify persons who may be at risk nutritionally if there is a long-term social distancing measure. (e.g. schools lunch program, Meals-on-Wheels, etc.)
- ❖ Work with AMY county agencies to identify persons and to maintain a “Special Needs Registry”, (e.g. medical, language barriers, and transportation issues and the elderly or “special needs persons” who live alone).
- ❖ Meet with faith-based and other support organizations to develop ways to provide care and assistance to vulnerable populations living alone.
- ❖ Identify and educate personnel in high risk response agencies on pandemic influenza and PPE.
- ❖ Meet with staff in AMY schools to aid in their development of a pandemic influenza plan; including education to the students and families on pandemic influenza, stopping the spread of disease through personal hygiene, closing of schools/social distancing and measures for continuing educational learning and nutrition.
- ❖ Meet with Cannon Memorial Hospital and Blue Ridge Regional Hospital to evaluate the District’s healthcare readiness for a pandemic influenza.
- ❖ TRHD, area hospitals, and EMS have begun to stockpile N-95 respirators, surgical masks, and other necessary PPE.
- ❖ TRHD has begun a campaign to educate and distribute pandemic influenza information to the general public in English and Spanish including the following:
 - avoid close contact with people who are sick
 - wash hands often
 - cover mouth and nose with a tissue when coughing or sneezing
 - if sick, stay at home and keep at least 3 feet away from others
- ❖ In addition to community education, TRHD has dispensed Business Pandemic Influenza Materials and Check Lists to AMY Chamber of Commerce and local businesses.
- ❖ Meet with local businesses to discuss alterations of work schedules.
- ❖ Meet with the local children’s homes, Lees McRae College, and the prisons to discuss their pandemic influenza plan and address how the agencies can work best together.

Pandemic Alert

Phase 4 and 5

- ❖ Activate information hotline for those in voluntary/mandatory isolation and quarantine and messages for the general population. (e.g. reverse 911, schools messaging system, Avery List Serve, Snow Hot Line, WARN Yancey)
- ❖ Distribute information about how to care for the sick at home such as:
 - get plenty of rest
 - drink a lot of fluids
 - avoid using alcohol and tobacco
 - consider taking over-the-counter medications to relieve the symptoms of influenza (Avoid giving aspirin to children or young adults who have ILI)

- stay home and avoid contact with other people
- cover nose and mouth with a tissue when coughing or sneezing
- ❖ Distribute information on when to seek medical assistance for those who are sick and may be in isolation/quarantine.

For children:

- high or prolonged fever
- fast breathing or trouble breathing
- bluish skin color
- not drinking enough fluids
- changes in mental status, somnolence, irritability
- seizures
- Influenza-like symptoms improve but then return with fever and worse cough
- worsening of underlying chronic medical conditions (e.g. heart or lung disease, diabetes)

For adults:

- high or prolonged fever
- difficulty breathing or shortness of breath
- pain or pressure in the chest
- near-fainting or fainting
- confusion
- severe or persistent vomiting
- ❖ Communicate names and locations to AMY Emergency Operations Center (EOC) of persons who are under mandatory isolation or quarantine for communication with law enforcement.
- ❖ Contact with persons under mandatory isolation or quarantine will be made daily to assess health status and any needs.
- ❖ Work with health care providers and hospitals to ensure that influenza patients are isolated in appropriate facilities based on their medical condition (e.g. home, hospital, alternate care facility).

Pandemic Period

Phase 6

- ❖ TRHD will consider moving toward voluntary isolation and quarantine.
- ❖ TRHD will meet with community partners to consider cancellation of mass gatherings and enact if pandemic is severe.
- ❖ TRHD will meet with schools and large childcare settings to consider their closure and enact if pandemic is severe.
- ❖ If schools and Meals-on-Wheels are closed, work with county agencies, faith-based organizations and/or American Red Cross to provide food for children and elderly who have nutritional needs.

Resources: *Interim Pre-Pandemic Planning Guidance: Community Strategy for
Pandemic Influenza Mitigation in the United States*
www.pandemicflu.gov
*Community Containment Measures Including Isolation and Quarantine
and Home Care*
*Preventing the Spread of Influenza in Schools: Interim Guidance for
School Administrators, Teachers and Staff*
http://www.cdc.gov/flu/school/

VIII. Emergency Response

Toe River Health District is served by Cannon Memorial Hospital (CMH), a member of Appalachian Regional Healthcare System, (mainly serving Avery and Mitchell County residents) and Blue Ridge Regional Hospital (BRRH), a member of Mission Hospital, (mainly serving Avery, Mitchell and Yancey County residents).

There are 81 staffed beds in the area hospitals. The average daily census indicates that there are approximately 39 beds available on any given day. It is estimated that during a moderate pandemic influenza event in TRHD, approximately 144 beds to 299 beds would be needed to provide care for influenza victims.

A severe pandemic influenza is expected to significantly increase the demand for health care services and for healthcare workers. Cannon Memorial Hospital and Blue Ridge Regional Hospital and private healthcare professionals will have primary responsibility for diagnosis, triage, and treatment of persons infected with influenza in TRHD. Additional medical treatment may be provided by in-home care agencies and adult and childcare facilities that have or recruit medical staffing.

During a pandemic, all efforts will be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care.

Methods may be to:

- ❖ Limit the provision of healthcare services to patients with urgent health problems
- ❖ Take steps to increase healthcare capacity for patients who would normally require inpatient care
- ❖ Mobilize, reassign and deploy staff within and between AMY counties healthcare facilities to address critical shortfalls
- ❖ Implement patient triage and resource management processes
- ❖ Alternative care mechanisms for patients to address non-urgent healthcare needs
 - telephone consultation
 - Internet-based consultation

CMH and BRRH are currently utilizing pandemic influenza planning efforts to prepare for an increase in acutely ill patients, which may occur during a public health emergency by:

- ❖ Canceling of non-emergency surgeries and other elective procedures
- ❖ Discharging non-infectious patients to other care facilities or for home care

In the event of a pandemic influenza resulting in severe illness that overwhelms the capacity of existing healthcare resources, it may become necessary to provide care at alternative sites. Alternate Care Facilities are the primary responsibility of the Cannon Memorial Hospital and Blue Ridge Regional Hospital. These facilities would add to the existing bed capacity and provide supportive care to influenza patients or serve as triage facilities to relieve the burden on hospital emergency departments.

When notified that alternate care facilities are opened, if these facilities are operated as “shelter operations”, Toe River Health District would follow roles and responsibilities specified in the Avery, Mitchell, and Yancey County Emergency Operations Plan (e.g., support personnel and environmental health consultation). If alternate care facilities were

opened as acute care facilities, Toe River Health District Environmental Health Department would be available to assist in recommendations of areas such as food safety (including water supply), solid waste management, waste water disposal, laundry, soiled utilities, hand washing, etc.

*Reference: Appalachian Regional Healthcare System, Watauga Medical Center, Cannon Memorial Hospital, Pandemic Influenza Guidelines, November 2005
Spruce Pine Community Hospital Policy and Procedure
Infection Control, Communicable Diseases
Pandemic Influenza Response Plan/Recognition Plan, November 2005*

Home health care agencies will play an important role, given the potential high number of ill persons. In the event of a pandemic, the quality of material care (e.g. nursing, ventilators, nutrition, and hydration) will deteriorate. Family members will be expected to provide care to family members that are unable to be hospitalized. The Home Care Fact Sheet is found in *Appendix C*.

Support for vulnerable populations is an on going effort with community partners through:

- Creation of a location data base
- Education on pandemic influenza
- Who to call for which services during a pandemic influenza

Mass Fatalities

Risk groups for severe and fatal infections from pandemic influenza cannot be predicted with certainty. Deaths due to a pandemic influenza influence are expected to far exceed deaths due to seasonal influenza. The majority of the deceased will not have considered grave property. New cemetery property or areas for temporary internment may need to be identified.

Supplies for caring for the remains of the deceased (e.g. embalming fluid, coffins, body bags, storage) will be in short supply during the pandemic period as a second wave or multiple waves hit TRHD simultaneously.

Many families may not be able to have traditional funeral services and burials within several days of the death of the deceased. If public gatherings are banned through social mitigation, funerals would need to be postponed until the ban is lifted.

Mass fatalities/mass casualties will be handled according to plans included in the Avery, Mitchell, and Yancey County Emergency Operations Plan in coordination with the Office of the Medical Examiner as the county plan for management of bodies when morgue capacity has been exceeded and to identify facilities/resources with sufficient refrigerated storage to serve as temporary morgues.

The AMY County EOP states that, under the concept of operations, the Emergency Management Coordinator and the regional medical examiner will coordinate support from the state medical examiner's office. The regional and state medical examiner will then coordinate the expansion of fixed and temporary morgue facilities. Under direction and control, the county health director will coordinate with the regional medical examiner

for mortuary services and then the state medical examiner may then assume control. The AMY County EOP specifies the line of succession for mortuary services to be medical examiner, assistant medical examiner and the NC medical examiner's office representative.

Topics to be considered:

- ❖ Conduct and maintain an inventory of facilities or other options with sufficient refrigerated storage to serve as temporary morgues.
Note: A temporary morgue must be maintained at 4-8⁰ C. However, corpses may be cremated, and plans to expedite the embalming process should be developed since in the case of a pandemic, bodies may have to be stored for an extended period of time. In places where a timely burial is not possible due to lack of facilities, corpses may need to be stored for the duration of the pandemic wave (6 to 8 weeks).

The types of temporary cold storage to be considered may include refrigerated trucks. Refrigerated trucks can generally hold 25-30 bodies without additional shelving. To increase storage capacity, temporary wooden shelves can be constructed with sufficient strength to hold the bodies. Shelves should be constructed in such a way that allows for safe movement and removal of bodies (e.g. storage of bodies above waist height is not recommended).

- ❖ Resource needs (e.g. body bags) and supply management for temporary morgues should also be addressed. A body collection plan needs to be in place to ensure that there is no unnecessary delay in moving a body to the (temporary) morgue.
- ❖ Identification and documentation of victims during a pandemic influenza.

Each individual health department in TRHD is the lead agency for providing death certificates and coordination with the Medical Examiner and funeral homes to assure vital data is recorded. Therefore, TRHD will follow *North Carolina Vital Records, Health Department Vital Event Registration Guidelines* to handle increased needs for documentation requirements. If the person's death does not meet any of the criteria for needing to be reported to a coroner, then the person could be moved to a holding area soon after being pronounced dead. Then, presumably on a daily basis, a physician could be designated to complete the death certificate.

Psychosocial Support

Pandemic influenza outbreaks can occur in waves that will affect TRHD for 6-8 weeks and could recur periodically for up to 2 years. The lingering threat of illness and death along with the ongoing response will inevitably lead to unprecedented stress and physical and mental fatigue in the healthcare workers and the general public. The need for psychosocial support will increase dramatically as the population of TRHD struggles to come to terms with the impact of the disaster.

Healthcare workers will be especially hard hit as they face occupational exposure, have family members vulnerable to contracting the diseases and possibly face professional responsibilities with increased personal family trauma and illness or death of a family

member. Without adequate psychosocial support, job performance and higher absenteeism could be a great impact on health care.

Persons with pre-existing health and mental health conditions will also have increased needs during a pandemic.

Psychosocial support during a pandemic will be on going through AMY County EOC, AMY Mental Health, AMY Department of Social Services, CMH, SPCH, AMY Hospice (providing bereavement counseling and support groups), and Faith Based Organizations.

Security

Law enforcement will also experience a great demand to maintain the security and safety of the citizens of TRHD. Noting that as with healthcare workers, law enforcement's personnel response is limited and their numbers may be further reduced by high rates of absenteeism during peak outbreak periods. Mutual aid is not anticipated to be available to supplement local resources.

Due to the demand for limited services, social disruptions (e.g. transportation, food, distribution, commerce, communication, and utilities) and social mitigation, and general panic during a pandemic influenza, the need for public safety will be tremendous.

The increased demand for healthcare services, prioritization of available antiviral and vaccine, and possibly receiving of SNS will also require law enforcement involvement.

Law enforcement may also be required to enforce isolation and quarantine orders as issued by the TRHD Health Director or curfews and closures, cancellations and restrictions on movement implemented under locally proclaimed states of emergency or disaster.

Public safety response will be coordinated through AMY County EOC and follow the responsibilities for AMY County Sheriff Department guidelines for a disaster.

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ Identify issues specific to pandemic influenza and incorporate and educate community partners
- ❖ Meet with community partners to ensure specific challenges posed by a pandemic influenza are addressed and are in emergency response plans
- ❖ Educate the general public on pandemic influenza
- ❖ Coordinate with CMH and BRRH to ensure systems are in place to track the number of available medical beds, Intensive Care Units, and emergency department beds
- ❖ Coordinate with AMY Medical Examiner, CMH, BRRH and local funeral services as to the morgue capacity for each county
- ❖ Evaluate medical supplies and equipment
 - Laboratory supplies for specimen collection and transport to the SLPH
 - PPE
 - Supplies needed to provide vaccine or antivirals to the population
- ❖ Review

- Isolation and quarantine laws
- Procedures and laws for necessary community mitigation (e.g. canceling public gathering, closing schools, closing businesses)
- Volunteers (SNS Plan)
 - Medical
 - Non-medical
- ❖ Review policy on death certificates and documentation requirements for mass fatality during a pandemic influenza

Pandemic Alert and Pandemic Period

Phase 4, 5 and 6

- ❖ Review TRHD's COOP and ensure operational readiness
- ❖ Enhance infection control measures with in AMY Health Departments
 - PPE
 - Hand washing
 - Social distancing
 - Triage of patients presenting to clinic
- ❖ Utilize some or all of public health clinics as "flu clinics" to triage, evaluate, and/or treat influenza patients that do not require hospital care
- ❖ Review with community partners vaccine and antiviral medications priority groups
- ❖ Work with healthcare to heighten surveillance and the impact of a pandemic influenza on the healthcare systems
- ❖ Provide case identification criteria, laboratory testing and treatment protocols and other case management resources to health care providers in TRHD
- ❖ Implement measures for continuous collection of data concerning medical and material supplies and rapidly identify changing patterns of need and modify or redirect policy and priority groups
 - PPE
 - Antiviral, if available
 - Vaccine, if available
- ❖ Enhance infection control measures

Post pandemic period

- ❖ Evaluate the pandemic response with community partners and modify the plan as needed

Resources: *NC Pandemic Influenza Plan*
 AMY County EOP

IX Communications

The efforts of public health agencies at all levels to prepare for what could happen in the future are largely invisible until there is an emerging threat or a dramatic event. In facing the dangers and seeking the truth, communication is a primary goal. Communicating risk in the most accurate, consistent and timely manner will be most useful in the early phase of a major public health emergency.

Because of anticipated shortages of both vaccine and antivirals, dissemination of information related to vaccination and dispensing of antivirals will play an important role in ensuring that the vaccination campaign unfurls in orderly manner and instills trust and confidence. Clear, consistent, and timely messages to the public will assist in establishing transparency and trust regarding the vaccination strategy.

Information will be provided to explain the need and rationale for prioritization and provide instruction on when and where priority group members will be vaccinated and what documentation will be needed to establish eligibility as a priority group member. In the event two doses of vaccine are needed, it will be important to use the media to reinforce messages about the importance of the second dose of vaccine.

TRHD media communication and communication materials are the primary responsibility of TRHD Public Information Officers and are designed for special needs groups (e.g. non-English speaking). Communication specialists are on staff to serve as a spokesperson/liason to the Hispanic/Latino community. Dissemination of pandemic influenza vaccination-related information via different means and languages will reach all segments of the population.

Broad communication throughout AMY Counties can be achieved through their:

- Reverse 911
- Schools Message System, Avery List Serve, Mitchell County “MAC” message system (may be used for all groups in Mitchell County)
- Schools’ Snow Hotline
- Media (e.g. local radio stations, Citizen Ban Radios)
- WARN Yancey

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ TRHD will maintain up-to-date Public Health Information on pandemic influenza through:
 - World Health Organization (WHO)*
 - CDC*
 - North Carolina General Communicable Disease Control Branch (GCDC)*
 - North Carolina State Department of Health and Human Resources*
 - NCDETECT*
 - Health Alliance Network (HAN)*
 - Epi-X*
 - www.cdc.gov/flu/weekly/fluactivity.htm*
- ❖ Effective communication will also be exchanged with:
 - CMH, SPCH and healthcare professionals

- Community partners as listed in *TRHD Pandemic Influenza Plan March 2007, Introduction*
- ❖ Establish lines of communication and define staff roles and responsibilities clearly to facilitate the best possible communication with partners
- ❖ Exercise TRHD Local/Public Health Contact list
 - Resource: SNS, Local/Public Health Contact List, Attachment #2*
- ❖ Exercise Crisis Emergency Risk Communications Plan on a regular basis
- ❖ Coordinate with EM to provide information to the media when necessary
- ❖ Develop material and messages consistent with the pandemic influenza period
- ❖ Publicize information number that is accessible to people who are deaf or hard of hearing
- ❖ Publicize particular messages for people with special needs
- ❖ Plan response to anticipated questions
- ❖ Educate public health officials, elected officials, and the media about what will and will not be available during a pandemic
- ❖ Review CDC materials and adapt and revise as needed

Pandemic Alert and Pandemic Period

Phase 4, 5 and 6

- ❖ TRHD will stay up to date with Public Health Information Systems
- ❖ Time and schedule media briefings
 - Notify community partners of all events prior to the media receiving the notice and allow time for review.
- ❖ Determine what special publications are necessary to help communicate during this crisis
- ❖ Provide basic information about influenza
 - symptoms
 - transmission
- ❖ Provide information about the course of the pandemic
 - contagiousness
 - geographic spread
 - case counts
- ❖ Provide information about which symptoms should seek prompt medical attention and which symptoms should be managed at home
- ❖ Provide information about school and business closures and suspended public meetings
- ❖ Provide information about travel restrictions as well as isolation and quarantine laws
- ❖ Publicize information/numbers messages for special needs
- ❖ Publicize opening of any shelters for people with special needs

*Resources: NC Pandemic Influenza Plan
(SNS) TRHD Preparedness Manual Volume #2, Risk Communications and Public Information*

X. Continuity of Operations

One of the critical needs during a pandemic influenza will be to maintain essential services. It is predicted that 25-35% of the workforce could be absent due to illness, family members being ill, or not wanting to report to work for fear of contracting influenza.

There is the possibility that services could be disrupted if significant numbers of public health, law enforcement, fire and emergency response, healthcare, transportation, communication, and public utility personnel are unable to carry out critical functions due to illness.

Government agencies and businesses, particularly those who provide essential services to the public, must develop and maintain continuity of operations plans and protocols to address the unique consequences of a pandemic.

AMY Emergency Management and local government will lead continuity of government planning and preparedness within AMY counties and will follow the county's EOP for Continuity of Operations.

CMH and BRRH are developing COOP and a database of resources to allow for the best possible medical care during a pandemic.

The objective of TRHD COOP is to ensure that a viable capability exist to continue essential health department functions.

Inter-Pandemic Phase and Pandemic Alert

Phase 1, 2, and 3

- ❖ Identify and designate principles and support to staff as needed for the emergency
- ❖ Facilitate decision-making for execution of the Plan
- ❖ Ensure and validate COOP readiness through training and exercise to support the implementation
- ❖ Ensure TRHD has alternate facilities from which to continue to perform essential functions during activation of the COOP

Pandemic Alert and Pandemic Period

Phase 4, 5 and 6

- ❖ Ensure the continuous performance of TRHD essential functions/operations during an emergency
- ❖ Protect essential facilities, equipment, records, and assets
- ❖ Reduce mitigate disruptions to operations
- ❖ Reduce loss of life, minimize damage, and losses

Post Pandemic Period

- ❖ Achieve a timely and orderly recovery from the emergency and resume full service to the clients

TRHD has included in the community partner meetings the Chamber of Commerce and local businesses. Information packets on planning for pandemic influenza and the need for a COOP's Plan have been provided to those in attendance and mailed to those not in attendance who request the information. Measures are in place to meet with some of the businesses in person.

*Reference: TRHD Continuity of Operations Plan (COOP)
AMY County EOP (COOP)
Appalachian Regional Healthcare System, Watauga Medical Center,
Cannon Memorial Hospital, Pandemic Influenza Guidelines, November 2005
Blue Ridge Regional Hospital Policy and Procedure
Infection Control, Communicable Diseases
Pandemic Influenza Response Plan/Recognition Plan, November 2005*

[1] 1. Last Name First Name MI
 2. Patient Number (Social Security Number) - H
 3. Address 4. Date of Birth
 Zip Code Month Day Year
 5. Race 1. White 2. Black 3. American Indian 4. Asian
 5. Native Hawaiian/Pacific Islander 6. Unknown
 6. Hispanic or Latino Origin? 1. Yes 2. No 3. Unknown
 7. Sex: Male Female 8. Co. of Residence
 9. Medicaid Client? Yes No
 If yes, enter #

VIROLOGY

North Carolina
 Department of Health and Human Services
State Laboratory of Public Health
 Leslie Wolf, PhD, Director
 Virology/Serology Laboratory
 306 North Wilmington Street • P.O. Box 28047
 Raleigh, NC 27611-8047
 Phone: (919) 733-7544 • Fax (919) 715-7700

[2] SEND REPORT TO: FEDERAL TAX NO. [3] SPECIMEN SOURCE [4] DATE COLLECTED STATE LAB NUMBER
 (a)
 (b)
 (c)
 Zip Code:

[5] PHYSICIAN AND/OR CLINIC: Prenatal (Due Date:) ONSET DATE [6]
 STD
 OTHER
 Weekday phone #: After hours phone #: Fax Phone #:

INFECTIOUS AGENT(S) SUSPECTED OR TEST(S) REQUIRED DATE SPECIMEN(S) SUBMITTED
 [7] Herpes simplex virus Other [8]

[9] PATIENT SIGNS AND SYMPTOMS
GENITAL
 Vesicles
 PID
 Cervicitis
 Urethritis
 Hysterectomy
 Mucopurulent discharge
 Atypical Lesion
RASH
 Macular
 Papular
 Vesicular
 Petechial
 Focal
 Hemorrhagic
RESPIRATORY
 Cough
 Pneumonia
 Bronchitis
 Croup
 Pharyngitis
CNS
 Seizures
 Meningitis
 Encephalitis
 Nuchal rigidity
 Paralysis
CARDIOVASCULAR
 Chest Pain
 Pericarditis
 Myocarditis
 Pleurodynia
GASTROINTESTINAL
 Nausea/Vomiting
 Diarrhea
GENERAL
 Fever to _____ °
 Headache
 Fatigue
 Sore Throat
 Jaundice
 Conjunctivitis

Recent Vaccination History: Travel History:

LABORATORY REPORT

TEMPERATURE ON ARRIVAL: FROZEN COLD AMBIENT DATE RECEIVED

CONCERNING YOUR SPECIMEN	SPECIMEN SOURCE	TEST METHOD:							INTERPRETATION:
		NON-HUMAN HETEROPLD CELLS	HUMAN HETEROPLD CELLS	PRIMARY MONKEY KIDNEY CELLS	HUMAN DIPLOID CELLS	HUMAN RD CELLS	VERO CELLS	EGG/ALAMIN	
<input type="checkbox"/> No name on specimen <input type="checkbox"/> Name on specimen and form do not match <input type="checkbox"/> 4 or more days between collection and receipt of specimen <input type="checkbox"/> specimen broken or leaked in transit <input type="checkbox"/> Specimen received ambient <input type="checkbox"/> Collected in incorrect transport media <input type="checkbox"/> Patient does not meet testing criteria (see attached) <input type="checkbox"/> Specimen forwarded to CDC for: _____ DATE: _____									<input type="checkbox"/> Negative: No virus detected. <input type="checkbox"/> Virus detected using molecular assay. <input type="checkbox"/> Virus detected using DFA method. <input type="checkbox"/> Viral-like agent detected. Further testing in process. <input type="checkbox"/> Positive: virus identified as: _____

INTERPRETIVE COMMENTS: Results telephoned to _____ date _____ by _____ Preliminary Report Date: Reporting Technologist: Final Report Date: Reporting Technologist:

DHHS 9431 (Revised 1/07)
 Laboratory (Review 7/09)

INSTRUCTIONS FOR COMPLETION OF THIS FORM AND SPECIMEN SUBMISSION

1. Clearly label each specimen primary container with the patient's first and last name, specimen source and collection date. Specimens without names or incorrectly labeled specimens will not be tested.
2. Please type or print. To avoid delays in testing, fill out all items in Section 1 through 9. ENCLOSE SUBMISSION FORM IN A PLASTIC BAG TO PREVENT CONTAMINATION DUE TO POSSIBLE LEAKAGE.
3. Submit no more than three specimens per patient with each form.
4. Additional forms or specimen collection and transport kits are available from:

Laboratory Mailroom
306 North Wilmington Street
P.O. Box 28047
Raleigh, NC 27611-8047
(919)733-7656
5. For additional information, see "SCOPE, A Guide to Laboratory Services" on our web site at <http://slph.state.nc.us> or contact the Virology/Serology Laboratory at (919) 733-7544.

SUGGESTED SPECIMENS FOR VIROLOGY

DISEASE OR SYNDROME	ETIOLOGIC AGENT	SPECIMEN OPTIONS
Central Nervous System	Echovirus Poliovirus Coxsackievirus Herpes simplex virus Mumps virus Eastern equine encephalitis virus California encephalitis virus West Nile virus	Throat swab, feces, CSF Throat swab, feces, CSF Throat swab, feces, CSF Throat swab, brain tissue, CSF Throat swab, urine, CSF CSF, brain tissue CSF, brain tissue CSF, brain tissue
Respiratory System	Influenza virus Parainfluenza virus Adenovirus Respiratory syncytial virus*	Throat swab, NP wash/swab Throat swab, NP wash/swab Throat swab, NP wash/swab, conjunctival swab Throat swab, NP wash/swab
Rash, Vesicular	Herpes simplex virus Varicella zoster virus* Coxsackievirus	Vesicle fluid, scraping Vesicle fluid, scraping Throat swab, feces
Myopericarditis	Coxsackievirus Echovirus	Throat swab, feces, pericardial fluid Throat swab, feces, pericardial fluid
Other	Cytomegalovirus*	Urine, throat swab

KEEP SPECIMENS COLD BUT NOT FROZEN (COLD PACK AND LEAK-PROOF STYROFOAM CONTAINER) AND DELIVER TO THE LABORATORY WITHIN 48 HOURS OF COLLECTION.

*Specimens for CMV, RSV, or VZV culture should be refrigerated immediately after collection and delivered to the Laboratory within 24 hours. Never freeze specimens for VZV, CMV or RSV culture.

INTERPRETATION OF VIRUS DETECTION RESULTS

Failure to detect virus may be the result of a number of factors including improperly collected specimens, specimens collected at a period in the disease when the patient is not shedding virus, improperly transported specimens, or lack of sensitivity in the system being used.

Since people may asymptotically carry a variety of viruses, viruses may be detected which are unrelated to the current clinical illness. Detection of specific viral agents must be interpreted in relation to the specimen source, clinical information and other laboratory information.

DHHS 3431 (Revised 1/07)
Laboratory (Review 7/09)

ISOLATION ORDER

Pandemic _____ Influenza

You may have been exposed or are reasonably suspected of being exposed to pandemic _____ influenza and have developed some symptoms of pandemic _____ influenza. Pandemic _____ influenza is highly contagious and is spread person-to-person mostly by coughing or sneezing. If pandemic _____ influenza spreads in the community, it will have severe public health consequences. Your illness requires that you be isolated and requires further public health investigation and monitoring.

I, _____ Director of Toe River Health District (TRHD), pursuant to authority vested in me by North Carolina General Statue (NCGS) 130A-145, issue the ISOLATION ORDER to _____.

You are required to remain at the following location _____ for the time specified in the ISOLATION ORDER: _____

You are required to:

- Follow these instructions for the duration of this order.
- Contact the health department if, during the duration of this order, your symptoms become worse, or you develop any new symptom such as fever, headache, muscle aches or respiratory difficulties, including sore throat, cough or breathing difficulties.
- Comply with other requirements based on individual circumstances of the isolation or the disease: _____
- Comply with advisory for _____ given to you at the time you received this order.

If you fail to comply with this ISOLATION ORDER, you will be subject to prosecution pursuant to NCGS 130A-25, which provides for imprisonment for up to two (2) years, as well as pretrial detention without bail under NCGS 15A-534.5.

The staff of _____ County Health Department, TRHD, is available to provide assistance and counseling to you concerning your pandemic _____ influenza and compliance with this ISOLATION ORDER.

The authority of this ISOLATION ORDER to restrict your freedom of movement expires in 30 days from the date of this order unless extended or modified by a court pursuant to NCGS 130A-145. You may petition the Superior Court for review of the restriction of your freedom of movement contained in the ISOLATION ORDER pursuant to NCGS 130A-145 (d).

Health Director	Date	Time
-----------------	------	------

Issued by: _____	Date
------------------	------

I have received the original copy of this order: _____	Date
Patient Signature	

QUARANTINE ORDER

Pandemic _____ Influenza

You may have been exposed or are reasonably suspected of being exposed to a person with or reasonably suspected of being infected with pandemic _____ influenza. Pandemic _____ influenza is highly contagious and is spread person to person mostly by coughing or sneezing. If pandemic _____ influenza spreads in the community, it will have severe public health consequences. Your possible exposure requires that you be quarantined and requires further public health investigation and monitoring.

I, _____ Director of Toe River Health District (TRHD), pursuant to authority vested in me by North Carolina General Statue (NCGS) 130A-145, issue this QUARANTINE ORDER to _____.

You are required to remain at the following location _____ duration of this QUARANTINE ORDER: _____ days after your last potential exposure to pandemic _____ influenza.

You are required to:

- Follow these instructions for the duration of this order.
- During the quarantine period, observe yourself for any of the following symptoms: fever, headache, muscle aches, respiratory difficulties, including sour throat, cough and breathing difficulties.
- Report any symptoms immediately to the local health department.
- Comply with other requirements based on individual circumstances of the Quarantine location or the disease: _____
- Comply with advisory given to you at the time you received this order.

If you fail to comply with this QUARANTINE ORDER, you will be subject to prosecution pursuant to NCGS 130A-25, which provides for imprisonment for up to two (2) years, as well as pretrial detention without bail under NCGS 15A-534.5.

The staff of _____ County Health Department, TRHD, is available to provide assistance and counseling to you concerning your situation and compliance with this QUARANTINE ORDER.

The authority of this QUARANTINE ORDER to restrict your freedom of movement expires in 30 days from the date of this order unless extended or modified by a court pursuant to NCGS 130A-145. You may petition the Superior Court for review of the restriction of your freedom of movement contained in the QUARANTINE ORDER pursuant to NCGS 130A-145 (d).
NCGS 130A-145 (d).

Health Director	Date	Time
-----------------	------	------

Issued by: _____

Date

I have received the original copy of this order: _____

Patient Signature

Date

Guide for Home Care during a Pandemic Influenza

Simple steps to prevent the spread of respiratory illness like influenza:

1. Avoid close contact with people who are sick.
2. Wash hands often (hourly). If sick, stay at home and keep at least 3 feet away from others.
3. Cover mouth and nose with a tissue when coughing or sneezing.

Individuals who are cared for at home should:

1. Get plenty of rest.
2. Drink a lot of fluids.
3. Avoid using alcohol and tobacco.
4. Consider taking over-the-counter medications to relieve the symptoms of influenza. *(Children and young adults who have influenza-like symptoms should not be give aspirin)*
5. Stay at home and avoid contact with other people.
6. Cover your nose and mouth with a tissue when coughing or sneezing.

In a pandemic influenza event, some individuals who are cared for at home may develop complications. If complications develop, these individuals should seek medical care immediately, either by calling the doctor or going to an emergency room. Upon arrival, the receptionist or nurse should be told about the symptoms so that precautions can be taken (generally by providing you with a mask or sending you to a separate area for triage and evaluation).

Warning Signs to seek urgent medical care:

In children:

1. High or prolonged fever
2. Fast breathing or trouble breathing
3. Bluish skin color
4. Not drinking enough fluids
5. Changes in mental status, somnolence, irritability
6. Seizures
7. Influenza-like symptoms improve but then return with fever and worse cough
8. Worsening of underlying chronic medical conditions (heart or lung disease, diabetes)

In adults:

1. High or prolonged fever
2. Difficulty breathing or shortness of breath
3. Pain or pressure in the chest
4. Near-fainting or fainting
5. Confusion
6. Severe or persistent vomiting

The primary reservoir for human influenza infections are other humans, however birds and mammals such as swine are likely sources of novel subtypes that may lead to the next pandemic. The emergence and spread of the highly pathogenic avian H5N1 influenza strain has lead many scientists and public health experts to believe another influenza epidemic is imminent.

Assumptions

The development of the current plan is based on the following assumptions:

- An influenza pandemic will result in the rapid spread of infection with outbreaks throughout the world.
- An influenza pandemic may occur in waves and last for 12 to 24 months.
- Due to the novel nature of the virus strain, previous influenza vaccination will provide no protection.
- It is highly likely that moderate or severe shortages of vaccine will exist early in the course of the pandemic and also possible that no vaccine will be available.
- The supply of antiviral medications used for prevention and treatment of influenza will be limited and will need to be allocated on a priority basis.
- The emergency response element will require substantial interaction of agencies beyond health departments as the number of ill people will overwhelm the local health care system.
- Demand for services will exceed supply, and the response will require non-standard approaches.
- Secondary bacterial infections following influenza illnesses may stress antibiotic supplies.
- There will likely be significant disruption of public and privately owned critical infrastructure including transportation, commerce, utilities, public safety and communications.
- Social distancing strategies aimed at reducing the spread of infection will likely be implemented during a pandemic.
- Residents will be required to stay in their homes for a significant period during an influenza pandemic. Education and preparedness will be needed so they are prepared to take responsibility for basic needs (food, water, prescription meds, over-the-counter medications etc.).
- Communications to the public throughout a pandemic, especially when planning a mass vaccination will be critical and difficult.

Resource: HHS Pandemic Influenza Plan Assumptions

<http://ohden.sph.unc.edu/pandemic/community.htm>

“Occupational Health Disaster Expert Network”

Local Health Department Guide to Pandemic Influenza Planning

Version 1.0

The Pandemic Influenza Plan for Toe River Health District is an attachment to the County Emergency Operations Plan for Avery, Mitchell and Yancey County.

Lynda Kinnane
Toe River Health District Health Director

11/7/07
Date

B. M. Eitzen Jr
Coordinator, Emergency Management

10.26.07
Date

Michael Lee
County Manager

10-26-07
Date

John Ruff
Chairman, County Board of Commissioners

10.26.07
Date

Mark D. [Signature]
Preparedness Coordinator

11/7/07
Date

Swan Clark
Preparedness Coordinator

11-7-07
Date

Reviewed: 5-21-08

By: *Swan Clark*

Reviewed: _____

By: _____

Reviewed: _____

By: _____

Reviewed: _____

By: _____

Reviewed: _____

By: _____

To: Eric Wiseman; Bill Davis

Subject: Information required for SNS review

I have this statement in our SNS plan as to where the plan can be found in the county's EOP, could you please give me an Annex #, or name as to where it will live in you county's EOP so I can incorporate the information and receive credit for this item. We hope to have you a copy within two weeks.

"The SNS Standard Operating Guide elements are incorporated in the local all hazards plan and are National Incident Management System (NIMS) compliant."

It needs to read:

"are incorporated in the Avery County EOP, Annex _____, Mitchell County EOP, Annex _____ and Yancey County EOP, Annex _____"

And how do we show updates with our EOP's from public health?

Thank you for your assistance and a quick answer. Our plan is due in 3 weeks.