GASTON COUNTY

Strategic National Stockpile Plan

**RECORD of REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| **Changes Made By:** | **Date:** | **Section Changed:** | **Notes:** |
| Chris Dobbins | 3/12/08 | Sec I | SNS Plan to be incorporated into Gaston County EOP |
| Chris Dobbins | 3/12/08 | Sec I | Combine SNS Planning Committee with LEPC |
| Chris Dobbins | 3/14/08 | Sec II | Added Legal Requirements and Policy Issues |
| Chris Dobbins | 3/14/08 | Sec II | Added Point of Contact info for Pri/Alt SNS Coordinators |
| Chris Dobbins | 3/14/08 | Sec IV | Added Communications/IT Support call-down listing |
| Chris Dobbins | 4/17/08 | Sec III | Updated 2008 Gaston County Population estimate |
| Chris Dobbins | 4/17/08 | Sec I-XII | Reformatted SNS Plan to conform with (Oct 07) TAR |
| Chris Dobbins | 5/19/08 | Sec III | Updated SNS Request & Re-supply Procedures |
| Samantha Dye | 4/2/09-5/31/09 | Sec I-XII | Reformatted and Updated Plan to conform with August 2009 TAR |
| Samantha Dye | 11/6/10 | Sec 10 |  |
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**Section 1: Developing a Plan With SNS Elements**

**1.1** **Local SNS Planning Elements are incorporated in the Local All-Hazards Plan and are NIMS compliant.**

The Gaston County Health Department (GCHD) has developed this operating guide for Strategic National Stockpile (SNS) material management. The Gaston County Health Department will maintain and update this guide and may provide all involved community partners with a copy. A copy of this guide will be maintained at the Gaston County Health Department in the Environmental Health front office as well as on the Gaston County Emergency Management website. This guide is incorporated into the Gaston County All- Hazards Plan as an additional plan. See appendix 1 for documentation showing this guide is [incorporated into the all hazard plan](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CSNS%20on%20EPlan.docx).

**1.2** **Local SNS planning elements are updated annually based on deficiencies revealed during federal and/or state SNS Program Technical Assistance Reviews, and state/local trainings and exercises.**

In accordance with CDC and NC DPH requirements, this Standard Operating Guide (SOG) will be reviewed at least annually to ensure accurate and updated information. This review is conducted by the GCHD and partner agencies and any necessary changes made annually, at a minimum. Changes to this plan may be based on many various sources of information, including but not limited to, changes in state or CDC recommendations/requirements, changes in partnering agencies, changes in the county All-Hazards Plan, and corrective actions realized during trainings or exercises. Updates to this plan are recorded on the [Record of Review and Update](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CGaston%20SNS%20Plan%202010.docx#Recordofreview) at the front of this SOG.

**1.3 Multi-discipline planning/advisory group meets annually to review and/or update the SNS planning elements in the All-Hazards Plan.**

Although Gaston County Health Department is considered the lead agency in SNS activities, community partners are actively involved. The planning committee consisting of representatives from response agencies within the county, such as the Local Emergency Planning Committee (LEPC), represents agencies that may have a role in a SNS event. Representatives from the following agencies are included in SNS planning:

* Gaston County Health Department
* Gaston County Emergency Management
* Gaston County Police and Gaston County Sheriff Departments
* Gaston County Public Works Department
* Private businesses
* Gaston County Emergency Medical Services
* Fire department
* Hospital and other patient care facilities
* Mental health
* Department of Social Services
* Volunteer groups (the Red Cross )

A [list of LEPC members and their point of contact information](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5C3-1-2010%20SARA%20Membership.pdf) is in Appendix 1.

The Gaston County Emergency Operations Center (EOC) and Emergency Operations Plans (EOP) will be the operating guidelines for any emergency response, including SNS distribution, within Gaston County.

**1.4** **The roles and responsibilities of local agencies and/or other organizations concerning SNS planning elements are documented.**

A record of signatures representing agencies associated with SNS response is kept on file at Gaston County Health Department in the Environmental Health front office. The record of signatures is at the front of this SOG. This record represents that partner agencies have read and agree to any part of the SNS plan that they are responsible for carrying out. In addition, the SNS plan is a supplement to the local Emergency Operations Plan (EOP) therefore; the EOP has a record of signatures to indicate this acknowledgement[. See LEPC minutes](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5C03-08-10%20%20MINUTES%20LEPC.docx). [LEPC Sign-in sheet](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CLEPC%20Sign%20In%20Sheet.pdf).

**1.5 State and local policies and procedures to support local mass prophylaxis operations and/or medical supplies management and distribution are referenced in plan including:**

* **Process for requesting SNS assistance.**
* **Number of regimens that a family member can pick-up at a dispensing site.**
* **Unaccompanied minor.**
* **Minimum identification requirements in order to receive medication.**
* **Use of force guidelines for law enforcement.**
* **Providing prophylaxis to tribal nations (if applicable).**
* **Providing to prophylaxis to military installation(s) within jurisdiction (if applicable).**

**Requesting SNS assistance**

**Levels of Activation:**

Gaston County Health Department recognizes the established four activation levels for response to a public health emergency. The levels of activation for both Gaston County and for North Carolina Department of Health and Human Services (NC DHHS) are in [Appendix 1](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CActivation%20Levels.docx). The local Emergency Operations Center (EOC) is activated when the level of activation reaches three (on the CDC/NC DHHS Scale) as described in levels of activation.

The Health Director or designee will function as the Public Health Incident Commander to the local EOC. She/he may also serve as the Liaison Officer if indicated.

The process for requesting the SNS to be deployed from the Centers for Disease Control and Prevention may begin in several ways. A public (i.e. NC’s Level 3 Lab,) or private laboratory, health care provider, medical examiner or infectious disease specialist may identify one or more cases involving Centers for Disease Control and Prevention (CDC) Category A agent or disease. Evidence of a credible biological or chemical threat as determined by the FBI, SBI or designated law enforcement personnel may initiate the process to request the SNS. An overt attack using bioterrorism agent or disease, a covert attack presenting as an unusual number of people reporting to doctors/hospitals with similar symptoms, or the presence of significant numbers of dead animals may also start the SNS request process. Area providers will consult with the local health department and the county emergency manager. Local assets to meet the needs identified will be used when possible. If the state cannot meet the health care prophylaxis or treatment needs, NC will request assistance from the Director of the CDC to deploy the Push Package or VMI to a designated location within our state. Based on recommendations from DPH and its local public health partners, the Director of NCEM will request the SNS from CDC Director via the CDC Emergency Hotline at 770-488-7100. NCEM will also notify its local EM Coordinators on SNS deployment status.

The criteria that shall be used to justify requesting the SNS are found below. When any of these criteria are met and when local and regional resources are expended, Gaston County will follow the SNS resource request chain found in the flow diagram below. Requests for material must be coordinated through the local EOC to ensure that all requests from the local EOC to the State Emergency Operations Center (SEOC) are consolidated.

Local EM requests supplies from state EM via State EOC

Health Director (or designee) confers with local EM, county partners, local officials via local EOC

Local Supplies Exhausted

Disaster Occurs

* **Formal Request for SNS Package:**
1. Upon confirmation and identification of the biological or chemical agent, the Gaston County Health Department will advise the Gaston County Office of Emergency Management, as well as PHRST 7 and the North Carolina Office of Public Health Preparedness and Response for official request for activation of the SNS and/or Vendor-Managed Inventory (VMI) program. All requests would go through the State. No direct contact with the Centers for Disease Control and Prevention will be made by the county. The activation of the SNS/VMI program for local government requires a specific set of actions to ensure plan protocols are followed.
2. The primary local agency for activation requests would come from the Health Director of Gaston County Health Department or his/her designee.
3. In the absence of a Gaston County Health Department representative or if unnecessary delay would occur, the Director of the Gaston County Emergency Management Office will request program activa­tion through the N. C. Division of Emergency Management.
4. In either case, the activation request would be based on medical facts as they are known and originated from the most reliable medical source available at the time of activation. This process is designed to provide a backup to the local health department.
5. The requesting individual shall provide the information below as a minimum to the person receiving the call.
	1. Name of city/county making request.
	2. Person’s name and title.
	3. Street address for delivery of package.
	4. Reason for request.
	5. Delivery method requested – air or ground.
6. The department/agency that requests activation would also acti­vate the following local components.
7. Request activation of local SNS plan.
8. Ensure all alerts and notifications are implemented.
9. Request acti­vation of Emergency Operations Center (EOC) or command and control location.
10. Advise reception site.
11. Ensure all required resources are in place for SNS delivery.
12. Activate dispensing sites with resources and man­power.
13. Assemble and brief team on plan process and program schedule.

**Management of SNS Materials**

NC State Policies will be followed in the management of SNS materials and operations.

Gaston County Health Department will strive to make all PODs standardized regarding medication delivered, patient flow, staff roles, operating procedures, throughput, operating hours, and policies.

Standardization of PODS will help to:

* Discourage one site from being overwhelmed by the public.
* Prevent the perception of better service or operation on the basis of race, religion, or socioeconomic factors.
* Promote ease for staff and volunteers to move around to various PODs to cover shortages that may develop in the chaos of a biological event.

Not only is it important to create standardization within a county, but standardizing within a PHRST region will be important for all of the same reasons.

Upon confirmation and identification of the biological or chemical agent or other qualifying event, the Gaston County Health Department will advise the Gaston County Office of Emergency Management, for official request for activation of assets if all other resources are expended. If needed, consultation and/or advisement of other indicated county partners such as the local hospital, local political officials, or law enforcement would be done via phone contact, email, activation of local EOC, or other appropriate means. PHRST 7 and the NC Office of Public Health Preparedness and Response would also be consulted. All requests would go through the State. No direct contact with the Centers for Disease Control and Prevention will be made by the county.

**Family Member Pick-Up**

Allowing a family-member, neighbor or friend to pick-up medications for another person will be permitted. Generally, no limit will be placed on the number of regimens that can be picked up by an individual; however the circumstances surrounding the event may dictate that a limit is set. The person picking up medications must be able to provide any personal or medical information about the individual(s) for whom they are picking up medications.

Attempts will be made to collect necessary medical information when possible. Necessary medical information means the medical information required on the Name, Age, Patient History form (NAPH) or in the dispensing algorithm being used by the health department to make dispensing decisions. When operating a POD, efficient medication dispensing is important. However, it should not be at the patient’s expense, therefore, attempts should be made to collect necessary medical information. Necessary medical information means the medical information required on the Name, Age, Patient History form (NAPH) or in the dispensing algorithm being used by the GCHD to make dispensing decisions. An example of both forms can be found in [Appendix 1](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CNAPH%20Form%20%26%20Algorithm.docx).

**Unaccompanied Minors**

If an unaccompanied minor presents to a POD and can provide the required medical information as stated above, they will be permitted to pick up medications. The Pharmacy Practice Act of North Carolina does not place age limits on medication pick-up. A designated POD clinical staff member, such as a nurse, will interview the minor in an attempt to ensure the maturity of the minor, the minor’s ability to understand the situation, and ensure no harm is done by providing medications to the minor. This staff member will interview the client and evaluate the situation, and make phone calls to parents/ guardians, etc. as necessary. Based upon the available information, the POD Medical Director or other designated physician, under the supervision of the Operations Section Chief, will determine the suitability of providing the needed medication/ vaccination.

**Minimum Identification**

The Pharmacy Practice Act of North Carolina has no requirements for identification required to pick up medications. If, depending on the event, it becomes necessary to require identification, all efforts would be made to resolve situations that would prohibit any residents from obtaining medications.

**Use of Force (Rules of Engagement****)**

NCGS 15A-401 Arrest by law-enforcement officer addresses the force authorized in various situations. The law-enforcement agencies within Gaston County have been informed of the risks of traveling, securing, and dispensing prophylactic medication in various scenarios as well as the perceived value of prophylactic medication. The use of deadly force and non-deadly force by law-enforcement officers while providing security for the SNS point of receiving and dispensing sites are governed by North Carolina General Statute 15A-401 (d). Officers will be instructed to exercise restraint in the display of firearms and the use of force, but will be authorized to use lawful force, including the use of deadly force when reasonably necessary to accomplish legitimate police objectives. All use of force used while performing security functions at these sites will be documented in writing and will be subject to the normal administrative and legal review procedures.

**1.6 Legal issues to support mass prophylaxis operations and/or medical supplies management and distribution are outlined in plan including:**

* **Medical practitioners authorized to issue standing orders and protocols for dispensing sites.**
* **Personnel authorized to dispense medications during a state of emergency.**
* **Procurement of private property.**
* **Liability protection.**
* **Workers compensation.**
* **Staff compensation.**

**Dispensing**

The Medical Board of North Carolina can permit standing orders to be administered by a licensed medical doctor or others such as the local health department medical director, state epidemiologist, PHRST physician, or state health director (assuming the health director is a physician.

**Authorized to dispense**

The North Carolina Pharmacy Practice Act allows for dispensing by registered pharmacist, a registered dispensing physician, or a dispensing NP/PA under the supervision of a consulting pharmacist. Special rules also apply to Health Department Registered Nurses.

NCGS 90-85.25(a) states: In the event of an occurrence which the Governor of the State of North

Carolina has declared a disaster or when the Governor has declared a state of emergency, or in the event of an occurrence for which a county or municipality has enacted an ordinance to deal with states of emergency under G.S. 14-288.12, 14-288.13, or 14-288.14, or to protect the public health, safety, or welfare of its citizens under G.S. 160A-174(a) or G.S. 153A-121(a), as applicable, the Board may waive the requirements of this Article in order to permit the provision of drugs, devices, and professional services to the public. This article allows the Board of Pharmacy to waive the rules and provision of the Pharmacy Practice Act.

NCGS 166A-14c states “Any requirement for a license to practice any professional, mechanical or other skill shall not apply to any authorized emergency management worker who shall, in the course of performing the worker's duties as such; practice such professional, mechanical or other skill during a state of disaster.” Although this waives the need for a North Carolina Board of pharmacy license for a pharmacist, and applies to other health care professions, it does not waive other rules and laws in place by the Board of Pharmacy. Only the Board of Pharmacy using NCGS 90-85.25(a) can waive the other pharmacy rules and laws.

If the Board of Pharmacy chooses to waive its rules and provisions, it is still expected that due diligence will be exercised when dispensing medication. All necessary medical information should be collected and reviewed by a healthcare professional prior to medication dispensing.

**Procurement of Private Property**

It may be necessary to increase capacity of resources to ensure achieving SNS objectives.

Facilities, vehicles, communication equipment, material handling equipment, and other material for logistic support may be necessary at the time of a response.

NCGS §166A-6 (c8) and 166A-11 reference the use of private property during times of disaster.

This includes commandeered, seized, taken, condemned, or otherwise used real and personal property. When private property is seized, these regulations apply:

If the Governor or state seizes the property, then the individuals are entitled to compensation. NCGS §166A-11(a) The right to compensation for services or the taking or use of property only applies if it has been determined that the individual did not volunteer his or her services or property without compensation.

Further, the individual or firm that owned the private property is not liable for the death or injury or any damage that occurs on the property if used during the emergency. NCGS §166A-15. The statutes also give the Governor the authority to operate public utility and transportation services and facilities during a disaster. NCGS §166A-6(c) (3).

**Liability/Workers Compensation**

NCGS166A-14 provides immunity to those deployed to work in an emergency. G.S.1-539.10 provides immunity from civil liability for volunteers and is directed specifically at Medical Reserve Corps. The State Medical Assistance Teams are provided liability coverage under NCGS 166A. Gaston County will follow county policy regarding Workers Compensation. This policy can be found in the Gaston County Policies and Procedures Manual (June 2008) in Appendix 1 [Workers Compensation](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CWorkers%20Compensation.docx). County employees can access this manual online via the county intranet and a hard copy is located in the Environmental Health main office.

**Staff Compensation**

Staff compensation during an event will be based on county policy. Section 8.2 of the Gaston County Policies and Procedures Manual (2008) is in Appendix 1 [Staff Compensation](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CStaff%20Compensation.docx). The entire policy and procedures manual can be found on the Gaston County intranet and a hard copy of the policy is located in the Environmental Health Division main office.

**Section Two- Management of SNS**

**2.1** **Local SNS Coordinator identified with back-up and POC information.**

A local SNS Coordinator and back-up has been identified and multiple points of contact are listed below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Position** | **Name** | **Office Phone** | **Cell Phone** | **Alternate Number** |
| SNS Coordinator | Samantha Dye | 704-853-5230 | 980-522-0340 |  |
| Back-up SNS Coordinator | Paula Black | 704-853-5013 | 704-842-2138 |  |

**2.2 At the local level and dependent upon the placement of the activities in the local’s NIMS- compliant organizational structure, the following functions have personnel (primary and back- up) identified with documented contact information.**

* **Tactical Communications/IT Support**
* **Security Coordination**
* **Distribution Leader/Manager**
* **Dispensing Site Supervisor/Leader**
* **Inventory Management Coordination**
* **Hospital/Alternate Care Facilities Leader/Manager**
* **Public Information and Communication**
* **Staffing/Volunteer Coordination**
* **Safety Coordination**

**Personnel Specified in 2.2 of TAR**

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Phone #1** | **Phone #2** |
| Tactical Communications/IT Support  | Primary:  | Brad Biggers |  704-853-5289  | 704-913-3778 |
| Secondary | Chris Rodite | 704-853-5204 | 980-522-0450 |
| Security Coordination | Primary | Curtis Hopper | 704-853-5201 | 980-522-0338 |
| Secondary | Ronnie Whisnant | 704-853-5223 | 980-522-0336 |
| Distribution Leader/Manager | Primary | Samantha Dye | 704-853-5230 |  980-522-0340 |
| Secondary | Ronnie Whisnant | 704-853-5223 | 980-522-0336 |
| Dispensing Site Supervisor/Leader  | Primary | Paula Black | 704-853-5013 | 704-842-2138 |
| Secondary | Renee Clark | 704-853-5167 | 704-913-2166 |
| Inventory Management Coordination | Primary | Watha Grigg | 704-862-6185 |  |
| Secondary | Cathy Cheek | 704-853-5266 |  |
| Hospital/Alternate Care Facilities Leader/Manager | Primary | Paula Black | 704-853-5013 | 704-842-2138 |
| Secondary | Cynthia Stitt | 704-853-5014 | 704-842-1993 |
| Public Information and Communication  | Primary | Shannon Clubb | 704-853-5139 | 704-460-4727 |
| Secondary | Paula Whitley | 704-853-5002 | 704-913-2167 |
| Staffing/Volunteer Coordination | Primary | Brian Lackey | 704-853-5083 |  |
| Secondary | Renee Clark | 704-853-5167 |  |
| Safety Coordination | Primary | Cynthia Stitt | 704-853-5014 |  |
| Secondary | Shawn Blackmon | 704-853-5214 | 980-522-0771 |

**2.3 Call-down lists for personnel identified in item 2.2 are current and updated quarterly.**

**2.4 Local jurisdiction conducts and documents call-down exercises of all personnel identified in item 2.2 to test response rates quarterly. In progress.**

**2.5** **SNS functions are integrated within the local Incident Command System (ICS) structure and are NIMS compliant.**

Incident Command System (ICS) structures for SNS events are incorporated as part of this SNS plan including structures for the Local Receiving Site (LRS), Points of Dispensing (POD) and for an overall event. Structures for the overall event are not limited to the health department but also include the relationship to the county EOC.

Each ICS chart includes the positions needed for the response and how the particular ICS positions fit into the overall event structure. A separate chart lists primary and back-up persons (with contact information) for each ICS position.

Joint Information Center

**UNIFIED COMMAND**

County Management & Local Jurisdiction Representation / Applicable Political Positions

EMS

Rescue Squads

Public Health

See Public Health ICS Chart

Volunteer Organizations (ex: Red Cross)

Emergency Management

Law Enforcement

Fire

(incl Volunteer)

Hospitals

DSS

* 1. **The local jurisdiction has a plan to annually test and exercise notification and activation of volunteers below the local level positions identified in item 2.2**

In progress.

**Section 3 – Requesting SNS**

**3.1 Plan to communicate with key local officials to discuss incident to determine the need to request state assistance.**

Formal Request for State Assistance including SNS assets:

Upon confirmation and identification of a biological or chemical agent or other qualifying event, the Gaston County Health Department will advise the Gaston County Office of Emergency Management, for official request for activation of assets if all other resources are expended. If needed, key local officials, such as county commissioners, county manager, local municipalities councils and/or mayors, local hospitals, and law enforcement would be consulted and/or notified via phone, conference call, email, activation of local EOC, 800 MHz radio, and in the event none of these are available then ARES (Amateur Radio Emergency Services) would be used or other appropriate means. PHRST 7 and the NC Office of Public Health Preparedness and Response would also be consulted. All requests would go through the State. No direct contact with the Centers for Disease Control and Prevention will be made by the county.

Health Director (or designee) confers with Gaston County EM, county partners, local officials via county EOC

Gaston County EM requests supplies from NCEM via State EOC

Local Supplies Exhausted

Disaster Occurs

1. The primary person for activation requests would be the Public Health Director of Gaston County Health Department or her designee.
2. In the absence of a Gaston County Health Department representative or if unnecessary delay would occur, the Director of the Gaston County Emergency Management Office (through the county EOC) will request program activa­tion through the N. C. Division of Emergency Management (state EOC).
3. The activation request would be based on medical facts as they are known and originated from the most reliable medical source available at the time of activation. This process is designed to provide a backup to the local health department.
4. The Gaston County EM director or designee request will include the following information:
5. Description of Situation
6. Status of specimen testing
7. Target population, including estimated numbers population to be prophylaxed
8. Quarantine measures taken (if applicable)
9. Relevant local SNS plan information such as:
	1. LRS location
	2. Number of PODS
	3. Number of residents
	4. Number of first responders
	5. Internal Capabilities
	6. Items needed (Note: “SNS” is a term meant to refer to the entire cache of medications and supplies maintained by DSNS. Requests should detail exactly the type/quantity of medications and medical supplies needed.)

The requesting individual may also be asked to provide additional information such as street address for delivery or delivery method requested (air or ground).

The department/agency that requests activation would also:

* Request activation of local SNS plan
* Ensure all alerts and notifications are implemented
* Request acti­vation of Emergency Operations Center (EOC) or command and control location
* Advise reception site
* Ensure all required resources are in place for SNS delivery
* Activate dispensing sites (with resources and man­power) if indicated
* Assemble and brief team on plan process and program schedule

Gaston County EM requests supplies from NCEM via State EOC

Local Supplies Exhausted

Health Director (or designee) confers with Gaston County EM through county EOC, county partners, local officials

Disaster Occurs

**3.2** **Person(s) authorized by the local health director to request state assistance are identified in the plan with contact information.**

**Persons Authorized to Request Initial or Re-supply of SNS Supplies**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Agency** | **Contact Information** |
| Selenna Moss | Gaston County Interim Health Director | Gaston County Health Department | Office: Cell: Fax: Email:  |
| Paula Black | Gaston County Personal Health Services Administrator | Gaston County Health Department | Office: Email:  |
| Tommy Almond | Gaston County Emergency Management Director | Gaston County Emergency Management | Office: Cell: Fax: Email: |

The above persons are included in the annual review and updating of the Gaston County Health Department SNS SOG.

**3.3** **Plans and procedures contain initial request justification guidelines and procedures for locals to request SNS material from the State.**

The CDC criteria used to justify requesting the SNS include (but may not be limited to):

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:
	* 1. large numbers of ill persons with similar disease or syndromes,
		2. large numbers of unexplained disease, syndromes, or deaths,
		3. unusual illness in a population,
		4. higher than normal morbidity and mortality from a common disease or syndrome,
		5. failure of a common disease to respond to usual therapy,
		6. single case of disease from an uncommon agent (e.g. smallpox),
		7. multiple unusual or unexplained disease entities in the same patient,
		8. disease with unusual geographic or seasonal distribution,
		9. multiple atypical presentations of disease agents,
		10. similar genetic type in agents isolated from temporally or spatially distinct sources,
		11. unusual, genetically engineered, or antiquated strain of the agent,
		12. endemic disease or unexplained increase in incidence,
		13. simultaneous clusters of similar illness in non-contiguous areas,
		14. atypical aerosol, food, water transmission,
		15. three (3) people presenting the same symptoms near the same time,
		16. deaths or illness among animals that precedes or accompanies human death, or
		17. 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.

When criteria are met with consultation with an epidemiologist, medical director, or other authority as indicated and local and regional resources are expended, Gaston County will follow the SNS resource request chain described below. Requests for material must be coordinated through the Gaston County EOC to ensure that all requests from the Gaston County EOC to the State Emergency Operations Center (SEOC) are consolidated.

Health Director (or designee) confers with Gaston County EM through county EOC, county partners, local officials via local EOC

Gaston County EM requests supplies from NCEM via State EOC

Local Supplies Exhausted

Disaster Occurs

**3.4 Plans contain procedures for re-supply requests of SNS material from the State.**

Re-supply of SNS materials is the same process as for request for initial supply ([see section 3.1](#ResupplyRequest)). The process for receiving re-supply might include medications, equipment, supplies (including applicable forms) from the state to the county LRS and from LRS to the POD.

**3.5** **Plans and procedures contain the request procedures for dispensing sites to request SNS material from the State.**

The need for additional supplies will be noted by personnel at the Local Receiving Site (LRS), POD or local treatment facilities. The re-supply requests from the LRS may be initiated when the LRS manager (or designee) receives re-supply requests from a POD Manager or Treatment Facility Point of Contact. This notification will be sent via email, direct phone notification, written request, or other appropriate documented means of communication when the “on-hand” supply falls below a 24 hour supply.

If the LRS detects a decrease in supplies to less than a 24 hour supply within the LRS, at a treatment facility, or at the POD level, the LRS Manager (or designee) will request re-supply from the RSS. An estimate of 24-hour supply will be derived from a periodic review of data that shows the amount of supplies on hand vs. amount of supplies sent to PODS or treatment facilities. The LRS manager (or designee) will then send a request to the Gaston County Emergency Management via the Gaston County EOC. Gaston County Emergency Management will place the request to the State EOC via WebEOC. This request will be tasked to the SNS Task Force in the Public Health Command Center (PHCC).

LRS assesses supplies on hand

No

YES

LRS requests re-supply from Gaston County EM

Continue to fill requests

Gaston County EM requests re-supply from NCEM

**Section 4: Communications Plan (Tactical)**

**4.1** **Tactical communication and/or IT support all-down lists are reviewed and updated quarterly.**

Tactical Communication/IT support staff is listed below. This list is reviewed and updated on a quarterly basis or as needed.

|  |  |  |
| --- | --- | --- |
| **Position** | **Name** | **Contact Information** |
| Primary/Lead | Brad Biggers |  |
| Back-Up | Christina Rodite |  |

Click on the following hyperlinks for information about the call down drills.

[Aug2009](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CAug2009%20Call%20DownCommItStaff.xls), [Oct2009](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5COct2009%20Call%20DownCommItStaff.xls), [Feb2010](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CFeb2010%20Call%20DownCommITStaff.xls), [May2010](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CMay2010%20Call%20DownCommITStaff.xls)

**4.2 Communication/IT Support Job Action Sheet**

Job action sheets for Communication/IT Support for the LRS and POD are in Appendix 4 call [JAS Communication/IT Support LRS-POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CJAS%20Communications-IT%20Support%20LRS%20-%20POD.docx).

**4.3** **Communication Pathways**

Figure I is an outline the communication pathway of Gaston County.

***FIGURE I***

NC EOC

GC EOC & GCHD

LRS

POD

NC PHPR Command Center

1,3,6,7,8

 1,3,7

Local Hospitals

Security

1,2,3,7

Transportation

1,2,7

1,2,3,7

1,2,3,5,7,8

3

22,3,5,6,7

1,2,3,5,6,7,8

1,2,3,4,5,7

1,2,7

2,7

2,7

1,3,6,7,8,9

**Legend**

1. Landline 6. UHF/VHF radios

2. Cell phone 7. 800 MHz radios

3. Email 8. Web EOC

4. Blast fax 9. NC HAN Alert

5. HAM radio

**4.4** **Redundant communications systems are in place and are tested quarterly to ensure communications remain available in the event primary communication systems are unavailable.**

|  |  |
| --- | --- |
| **X** Landline Telephones | **X** Ham/Amateur radio operators |
| **X** Cell Phones | **X** UHF/VHF/800 MHz radio systems |
| Satellite phones **N/A** | **X** Web-based communications (E-Team, Web EOC, HAN, Workspaces, etc.) |
| **X** E-mail |  |
| **X** Fax |  |

GCHD utilizes the systems below.

|  |  |  |  |
| --- | --- | --- | --- |
| **System** | **Utilized/Tested** | **Who utilize/Test** | **Training** |
| **Landline****Telephone**  | Daily  | All staff/ fire, law enforcement, EM  | In house inherent to job duties |
| **Cell Phones** | Daily  | All staff/ fire ,law enforcement, EM | In house/IT staff inherent to job duties |
| **E-Mail/Email List Serves** | Daily | All staff/ fire, law enforcement, EM | In house inherent to job duties |
| **Faxes** | Daily. | All staff, fire, law enforcement, EM | In-house |
| **UHF/VHF Pack Radios** | As incident occurs.Every other month | First Responders through Emergency Management/ PC | PHP&R, PHRST 7 |
| **800 MHz Radios** | As incident occurs. Every other month. | PC, fire, law enforcement, EM | PHP&R/PHRST 7 |
| **Web EOC** | As incident occurs | EM, PC, Back-up PC, PIO  | PHP&R, PHRST 7 |
| **NCHAN** | As incident occurs | PC, Health Director, Nursing Administrator, Communicable Disease Coordinator, Nursing Supervisor | PHP&R |

Landlines, cell phones, email, and faxes are used as part of daily activities.

Pack radio and 800 MHz radio quarterly check documentation is located in Appendix 4. See Excel spreadsheets labeled [Mar-Sept09 and Oct-April10](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5Cchecklistradio%281%29.xls).

[NCHAN](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CNCHAN%20Quarterly.docx) quarterly check documentation is located in Appendix 4.

**4.5** **Communication Networks are Tested Quarterly**

Landlines, cell phones, and email are used as part of daily work duties.

HAM/Amateur radio operators are responsible for their own training. These operators participate in the annual Catawba or McGuire Nuclear Drills.

Pack radio and 800 MHz radio quarterly check documentation is located in Appendix 4. See Excel spreadsheets labeled [Mar-Sept09 and Oct-April10](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5Cchecklistradio%281%29.xls).

[NCHAN](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CNCHAN%20Quarterly.docx) quarterly check documentation is located in Appendix 4.

**4.****6 Designated Personnel are trained for use of Redundant Communications Equipment**

|  |  |  |  |
| --- | --- | --- | --- |
| **System** | **Utilized/Tested** | **Who utilize/Test** | **Training** |
| **Landline****Telephone** | Daily | All staff/ fire, law enforcement, EM | In house. Inherent to job duties. |
| **Cell Phones** | Daily  | All staff/ fire ,law enforcement, EM | In house. Inherent to job duties. |
| **E-Mail/Email List Serves** | Daily | All staff/ fire, law enforcement, EM | In house. Inherent to job duties. |
| **Faxes** | Daily | All staff/ fire, law enforcement, EM  | In house. Inherent to job duties. |
| **HAM/Amateur radios** | Yearly MCTFER Exercises | HAM radio operators with EOC command |  |
| **UHF/VHF Pack Radios** | As incident Occurs/Monthly | First Responders through Emergency Management/ PC | Quarterly |
| **800 MHz Radios** | As incident occurs/Monthly. | PC, Back-up PC, EMS, fire, law enforcement, EM | Quarterly |
| **Web EOC** | As incident occurs | PC, PIO, Back-up PC, EM | Quarterly |
| **NC HAN Alert** | As incident occurs | Health Director, PC, Communicable Disease Coordinator. Nursing Administrator, Nursing Supervisor | Quarterly |

**Section 5 – Public Information and Communication**

**5.1 Local public information and communication personnel (identified in 2.2) have been trained on responsibilities associated with a mass prophylaxis campaign.**

**Job action sheets have been developed. Click hyperlinks below.**

* **[Tactical Communications/IT Support](file:///F%3A%5C%5CGASTON_%20SNS%20PLAN%5C%5CAppendices%5C%5CAppendix%204%5C%5CJAS%20Communications-IT%20Support%20LRS%20-%20POD.docx)**
* [**Public Information Officer**](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%205%5CGCHD%20PIC%20Plan.doc#JASPIO)
* [**Public Information and Communications (PIC)**](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%205%5CPICJAS.docx)

**Training opportunities are documented.**

The training material used is found in Appendix 5 [PIO/PIC training](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CPIO%20SNS-MassVac.ppt) and the [sign in sheet](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CPIOPICTrainingSignIN.pdf) is also in Appendix 5.

**5.2 Written PIC Plan**

The [GCHD PIC Plan](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc) is in Appendix 5.

**Part of the all hazards public information plan.**

The Public Information and Communication (PIC) plan is part of Gaston County’s SNS which considered a part of the Gaston County’s All-Hazards plan. Therefore, the PIC plan is of the Al Hazard Plan.

**Addresses coordination between local jurisdictions as well as with the state to ensure message consistency.**

Should the demand for risk communication and/or public information exceed local capacity, the Health Director or County Joint Information Center (JIC) may request assistance from the State (NC Division of Public Health, Office of Public Health Preparedness and Response, and NC Department of Health and Human Services). GCHD and GCHD PIO will coordinate with Public Affairs Officers from relevant state agencies through the local JIC, land and/or cell phones, fax, WebEOC, conference calls, and/or e-mail.

The Office of Public Health Preparedness and Response created the Intrastate Communication Enhancement Network (ICCE Net) to ensure regular and consistent communications between state and local public health communications personnel. During a public health emergency, ICCE Net will be activated to coordinate across the state, and GCHD will regularly monitor their communications to effectively ensure its messages to its partners are consistent.

**Identifies a media policy for dispensing sites.**

The media policy for dispensing sites is:The Gaston County Health Department PIO will be the point of contact for media relations. During a mass prophylaxis campaign, media will be directed to Shannon Clubb, PIO or back-up PIO Paula Whitely, and given contact information such as cell phone numbers. Appendix 5 outlines [media contact lists](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CMedialistemail.docx), when to call the media, modes of information dissemination, and an initial template statement. The media contact list will be updated on a biannual basis or as needed. If media show up to a POD, media will be directed to contact Shannon Clubb, PIO or Samantha Dye, back-up PIO depending on which one is present at the POD. The media will be given the PIO or back-up PIO’s cell phone number. The PIO and back-up PIO will be the only staff wearing a purple emergency vest.

**5.3 The following** **PIC responsibilities appear on the job action sheet of the PIC liaison or other designated dispensing site staff:**

See Job Action Sheet below.

**Gaston County Health Department**

**Job Action Sheet**

**LRS/POD PUBLIC INFORMATION AND COMMUNICATIONS (PIC) STAFF**

Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position Assigned To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Shift(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You Report To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Clinic Site Commander

Responsibility: Under the direction of the PIO, the PIC staff will assist the PIO in management of all public communications and education materials.

Duties:

* Assist in coordinating media contacts including monitor media staging areas, establishing press conferences (space and materials), and serving as point of contact for media inquiries.
* Assisting in research and gathering of current, reliable materials and information for public education (for press releases, development of patient information, etc.)
* Assisting in development and supply of needed patient education materials including adaptations for special needs populations.
* Assist in the distribution of education materials to people at the POD sites or treatment centers including answering questions and attempting to allay fears/concerns.
* Coordinate information with the lead PIO and/or JIC.
* Serve as a point of contact for the media.
* Handle public information messages, methods, and materials at the POD.
* Other duties as assigned.

**5.4 Messages have been developed for dispensing at the local level, including messages to:**

**Prepare the public before an event.**

See Appendix 5 [Pre-event flyer](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CPre-event%20flyer.pdf).

**Direct people to dispensing sites.**

GCHD will set up a hotline when an event occurs and this number will be placed on all correspondence

[Message template directing public to POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc) is found in GCHD PIC Plan Appendix K. An example of a [map directing the public to and through POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CPOD%20Directions.pdf) is in Appendix 5.

**Inform people about** **alternate dispensing methods.**

GCHD will use closed PODs and walk thru PODs, open up clinics at the health department.

[Alternate dispensing methods message](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc) template is in GCHD PIC Plan Appendix K.

**Help people navigate the dispensing sites.** GCHD has two sets of signage as described in Appendix 5 [Signage for SNS dispensing site](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CSignage%20for%20SNS%20Dispensing%20Site.docx) and an [additional signage set](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CAdditionalSignage.pdf). GCHD also has signs for drive-thru POD with directional arrows showing traffic flow and signs advising public to stop car and turn car off. GCHD will have staff to help navigate people through the dispensing site. Currently there are 205 employees in GCHD.

**Provide information to people once they** **leave the dispensing sites.** GCHD County will provide to the public information such instructions for taking medication and what to do if an adverse reaction occurs. All of the information given to the public will contain the GCDH website address [www.gastonpublichealth.org](http://www.gastonpublichealth.org) and a hotline telephone number. The number will set up at the beginning of an event.

**Ensure medication compliance.**

To ensure medication compliance the following campaign methods will be used.

* Hand out mass prophylaxis flyer at POD sites in English and Spanish.
* Ask local businesses, community centers, schools and faith-based organizations to make announcements, post flyers and campaign messages in their establishments, on signs, or in other creative ways such as the church bulletin or on receipts and bills.
* Ask any local outlets covering the situation to stress medication adherence to ensure the message is conveyed to the public.
* Develop talking points, stressing medication adherence, for local spokespeople to use during media interviews.
* Create script radio PSAs based on the key messages and distribute to local stations for on-air announcers and identified spokespeople to read.
* Partner with local newspapers and ask them to include reminders to their readers regarding proper use of the medication and the importance of adherence.

While developing campaign materials, Gaston County will include the following:

* Stress that medicine from the dispensing site will fight off any sickness caused by the agentto which individuals may have been exposed.
* Highlight the frequency and dosage that should be followed to ensure proper use of the medicine.
* Note what side effects may occur with the medicine and that it is imperative that individuals continue to take the medicine, even if it is an inconvenience.
* Emphasize that taking the medicine, the way officials instruct, even if it makes individuals feel sick, may be life saving.
* List what foods or drugs may interact with the medicine and urge individuals to be strict about their intake in order for the medicine to work properly or consult a designated hotline.

In GCH PIC Plan is a template to [ensure medication compliance](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc).

**5.5 Methods to disseminate the messages indicated in item 5.4 above have been developed, including, methods of communication for the messages that get people to the dispensing site.**

**Methods of communication for the messages that get people to the dispensing sites**

Written messages will be given to the media outlets such television, newspapers and radio.

**Methods of communication for the messages that get people through the dispensing sites**

Signs and maps will be prominently displayed directing the public to the dispensing site. Cones and barricades will be used to ensure people follow the correct direction.

**Alternate methods to disseminate messages in case of electrical outages:**

Alternative methods for disseminating messages in an electrical outage: Gaston County Health Department would use the reverse 911 system for cell phones, canvass neighborhoods and make announcements using a bullhorn and/or hand out fliers.

**Development of pre-event media relationships:** GCHD maintains a list of media and works closely with the group even during times of a non-emergency. The GCHD Director writes a weekly column for the local newspaper the Gaston Gazette. Appendix 5 contains the [media contact email addresses](%5C%5C%5C%5Chlt000ca%5C%5CDeptShares%5C%5CGeneral%5C%5CPreparedness%5C%5CAppendix%205%5C%5CMedialistemail.docx).

**5.6 Materials (fact sheets, press releases, signs) or templates have been developed and cleared:**

**To direct people to the dispensing sites.** [See template.](%5C%5C%5C%5Chlt000ca%5C%5CDeptShares%5C%5CGeneral%5C%5CPreparedness%5C%5CAppendix%205%5C%5CGCHD%20PIC%20Plan.doc) (Click on hyperlink)

**To help people navigate the dispensing sites.** The following signage will aid people to navigate the dispensing site see [signs](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CSignage%20for%20SNS%20Dispensing%20Site.docx) and [additional signs](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CAdditionalSignage.pdf). GCHD also has signs for drive-thru POD with directional arrows showing traffic flow and signs advising public to stop car and turn car off. GCHD will have staff to help navigate people through the dispensing site. Currently there are 205 employees in GCHD.

**To provide information to people after they the dispensing site.**

A message template to provide [information to people after they leave the dispensing site](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc) is in Appendix 5.

**On category A agents.**

Fact sheets on all category A agents are found in Appendix 5. These will be given to the public to inform them of the signs and symptoms of the following:

[Anthrax](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CAnthraxWhatyouneedtoknow%5B1%5D.docx) [Anthrax (Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CCarbuncoAnthraxEspanol_%282%29.docx) [Plague](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CFacts_about_Pneumonic_Plague.docx) [Plague(Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CInformaci%C3%B3n_sobre_la_peste_pulmonarplagueespanol.docx)

[Tularemia](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CKey_Facts_About_Tularemia.docx) [Tularemia(Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CDatos_clave_sobre_la_tularemiaespanol.docx)

**On medications used for prophylaxis and treatment.**

Specific medication compliance sheets are as follows (click hyperlink):

[Cipro](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CCiproPatient_Information%5B1%5D.docx) [Cipro(Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CCiproespanol_%283%29.docx) [Doxy](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CDoxyPatient_Information.docx) [Doxy(Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CInformaci%C3%B3n_para_el_pacientedoxyespanol_%282%29.docx) [Amoxicillin](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CAnthraxAmoxicillinPatient_Information.docx) [Amoxicillin(Spanish)](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CInformaci%C3%B3n_para_el_pacienteamoxicillinespanol.docx)

**A plan for mass reproduction and storage of printed materials.**

Template information will be stored electronically and in hard-copy. Information resources include, but are not limited to NC DPH and CDC. Information sheets will be duplicated and distributed as dictated by the event. Mass printing resources within the county include: The Gaston County Print Shop 704-866-3796 or 704-866-3799; International Minute Press 704-867-3366.

The following businesses and departments are available to make signs; Fast Signs 4912 Albemarle Road, Charlotte, NC 704-531-2447 will make signs for us on very fast turnaround.

Media Buyer--Jerry Stahl, Turnkey Media 704-564-9694 will help buy outdoor billboards, newspaper ads, TV spots, radio spots, etc. He will also assist with design/writing. This would be done on a contract basis.

5.7 Local plan for communication needs of at-risk populations:

**Methods of Communication to get people to and through dispensing sites.**

Pre-event media relationships have been developed using Local Health Information Teams (LHIT) and existing relationships the County PIO has with the local media outlets. During an event the following methods will be used in addition to the normal media outlets:

Gaston County Department of Social Services, Salvation Army and homeless shelters and various [contacts](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CDSS_Special%20Needs_Contact.docx) which deal specifically with at risk population.

Messages specific to at-risk populations to direct them to dispensing sites will be placed in homeless shelters and at various agencies serving the at-risk populations.

Methods of communication for at risk populations to get through the dispensing site may include using: Escorts to accompany the developmentally impaired, mentally impaired, deaf, blind, or low-literacy persons throughout the POD. Interpreters and the [Language Line](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CLanguage%20Line.doc) (click link to view more information) will be available for non-English speaking persons. A major emphasis will be on using signage to help people navigate through the dispensing site.

Alternative methods for disseminating messages in an electrical outage: Public health will work with Emergency Management to identify and delivery back-up generators when available to support an electrical outage at a POD. The incident commander will also discuss changing the location of a POD if a generator is not available. In the event of a county-wide electrical outage, emergency management and public health will work with neighboring counties to support the county with the electrical outage by providing another location or encouraging their population to come to the host county’s dispensing site.

**Definition and identification of at risk population groups.**

The populations that have been identified in Gaston County as having special needs include:

1. Spanish speaking
2. Hearing or sight impaired in progress
3. Homebound individuals messages given to DSS to deliver to them.
4. Indigent or homeless persons Salvation Army
5. Public without transportation in progress

Identified staff such as Environmental Health Specialists, Gaston County Emergency Medical Services (GEMS) personnel will deliver or pick up necessary supplies and medication for those facilities which house populations of people who are unable to come to a dispensing site.

Gaston County Department of Social Services (GC DSS) maintains a current list of special needs such as adult homebound individuals and will disseminate information to them on behalf of GCHD. The [DSS contact information](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CDSS_Special%20Needs_Contact.docx) is in Appendix 5. The Gaston County EOP (All Hazards Plan) has a database of special needs populations which can be accessed when necessary. This database is password protected.

Information will distributed to Indigent and homeless persons through homeless shelters and the Salvation Army.

**Development of alternate methods for disseminating information to at risk populations.**

There are many alternate methods for disseminating information to at risk populations.

Information may be distributed to community groups that usually support these populations including but not limited to: Department of Social Services, Council on Aging, child care providers, churches, motels, etc. These groups are familiar with the populations they serve and can assist in disseminating information to their populations.

**Development of materials that are easy to read and translated to the top languages in community.**

Gaston County’s top languages are English and Spanish. GCHD has several interpreters and other bilingual staff. GCHD has and will use the CD developed by the Centers of Disease Control that has fact sheets and information sheets translated into 48 different languages.

**A** **mechanism to translate information for non-English speaking, hearing impaired, visually impaired, or functionally illiterate individuals.**

Translation services at the Gaston County Health Department will utilize their personnel to translate educational/informational material into Spanish. In addition, translators will be available at PODs for translation as needed. The hearing impaired, visually impaired, and functionally illiterate will be asked to bring a caretaker/companion with them to the POD to assist them in obtaining their medication. However, if this is not possible, also at the POD will be escorts for these populations. Escorts can accompany persons throughout the POD and assist an individual with any needs they may have. Translation of printed materials can be accomplished by utilizing the services of local government and non-government agencies specific to that disability/at-risk population. Most importantly, Gaston County Health Department will encourage these populations to have caretakers, neighbors or friends pick up medication for them at the POD.

***Section Six - Security***

* 1. **The primary local level position that coordinates overall security issues is identified as:**

Name:

Position: Gaston County Sheriff

Address:

Work Phone:

Mobile Phone:

Fax:

The back up security position is identified as:

Name:

Position:

Address:

Work Phone:

Mobile Phone:

Fax:

The security lead and back up was trained by: \_\_\_\_\_\_trainer\_\_\_\_\_\_\_on \_\_\_\_\_\_date\_\_\_\_\_\_\_. This training was on specific security requirements for medical supplies management and distribution operations. Local security support agencies are: \_\_\_\_\_\_\_\_\_\_\_\_. They are oriented on medical supplies management and distribution operations. Their contact information is:

Name:

Position:

Address:

Work Phone:

Mobile Phone:

Fax:

* 1. **See LRS Site Security Plan**
	2. **See LRS Site Security Plan**
	3. **Badging Procedures**

Gaston County will employ a system to badge staff and volunteers. Gaston County uses the software DSX Access Systems, Inc., WinDSX Version 3.7.28 along with a Universal “Perfectly Practical” laminating machine to badge staff and volunteers. The supplies consist of Universal Laminating Pouch film, Avery #8371 Business Cards, HID Corporation ProxCard II, a Westcott Titanium Paper Cutter and badge clips. Badging materials are located in the office of the Health Director’s Administrative Assistant. The operation manual for the machine is located with the machine. The following is a list of supplies kept in storage in the Health Director’s Administrative Assistant’s office:

-100 ID badge straps with clips;

-200 business card size laminating pouch film;

-2 packs of 90 lb card stock canary

-2 packs of 90 lb card stock white.

If possible a new badge will be created for all GCHD staff and volunteers ahead of an event that is specifically used for the event. If it is not possible to create all GCHD staff a badge specific to the event then their county issued photo IDs will be used. All Gaston County staff will have white badges. Volunteers will have canary yellow badges. A badge will be created at the time of the event for volunteers and spontaneous volunteers. Spontaneous volunteers will have to provide a photo ID and have proof of credentials (if applicable) and credentials must be verified before allowing access. Laminated picture IDs will be worn by all staff and volunteers and will include worker identification and agency (if applicable). Each badge will have the person’s picture, name, role (job title), and venue where individual is working such LRS or POD, and if access is limited to a specific area it will be noted on badge.

These IDs will be made using a GBC Ultima 65 laminating machine. Photos will be taken using a Sony DSCH20/B digital camera which is kept in the Health Director’s Administrative Assistant’s office.

Spontaneous volunteers will not be allowed to work in the LRS and/or POD.

**6.5 See Site Specific Security plans**

 **MOAs are in place for reviewed and validated RDS sites.**

No MOAs are in place for Gaston County’s LRS sites because both sites are owned and operated by the county. Therefore, no MOAs are required.

* 1. **The following RDS managers/staff have been identified with back-up and POC information for each RDS facility identified.**

Appendix 7 contains the information for [LRS Positions](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Positions.docx) and point of contact.

* 1. **RDS Leaders/Managers and back-ups have job action sheets and have been trained in RDS operations.**

LRS Managers and back-ups have Job Action Sheets (JAS). The JAS are located in Appendix 7 [LRS Managers](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Manager.doc).

* 1. **Safety Manager/Leader and back-ups have job action sheet and have been trained in their RDS function.**

[Safety managers/leaders](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Safety%20Manager.doc) and back-ups JAS are in Appendix 7.

* 1. **Communications/IT Support and back-ups have job action sheet and have been trained in their RDS function.**

[Communication/IT Support](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS_POD_%20IT-Communications%20Support.doc) and back-ups JAS are located in Appendix 7.

* 1. **Inventory Manager/Leader and back-ups have job action sheet and have been trained in their RDS function.**

See [Inventory Manager/Leader](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Inventory%20Control%20Unit%20Leader.doc) and back-ups JAS.

* 1. **Shipping/Receiving Manager/Leader and back-ups have job action sheet and have been trained in their RDS function.**

[Shipping/Receiving Manager](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Receiving-Shipping%20Unit%20Manager.doc)/Leader and back-ups Job Action Sheets.

* 1. **Pick Team Manager/Leaders and back-ups have job action sheet and have been trained in their RDS function.**

[Pick Team Manager/Leaders](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20-Pick%20Team%20Manager.doc) and back-ups Job Action Sheets are located in Appendix 7.

* 1. **Quality Control Managers/Leaders and back-ups have job action sheet and have been trained in their RDS function.**

[Quality Control Managers/Leaders](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Quality%20Control%20Manager.doc) and back-ups Job Action Sheets are located in Appendix 7.

* 1. **Call-down lists for 24/7 operations for all RDS Managers and staff/volunteers are reviewed for accuracy and tested quarterly.**

Documented calls down lists are reviewed for accuracy and tested quarterly. This documentation and the corrections to the call down lists are in attachment X.

* 1. **Just-in-Time (JIT) training materials have been developed for each of the LRS functions to familiarize personnel working within all LRS functions: Safety, Shipping/Receiving, Communications/IT, Pick Teams, Quality Control, and Inventory Management.**

A [Just-In-Time training PowerPoint](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20JIT.ppt) has been developed for all LRS functions. This PowerPoint can be found in Appendix 7. Depending on the situation, actual use of the PowerPoint may or may not be feasible. However, the information within the presentation should be reviewed. At a minimum, LRS supervisors should review with staff the following:

• Incident Briefing

• Facility Basics

• Safety Review

• Job Action Sheets

• Facility Walk Through

* 1. **An** **inventory list of material handling equipment for each LRS site is documented along with a list of materials/supplies that need to be procured and/or delivered at time of event.**

Supply listings for the [LRS material handling equipment](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Material%20Handling%20Equipment.xlsx) and supplies can be found in Appendix 7.

* 1. **An** **inventory list of office equipment for each LRS site is documented along with a list of materials/supplies that need to be procured and/or delivered at time of event.**

Supply listings for the [LRS office equipment](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Material%20Handling%20Equipment.xlsx) and supplies can be found in Appendix 7.

* 1. **The following individuals are authorized to sign for the SNS material.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Individual | Position | DEA? Y/N | DEA Number | Notes |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**7.17 Staff/Volunteer Management**

GCHD will coordinate with the Gaston County Emergency Management to use the Gaston County Chapter of the American Red Cross to feed and care of staff/volunteers at the LRS and POD. An agreement with the chapter is in process. If the Gaston County Chapter of the American Red Cross is unavailable, GCHD will coordinate with the Gaston County Emergency Management for additional resources.

***Section 8 - Controlling Inventory***

* 1. **There is a plan for Inventory Management in place at Gaston County.**
1. The primary inventory management software system is the Access Program developed by Bobby Kennedy located in [Appendix 8](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%208%5CLRS%20Inventory%20Control.mdb).
2. A secondary inventory system, an electronic spreadsheet, is located in attachment X.
3. A third inventory management system, a paper system, is located in attachment X.
4. GCHD has purchased a new electronic inventory management system called WASP and staff will be trained on the system in June 2010. This system will allow staff at the LRS and POD to be able to access the system simultaneously. (In progress)
	1. **Inventory staff is trained in IMS functions.**

Identified IMS staff :

|  |  |  |  |
| --- | --- | --- | --- |
| Watha Grigg | O: 704-862-6185H:  | Cathy Cheek | O: 704-853-5266H:  |

**8.3 Written Chain of Custody procedures are as follows and include the ability to track pharmaceutical lot numbers.**

Material comes from the RSS to the LRS. LRS signs RSS chain of custody for the material and Bill of Lading is taken to LRS Inventory Control. Inventory Management enters material data from Bill of Lading into Access IMS. The Pick list is generated at the LRS.

* 1. Pick List is generated/processed and ready to send to PODs.
	2. LRS representative signs over SNS materials to the driver and takes the material to the POD. The driver signs the Bill of Lading/ Chain of Custody to acknowledge receipt of material.
	3. The top copy is given to inventory control and put into a folder.
	4. Driver takes the material to the POD and signs over the material to designated POD manager or designee. POD manager or designee signs for receipt of material.
	5. Driver can take second copy back to LRS Inventory control or POD manager can return later to LRS inventory control. This copy is put into same folder stated above. (d).
	6. POD manager will return the 3rd copy back to the LRS with unused materials. This copy is also put into the above folder (d).





* 1. **Procedures for chain of custody involving controlled substances received by the DSNS is outlined in the plan.**

Chain of Custody will be maintained for all medication/supplies/equipment following procedures as set forth by CDC and NC DPH. Designated personnel will have responsibility for receipt and control of inventory. If controlled substances are received, a DEA registrant will sign for those items. Chain of custody form is in [Appendix 8](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%208%5CSNS%20CHAIN%20OF%20CUSTODY%20FORM.docx).

* 1. **Gaston County identifies the following primary and back up DEA registrant to issue a DEA Form 222.**

a. Primary:

b. Backup:

***Section 9 – Distribution***

**9.1** **Distribution Manager and back-up(s) have job action sheets and have been trained in their functions.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Distribution Manager** | **Name** | **Contact Information** | **JAS on file** | **Training Date** |
| **Primary** | **Secondary** |
| Primary | Samantha Dye | 704-853-5230 | 980-522-0340 | X | Real world H1N1 April 2009 |
| Back-up | Curtis Hopper | 704-853-5201 |  | X | Real world H1N1 April 2009 |

Gaston County will assess the location and routes of all distribution sites. Depending on the nature of the event and the materials to be distributed, routes and resources will be determined considering variables such as the amount and size of the delivery, security needed, time of day, weather situations, and available personnel.

Primary responsibility for distribution will be placed with the Gaston County Environmental Health staff. If additional trucks and drivers are needed, a request to Gaston County EOC will be made. Persons assisting with distribution will be credentialed and badged. JIT training and JAS will be provided.

A job action sheet for the [Distribution Manager](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%207%5CLRS%20Manager.doc) is located in Appendix 7.

**9.2** **Plan includes distribution strategy for delivery of medical materiel (such as delivery locations, routes, delivery schedule/frequency, fueling, repair, recovery, etc).**

Gaston County will assess the location and routes of all distribution sites. Depending on the nature of the event and the materials to be distributed, routes and resources will be determined considering variables such as the amount and size of the delivery, security needed, time of day, weather situations, and available personnel.

Transport and distribution of SNS supplies (to include vehicles to be used, fueling responsibility, and repair responsibility) will be the responsibility of GCHD and coordinated through the EOC and/or Emergency Management. GCHD will use vehicles in the county’s vehicle fleet. Fuelman cards are located inside each county vehicle. These cards allow county staff to fuel vehicles at specific gas stations. All county vehicles will be sent to the Gaston County Fleet Maintenance Garage for any necessary repair work. Security for this transport will be provided or arranged by the Gaston County Sheriff’s Department as needed.

[Map from primary LRS to POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CPrimary%20LRS.pdf). See map from [back-up LRS to Primary POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CBack-up%20LRS.pdf). See map from primary LRS via [alternate route to POD](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CAlternateRoute1.pdf). See map from LRS via [2nd alternate route](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CAlternateRoute2.pdf) to POD.

GCHD only will deliver to its’ PODs. Gaston Memorial Hospital and Carolina Rehabilitation – Mt. Holly will pick their supplies directly from the LRS. All closed PODs not operated by GCHD will be required to pick up supplies from the LRS. The delivery will be determined by the POD Manager. The POD Manager will notify the EOC when supplies on-hand supplies fall below a 4 hour supply for the current through put at the POD.

* 1. **Primary agency/organization has been assigned to distribute medical materiel and a written agreement is in place.**

GCHD will use the Environmental Health staff as the primary agency responsible for distributing medical materials. No written agreement is required since the environmental health staff are part of the health department.

* 1. **Back-up agency/organization has been assigned to distribute medical materiel and a written agreement is in place.**

|  |  |  |
| --- | --- | --- |
| DISTRIBUTION | AGENCY/ORGANIZATION | AGREEMENT |
| Primary | Gaston County Environmental Health | N/A |
| Back-Up | Gaston County Public Works  | N/A |

GCHD will use county employees to distribute medical materials therefore no written agreement is necessary. If additional staff is needed then Emergency Management will provide staff through their existing MOA’s.

* 1. **Resource needs have been identified and are accessible to perform distribution activities including:**
* **Number of vehicles needed**
* **Types of vehicles needed**
* **Number of drivers needed**
* **Type and number of support personnel needed**

The Gaston County All Hazards Plan allows for use of needed equipment and supplies. Distribution activities and the resources needed to move supplies within the county will be coordinated through Gaston County EOC and under the agreement as stated in the Gaston County All-Hazards Plan.

Preliminary estimates show that the following minimum number of vehicles/drivers will be needed for distribution activities. However, this is only an estimate and can increase or decrease as the size of the event changes.

|  |  |  |
| --- | --- | --- |
| **Type of Resource** | **Number Needed** | **Provided by** |
| Vehicles | Trucks2- F150 4-wheel drive Ford, 1- 4 wheel drive Ford Explorer, 5- Chevy Silverados, 1-10’X12’ 2 wheeled enclosed utility trailer | 8 | GCHD |
|  | Cars6- Honda Civic Hybrids | 2 | GCHD |
| Drivers | Environmental Health Staff | 10 | GCHD |
| Back-up/Support Staff | Public Works to be used as drivers if needed and assist with loading and unloading materials | 6 | Gaston County Public Works |

* 1. **Dispensing sites have been inventoried to determine what, if any, Material Handling Equipment (MHE) is available for sites that are designated to receive materiel (off-loading and loading as needed such as pallet jacks, hand carts/dollies, and forklifts).**

All dispensing sites have been surveyed to determine if any MHE is available onsite. All GCHD POD sites will require all MHE to be taken to the site.

In order to operate a POD, Gaston County Health Department will need POD supplies that can be readily transported to the POD site. A list of equipment and supplies needed for Gaston County POD operations is found in Appendix 9. The spreadsheet provides an accounting of equipment that is owned, rented, and borrowed. The Gaston County All Hazards Plan allows for use of any additional needed equipment and supplies and Gaston County Public Works Department also will supply additional equipment if needed.

GCHD has developed and implemented LRS Training for distribution functions which includes, but is not limited to, chain of custody protocol, routing information, security, communications procedures, use of material handling equipment, and loading/off-loading of materials. This training will be offered to LRS staff pre-event when possible and as just-in-time training at the time of an event requiring distribution of SNS materiel.

***Section 10 - Dispensing Prophylaxis***

**10.1 The local mass prophylaxis/dispensing plan address procedures for the following operational issues:**

**Number of regimens of medications that can be dispensed to an individual:**

Multiple Regimen Pick-Up: A person may pick-up unlimited amounts of medicines for people who are not present at the POD. The person requesting multiple treatments will be required to fill out a Name, Address, and Patient History Form (NAPH) for each regimen they pick up. (See Appendix 1 of the plan, Forms, Name, Address, and Patient History Form ([NAPH](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CNAPH%20Form%20%26%20Algorithm.docx)). If a treatment is for a child, the POD will need an accurate estimate of the child’s weight. The public will be encouraged to bring medication lists with specific dosage of medications for each individual that they are picking up regimens for at the POD. This policy may be adjusted by the GCHD depending on the event and impact.

**Minimum data elements that need to be collected for each unit of medication dispensed:**

Efforts will be made to collect necessary medical information when possible. The necessary medical information that needs to be collected for each unit of medication dispensed will be obtained and recorded on the [NAPH form](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%201%5CNAPH%20Form%20%26%20Algorithm.docx).

In the event there is a need for a modified dispensing method to increase throughput, the POD manager will make a request to the county SNS Manager or Health Director to stop using the NAPH form and just hand out the medication. This will only occur if the benefit to handing out the medication without filling out the NAPH forms outweighs the risk.

**Handling of symptomatic individuals:**

The Public Information Officer will work with various media outlets to disseminate instructions to the public on how to receive medications/prophylaxis and what to do if someone is symptomatic.

Symptomatic persons will be discouraged from going to PODs. Symptomatic persons will be directed to self transport to local hospitals for treatment. Severely ill or injured persons will be directed to call 911 for emergency transport to the local hospital.

If a person arrives at the POD with symptoms, the Triage and Medical Evaluator will evaluate the patient. Severely ill or injured persons or staff will be transferred to the local hospital by Gaston Emergency Medical Services (GEMS).

Staff and volunteers will receive just-in-time training for event specific symptoms of an illness.

**Handling of unaccompanied minors**

If an unaccompanied minor presents to a POD and can provide the required medical information, they will be permitted to pick up medications. The Pharmacy Practice Act of North Carolina does not place age limits on medication pick-up. A designated POD clinical staff member, such as a nurse, will interview the minor in an attempt to ensure the maturity of the minor, the minor’s ability to understand the situation, and ensure no harm is done by providing medications to the minor. This staff member will interview the client and evaluate the situation, and make phone calls to parents/ guardians, etc. as necessary. Based upon the available information, the POD Medical Director or other designated physician, under the supervision of the Operations Section Chief, will determine the suitability of providing the needed medication/ vaccination. The minor will need to have the capacity to fill out the NAPH Form for the requested regimes as noted above. If a treatment is for a child, the POD will need an accurate estimate of the child’s weight. The public will be encouraged to bring medication lists with specifics dosages of medications for each individual that they are picking up regimens for at the POD. This policy may be adjusted by the local emergency health and medical staff depending on the event and impact.

**Handling of Non-English speakers/hearing impaired/visually impaired/functionally illiterate:**

Methods of communication for special populations at a mass dispensing site may include: Escorts, private interpreter services, interpreters, signage, and other methods as appropriate.

Information may be distributed to community agencies or groups that support these populations including but not limited to: Department of Social Services, Council on Aging, child care providers, churches, motels, etc. These groups are familiar with the populations they serve and can assist in disseminating information to their populations.

Gaston County will use materials that are easy to read and translated to the most frequently used languages in the community. Gaston County’s most frequently used languages are English and Spanish. The Centers for Disease Control and Prevention (CDC) has fact and information sheets translated into forty-eight different languages available on CD.

There are mechanisms in Gaston County for translating information for non-English speaking, hearing impaired, visually impaired, or functionally illiterate individuals. Translation services at the Gaston County Health Department will utilize their personnel to translate educational/informational material into Spanish. In addition, translators will be available at PODs for translation as needed. The hearing impaired, visually impaired, and functionally illiterate will be asked to bring a caretaker/companion with them to the POD to assist them in obtaining their medication. If this is not possible, there will be escorts at the PODs for these populations. Escorts can accompany persons throughout the POD and assist an individual with any needs they may have.

**Procedures for crowd control, traffic management, and security**

GCHD will have the Gaston County Police Department and Gaston County Sheriff’s Department providing crowd control, traffic management and security. There is no MOA in place since these are Gaston County Departments and employees. In addition to these law enforcement agencies GCHD will have health department staff to direct car traffic flow through drive thru POD. GCHD has orange traffic cones, steel barricades, traffic directing illuminated batons, and signs.

**Procedures for shift hours and shift change procedures**

The safety and well being of workers staffing the PODs will be of utmost importance. Workers will be assigned to 12 hours shifts for no more than 5 consecutive days.

During the 12 hour shift the worker will take a mandatory one hour break and be offered three, 15 minute breaks, if possible.

Staff and volunteers will receive information for breaks, shift change procedures, time documentation, just-in-time training and other necessary information prior to staffing the any of the SNS operations. The POD Manager or Operations Mangers will provide this information.

**Established hotline/call-bank procedures or other mechanisms to address questions/concerns from the public**

GCHD will establish a hotline when an event happens which requires SNS materials. GCHD PIO will provide to the public information such instructions for taking medication and what to do if an adverse reaction occurs along with the hotline number. In Appendix 10 is an [example of a flier](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CAnthraxWhatyouneedtoknow%5B1%5D.docx) with the hotline number. The hotline number will be included on all press releases, flyers, county website, and billboards, reverse 911, and given to all media outlets. The GCHD has a room available at all times to serve as the hotline/call center with 3 phones available. Additional phones can be added as necessary.

**Established mechanisms to monitor adverse events**

Established mechanisms to monitor adverse events can be found in the Gaston County All Hazards Plan in Appendix 10.

**10.2 Modified Clinical Involvement**

**The local mass prophylaxis/dispensing plan include a rapid dispensing strategy for dispensing at dispensing/POD sites.**

The method to modify clinical involvement is: dependent upon number of staff available, type of event, time constraints, and state, federal and local requirements. This would begin by adapting to a non-medical model. Strategies for implementation could include but is not limited to the following procedure.

The procedure for a rapid dispensing strategy is: Through the ICS structure the clinical operations lead staff is responsible for assessing dispensing throughput and making modifications as needed.

The procedure:

Collect necessary POD supplies. Gaston County Health Department POD supplies are in a secured in a storage room at the health department. Some of the supplies are stored in locked POD boxes. Environmental Health staff will load and transport the necessary POD supplies either by truck or using an enclosed utility trailer.

Just in time staff training

**10.3** **Alternate dispensing modalities are included in the plan**

Depending upon the nature of the event GCHD may decide to implement a rapid dispensing model in order to dispense medication to the public within 48 hours or another specified time frame. These decisions would be made in coordination with other local authorities, North Carolina Department of Public Health and CDC authorities.

Dynamics that may impact alternative dispensing models, but are not limited to:

* + Time
	+ Staff
	+ Lack of medical staff
	+ Facilities
	+ Supplies
	+ Transportation
	+ Weather

Rapid dispensing of medications and alternative models delivered via “pull” modalities may be implemented by streamlining or eliminating documentation requirements, pre-screening, and/or patient education.

Alternate “push” models may include, but are not limited to:

Providing medications at non-traditional sites, (i.e. workplaces, schools/daycares)

Using bus routes.

Non-medical staff distributes medications

Limited or no medical and demographic information collected

Limited or no medical screening

One person picking up large amounts of multiple regimens for large groups of people

**10.4** **The local mass prophylaxis/dispensing plan include established criteria, authorization and procedures to alter clinical dispensing model to increase client throughput**

GCHD will evaluate the nature and scope of all events requiring the implementation of

the mass dispensing plan and determine the scale to which the mass dispensing plan is

implemented (i.e., how many PODs are activated, which PODs are opened, number of

staff to call-in, and whether to use alternate dispensing modalities).

POD Managers and/or POD Clinic Operations Managers have the responsibility to monitor throughput at their respective PODs and report actual throughput to Unified Incident Commander. POD Managers and/or Clinic Operations Managers have the authority and the responsibility (without local jurisdiction leadership approval) to make decisions at any time to alter clinic “flow,” to make adjustments in clinic set-up or clinic layout, to reduce bottlenecks, and to add, delete, or make adjustments in staffing, including reassignment of staff and reduction in number of positions filled.

Staff at the EOC will continuously monitor the situation, including new and updated epidemiological information, law enforcement information, and throughput numbers from all local PODs. If it is determined that the 48-hour (or less) deadline to provide prophylaxis to the target population will not be met given the current throughput, the Unified Incident Commander will authorize change in the “scalability” of the mass dispensing plan, including but not limited to:

* + 1. Activation of additional POD sites.

b. Call-down of additional staff.

c. Utilization of alternate dispensing models such as closed PODs and/or walk thru PODs.

d. Activation of additional push sites.

e. Streamlining of paperwork and/or forms.

f. Changing to “minimum/worst case scenario” staffing level.

The Unified Incident Commander will inform POD Site Managers and/or Clinic Operations Managers to implement necessary changes. This process will be repeated until the necessary throughput is obtained to meet the requirement.

**10.5** **The plan specifies procedures for providing prophylaxis to first responders and critical infrastructure personnel.**

Priority Prophylaxis of community responders will be carried out in the following order unless otherwise directed by the North Carolina Public Health Preparedness and Response or the CDC.

GCHD staff (205 people) and hospital staff (542 people) and household members (1494 people),

Gaston County Emergency Operations Center Staff (7), and household members (21 people),

Gaston Emergency Medical Services personnel (39 people), and household members (80 people),

Gaston County Police and Gaston County Sheriff’s Department along with other local municipal law enforcement (187 people), and household members (374 of people),

Gaston County Public Works (14 people), and household members (29 people),

Contacts of suspected cases

The procedure for dispensing medications is as follows:

GCHD staff and their family receive medications at the GCHD.

All other first responders and their families will receive medications at that particular agencies office. The designated contact listed in Appendix 10 will be contacted and will come to the LRS to pick the medications.

**10.6** **The plan specifies procedures for providing prophylaxis to homebound and other at-risk populations**

* The populations that have been identified in Gaston County as having special needs include: Limited English speakers
* Hearing or sight impaired
* Homebound individuals
* Indigent or homeless persons
1. The process or procedure for providing prophylaxis to above groups is: A list of homebound individuals is keep by GC DSS and the contact information is in [Appendix 5](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CDSS_Special%20Needs_Contact.docx). The Gaston County All Hazards Plan also maintains a list of special needs population such as those with no transportation or special transportation needs such wheel chair bound persons. This list can be accessed via the online EPlan (Gaston County All Hazards Plan) only by authorized personnel with the password. The GC Preparedness Coordinator and back-up have authorized access. The Gaston Emergency Medical Services (GEMS) paramedics will deliver the medications to these individuals.
2. During a public health emergency, Gaston County Health Department will utilize the translator/interpreters and services listed in the Gaston Health Department Communication Plan, Appendix 5: [Public Information and Communication Plan](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%205%5CGCHD%20PIC%20Plan.doc).
3. GCHD staff will provide assistance to sight impaired individuals and semi-ambulatory individuals through the POD(s).
4. Gaston County Health Department has determined that undocumented persons reside within its jurisdiction. Undocumented persons are given prophylactic medication/vaccination with the general population at the POD(s). No proof of residency will be required.

**10.7** **Site specific plans for each of the POD sites can be found in which include the following information**

See map showing [drive-thru clinic flow](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CPOD%20Directions.pdf).

There is currently no MOU in place with Gaston College. (In progress). All office and material handling equipment will be transported to the site and none of the equipment will be provided by Gaston College. Above is the link for the clinic flow which will be used as a drive-thru clinic. Therefore parking of cars in sparking spaces will not be necessary. There are 2 alternate routes of entry into the college which will be used for deliveries. See [map 1](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CAlternateRoute1.pdf) and [map2](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%209%5CAlternateRoute2.pdf).

**10.8** **The plan specifies how the following items will be made available at every POD site before dispensing starts**

The POD equipment and supplies are located in a storage room at the Gaston County Health Department. The preparedness coordinator is responsible for making these items available by unlocking the room and allowing the Environmental Health staff access to the room. The Environmental Health staff will transport the supplies via their county issued vehicles (2- Ford 4 wheel drive trucks, 5- 200 Chevy Silverado Trucks, 1-2004 Ford Explorer equipped with a 10X12 feet trailer) to the POD.

POD Equipment and Supplies:

* Drug fact sheets
* Agent fact sheets
* Dispensing/medical supplies
* NAPH Forms
* Office supplies
* Office Equipment
* Command & Control Vests or other identifiers
* Communication equipment
* Signs (interior & exterior)
* Crowd and traffic control equipment

Additional crowd and traffic control equipment will be provided by the Gaston County Sheriff’s Department and/or Gaston County Police Department.

**10.9 Core management teams with back-ups have been identified and trained for POD sites**

 In progress.

**10.10** **Personnel available to staff POD sites**

GCHD will operate one POD. Personnel available to staff the POD are located in Appendix 10. Gaston County has 205 people to staff the POD. This equates to 102 staff at the POD per 12 hour shift. Gaston County can staff 100% of POD site.

**10.11 Volunteer/Staff database is maintained and current**

In progress.

**10.12 The plan includes** **Job Action Sheets and** [**Just In-Time training materials**](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CJust-in-timePOD.ppt) **for all POD roles identified in the plan:**

* 1. POD Manager
	2. [IT/Communications](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%204%5CJAS%20Communications-IT%20Support%20LRS%20-%20POD.docx)
	3. [Safety Officer](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CSafety%20Officer.doc)
	4. [Logistics Officer](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CLogistics%20Chief.doc)
	5. [Greeters](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CGreeter.doc)
	6. [Triage Team](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CTriage%20Director.doc)
	7. [Forms](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CForms%20Distributor.doc)/ [Data Collection](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CDocumentation%20Unit%20Leader.doc)
	8. [Dispensing Team](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CDispenser%28s%29.doc)
	9. [Inventory Control](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CInventory%20Staff.doc)
	10. [Runners](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2010%5CRunner%28s%29.doc)

**10.13 The local plan** **addresses staff/volunteer management (work breaks, shift schedules, meals/snacks, lodging, family care) POD Manager Training .**

On the first shift worked, each staff member will complete a brief registration and emergency contact form that will be maintained by the Operations staff.

1. At the beginning of each shift everyone is to sign the shift sign-in sheet and present photo identification. When personnel complete their shift, they will sign out. It is not permitted for anyone to sign in or out for another person.
2. The safety and well being of workers staffing the PODs will be of utmost precedence.
3. Workers will be assigned to 12 hours shifts for no more than 5 consecutive days.
4. During the 12 hour shift the worker will take a mandatory one hour break and be offered three, 15 minute breaks, if possible.
5. Staff and volunteers will receive information for breaks, shift change procedures, time documentation, just-in-time training and other necessary information prior to staffing the any of the SNS operations.

**Section 11: Hospitals and Alternate Care Facility Coordination**

11.1 Process established for hospital and alternate care facilities to procure emergency medical material

Hospitals and alternate care facilities located within Gaston County can be found in Appendix 11. Each hospital and alternate care facility located with Gaston County has been informed on Gaston County’s procedures to procure emergency medical material. Documentation or Gaston Memorial Hospital is found in [Appendix 11](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2011%5CGaston%20Memorial%20Hospital%20Sheet.docx) and Carolina Rehabilitations Mt. Holly is found at this [link](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2011%5CGaston_County_Mt._Holly_Rehab%5B1%5D.pdf).

11.2 Persons authorized to request emergency medical material from hospitals and alternate care facilities

Each hospital within the Gaston County has one person (plus a backup) that is designated as authorized to request emergency medical material. This person is required to complete and sign a point of contact (POC) authorization/information form. These authorization forms are kept on file in the preparedness coordinator’s office in Environmental Health and can be found in Appendix 11 [Carolinas Rehabilitation Mt. Holly](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2011%5CGaston_County_Mt._Holly_Rehab%5B1%5D.pdf) and [Gaston Memorial Hospital](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2011%5CGaston%20Memorial%20Hospital%20Sheet.docx).

11.3 Procedures by which hospitals and alternate care facilities will request emergency medical material

Each hospital will request emergency medical material via the following procedure:

Upon realization that emergency medical material is required the point of contact (POC) for the hospital must contact the Gaston County Local Receiving Site (LRS) via phone(XXX-XXX-XXXX), fax (XXX-XXX-XXXX) or email (Samantha.dye@co.gaston.nc.us), with the following information:

1. Name and quantity of material requested.
2. Specific location for delivery.

Upon receipt of request, the LRS will confirm receipt and give estimated time of fulfillment of request. Request procedures will be emailed at the beginning of event as a reminder and will include the phone and fax number which will be determined when the LRS is set up during an event.

11.4 Hospitals and Alternate Care Facilities have been trained on the emergency medical

material request procedures

Each hospital in Gaston County has been trained on the emergency medical material request procedures and supporting documentation be found in [HurrEx](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CGaston%20SNS%20Plan%202010.docx#HURREXInfo).

11.5 Hospital/ACF exercising on request procedures

The request procedures for obtaining emergency medical material have been exercised by every hospital and alternate care facility in Gaston County listed in Attachment 11: [Carolinas Rehab hospital](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2011%5CGaston_County_Mt._Holly_Rehab%5B1%5D.pdf) and [Gaston Memorial Hospital](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2011%5CGaston%20Memorial%20Hospital%20Sheet.docx).

**Section 12 - Exercise and Training**

**12.1** **Personnel have been assigned to lead, plan, and oversee public health emergency**

**preparedness related training, exercise, and evaluation (to include SNS-specific topics).**

At Gaston County Health Department, the preparedness coordinator Samantha Dye and back-up preparedness coordinator Brad Biggers are assigned to oversee the SNS program including training, exercise and evaluation. A training plan is developed, implemented, and evaluated annually to ensure Gaston County’s readiness to implement this SNS plan. This training plan incorporates objectives, schedule, and target audience. An influential factor in deciding annual activities is the Program Agreement Addenda form NC DPH.

* 1. **Local jurisdictions have a training plan that incorporates mass prophylaxis, medical**

**supplies, management and distribution, and other SNS-specific topics to include course objectives, schedule, and targeted audience for each, including volunteers.**

Gaston County’s training plan is below.

**Gaston County Training Chart**

SNS training is planned, implemented and evaluated as specified in the FY 09-10. This training plan assures that specific mass prophylaxis and/or medical supplies management and distribution plans are implemented in Gaston County.

**Click on hyperlinks for documentation.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title | Description/Objectives | Date\* | Audience |
| Mobile Preparedness Course | A 2 day course that provides a basic overview of SNS and an in-depth look at receiving sites and points of dispensing. | July 2008 and August 2009 | Preparedness Coordinators, Emergency Managers, Treatment Centers, Law Enforcement and other SNS planning and response partners |
| IMS Training  | Online and in class training | [May 2009](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CICS%20300%20Training.pdf) and [June 2009](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CICS%20Training%20400.pdf) | GCHD staff, Law enforcement, Preparedness Coordinator (PC) |
| Tactical Communication |  |  |  |
| Request Procedures |  |  |  |
| Public Information |  |  |  |
| Hospital Training |  |  |  |
| Security Training |  |  |  |
| Overall Planning  |  |  |  |
| Mgmt SNS Operations | Operation Firecracker |  |  |
| POD Training | Training was provided by Amy Williams, CRI Coordinator | [May 26, 2009](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CPOD%20Training%20May%2026%202009.TIF)Sign-in sheet is labeled incorrectly as LRS but should be POD. | PC, Assistant PC/Health Data Analyst, GC Emergency Management, GC Sheriff’s Department, GC Public Works Department, GC Business Services Administration, GC Environmental Health,GC Public Health Services, PIO, |
|  |  |  |  |
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* 1. **The training plan components specific to mass prophylaxis and/or medical supplies management and distribution are implemented.**

The GCHD Training Plan

Gaston County’s sign in sheets and supporting documentation as evidence of training..

* 1. **The local jurisdiction has an exercise plan developed 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.**

Gaston County’s multi-year HSEEP compliant exercise plan below.

For each exercise, an exercise plan is or for future exercise, will be developed (per HSEEP guidance). The exercise will be followed by an evaluation, after-action report, and a corrective action plan.

Multiyear Training and Exercise Schedule

[\_\_\_\_\_\_\_County]

[The following templateis provided to use when completing your respective schedule. The template can be modified to meet the requirements of the State/Urban Area. The guidelines below will assist you in inputting the appropriate information into the template.]

[Enter the appropriate year in which the training course and/or exercise will be conducted followed by a designation, in parentheses, of which year it is in the Multiyear TEP on the schedule cycle at the top of the page. For example, if your jurisdiction is constructing the schedule from 2008 through 2010 and you are working on 2009, write “2009 (Year One)” after the colon.]

[Enter all the participating jurisdictions (i.e., State, regional, local, agency, facility) on the left side of the schedule.]

[The schedule is broken into quarters and months. For each jurisdiction, enter the appropriate quarter and month of the training course and/or exercise conduct. If an exact date is “TBD,” enter the information into the appropriate year or quarter.]

[Write and color-code cells based on the priority of each training course and exercise type, i.e., Tabletop Exercise (TTX), Full-Scale Exercise (FSE), so that users can easily understand what training course or exercise is being conducted to satisfy what priority.]

[Remember to consider the cycle, mix, and range of training and exercises, as well as the building-block approach.]

| Function | Gaston County SNS Multiyear Training/Exercise Schedule: [2010)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Planning Elements | Training/Ex Workshop |  |  |  |  |  | HSEEP Course Rowan Co. | Pan Flu Training Lincoln Co | SNS Seminar |  |  |  |
| ManagementElements |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |
| Request Local to State |  |  |  |  |  |  |  |  |  |  |  |  |
| Request POD to Local |  |  |  |  |  |  |  |  |  |  |  |  |
| Tact Comm | Pack radio | Test network & equipment(4.4-4.5)800Mhz | Pack Radio | 800 MHz | Test network & equipment(4.4-4.5)Pack Radio | 800 MHz | 800MHz radio check | Test network & equipment(4.4-4.5)2.2 training on comm equPack Radio[800 radio drill 8/25/09](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5C800%20Radio%20Drill%20Aug09%20%28Completed%29.docx) | 800 MHZ radio check | Pack Radio Check | Test network & equipment(4.4-4.5)800 MHz radio  |  Pack radio check |
| Public Info&Comm |  |  |  |  |  |  |  | PIO (2.2) Training (5.1)PIC Workshop Charlotte |  |  |  |  |
| Security |  |  |  |  |  |  |  | LE (2.2) training(6.1) |  |  |  |  |

| Function | Gaston County SNS Multiyear Training/Exercise Schedule: [2010)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Inventorymanagement |  |  |  |  |  |  |  |  |  | InventoryStaff Training(8.2) |  |  |
| Dispensing | POD Core Mang TeamTraining(10.9) |  |  |  |  |  |  |  |  |  |  |  |
| HospitalCoord | Hospital RequestTraining |  |  |  |  |  |  |  |  |  |  |  |
| LRS Plan |  | **LRS All Staff****Call Down** |  |  | **LRS All Staff****Call Down** |  |  | **LRS All Staff****Call Down** |  | LRS Mang(7.4)Train(7.5-7.11) | **LRS All Staff****Call Down** |  |
| DistributionMethods |  |  |  |  |  |  |  |  |  | Distribution (2.2) training(9.1) |  |   |

| Function | Gaston County SNS Multiyear Training/Exercise Schedule: [2011)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Planning Elements | Training/Ex Workshop |  |  |  |  |  |  |  |  |  |  |  |
| ManagementElements |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |
| Request Local toState |  |  |  |  |  |  |  |  |  |  |  |  |
| Request POD toLocal |  |  |  |  |  |  |  |  |  |  |  |  |
| TacticalComm |  | Test network & equipment(4.4-4.5)[800 radio drill 8/25/09](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5C800%20Radio%20Drill%20Aug09%20%28Completed%29.docx) |  |  | Test network & equipment(4.4-4.5) |  |  | Test network & equipment(4.4-4.5)2.2 training on comm equipment (4.6) |  |  | Test network & equipment(4.4-4.5) |   |
| Public Info &Comm |  |  |  |  |  |  |  | PIO (2.2) Training (5.1) |  |  |  |  |
| Security |  |  |  |  |  |  |  | LE (2.2) training(6.1) |  |  |  |  |

| Function | Gaston County SNS Multiyear Training/Exercise Schedule: [2011)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Inventorymanagement |  |  |  |  |  |  |  |  | IMS Games | InventoryStaff Training(8.2) |  |  |
| Dispensing | POD Core Mang TeamTraining(10.9) |  |  |  |  |  |  |  |  |  |  |  |
| HospitalCoord | Hospital RequestTraining |  |  |  |  |  |  |  |  |  |  |  |
| LRS Plan |  | **LRS All Staff****Call Down** | **LRS****Workshop** |  | **LRS All Staff****Call Down** |  |  | **LRS All Staff****Call Down** |  | LRS Mang(7.4)Train(7.5-7.11) | **LRS All Staff****Call Down** |  |
| DistributionMethods |  |  |  |  |  |  |  |  |  | Distribution (2.2) training(9.1) |  |   |

| Function | Gaston County SNS Multiyear Training/Exercise Schedule: [2012)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Planning Elements | Training/Ex Workshop |  |  |  |  |  |  |  |  |  |  |  |
| ManagementElements |  | **2.2 Call Down** |  |  | **2.2 Call Down** |  |  | **2.2 Call Down** | SNS Functional |  | **2.2 Call Down** |  |
| Request Local toState |  |  |  |  | **HurrEx** |  |  |  |  |  |  |  |
| Request POD toLocal |  |  | **POD/Closed** **Request Drill** |  |  |  |  |  |  |  |  |  |
| TacticalComm |  | Test network & equipment(4.4-4.5) |  |  | Test network & equipment(4.4-4.5) |  |  | Test network & equipment(4.4-4.5)2.2 training on comm equipment (4.6) |  |  | Test network & equipment(4.4-4.5) |   |
| Public Info &Comm |  |  |  |  |  |  |  | PIO (2.2) Training (5.1) |  |  |  |  |
| Security |  |  |  |  |  |  |  | LE (2.2) training(6.1) |  |  |  |  |

| Function | Gaston County Multiyear Training/Exercise Schedule: [2012)] |
| --- | --- |
| Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
| J | F | M | A | M | J | J | A | S | O | N | D |
| Inventorymanagement |  |  |  |  |  |  |  |  |  | InventoryStaff Training(8.2) |  |  |
| Dispensing | POD Core Mang TeamTraining(10.9) |  |  |  |  |  |  |  |  |  |  |  |
| HospitalCoord | Hospital RequestTraining |  |  |  |   |  |  |  |  |  |  |  |
| LRS Plan |  | **LRS All Staff****Call Down** |  |  | **LRS All Staff****Call Down** |  |  | **LRS All Staff****Call Down** |  | LRS Mang(7.4)Train(7.5-7.11**)** | **LRS All Staff****Call Down** |  |
| DistributionMethods |  |  |  |  |  |  |  |  |  | Distribution (2.2) training(9.1) |  |   |

**Priorities Addressed:**

| Priority 1 |  | Priority 2 |  | Priority 3 |  | Priority 4 |  | Priority 5 |  | Priority 6 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [Insert Priority Title] |  | [Insert Priority Title] |  | [Insert Priority Title] |  | [Insert Priority Title] |  | [Insert Priority Title] |  | [Insert Priority Title] |

Call downs of LRS staff (Quarterly)

Call downs Site Activation (November)

Call down key personnel (2.2) (Quarterly) Nov, Feb

Local to State (July)

POD to Local (July

* 1. **Exercise plan components that are specific to mass prophylaxis and/or medical**

**supplies management and distribution.**

As required for an HSEEP compliant exercise, after-action reports and corrective action plans are completed for each exercise of SNS plan components. Documentation is maintained on resolution of the corrective action plans.

**12.6**

|  |
| --- |
| **0.5 points for each element: 24 total points****If either no RDS or no distribution: 22 total points****If no RDS and no distribution: 20 points** |
| **FUNCTION** | **TRAINED (Annually)** | **EXERCISED (Annually)****(type)** | **After Action Report** | **Corrective Action Plan** |
| Overall SNS planning elements |  | Full Scale Real world  | [Operation Fire Cracker](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Management of SNS operations |  | Full ScaleReal world H1N1 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Local to state requesting procedures |  | Full ScaleFull Scale | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)[HURREX 2010](%5C%5C%5C%5Chlt000ca%5C%5CDeptShares%5C%5CGeneral%5C%5CPreparedness%5C%5CGaston%20SNS%20Plan%202010.docx%22%20%5Cl%20%22HURREXInfo)[5/4/2010](%5C%5C%5C%5Chlt000ca%5C%5CDeptShares%5C%5CGeneral%5C%5CPreparedness%5C%5CGaston%20SNS%20Plan%202010.docx%22%20%5Cl%20%22HURREXInfo) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)[Awaiting feedback from state prior to submitting CAP.](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CGaston%20SNS%20Plan%202010.docx#HURREXInfo) |
| POD to local requesting procedures |  | Full Scale | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Communications plan (Tactical) |  | Full ScaleDrillDrill | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)[800 MHz radio drill 8/25-26-09](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2012%5C800%20Radio%20Drill%20Aug09%20%28Completed%29.docx)WebEOC | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)[800 MHz radio drill 8/25-26-09](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2012%5C800%20Radio%20Drill%20Aug09%20%28Completed%29.docx)[WebEOC](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendices%5CAppendix%2012%5CCAP4webeocdrill1209.doc) |
| Public information and communication |  | Full ScaleReal world H1N1 4/09-3/10 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Security |  | Full ScaleReal world H1N1 drive-thru clinic 12/13/09 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Inventory management system |  | Full ScaleReal world | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)H1N1 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Dispensing |  | Full ScaleReal world H1N1 drive-thru clinic 12/13/09 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |
| Hospitals and alternate care facilities coordination |  | Full ScaleFull Scale ExerciseReal world H1N1 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)HURREX 20105/4/2010 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf)[Awaiting feedback from state prior to submitting CAP.](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CGaston%20SNS%20Plan%202010.docx#HURREXInfo) |
| Regional/Local RDS plan (if applicable) **LRS** |  | Real World | Receipt of H1N1 Supplies SNS Actual | Receipt of H1N1 Supplies SNS Actual |
| Distribution methods (if applicable) |  | Full ScaleReal world H1N1 | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) | [Operation Fire Cracker](file:///F%3A%5CGASTON_%20SNS%20PLAN%5CAppendices%5CAppendix%2012%5CAAR-IP~1%5B1%5DOPFirecracker.pdf) |

HURREX 2010 was a functional exercise conducted on May 4, 2010. Documents which were required to be submitted included [evaluators feedback form](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CGaston_County_Evaluator_Feedback_Form.pdf), [participant feedback form](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CGaston_County-_Participant_Feedback_Form_-_Hurrex2010-SNS%5B1%5D.pdf), and 2nd [participant feedback form](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CP7_-_Participant_Feedback_Form_-_Hurrex2010-SNS1.doc) and [EEG](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CEEG.pdf). Please click hyperlink forms to see forms submitted. Per Phil Benson we have been ask to hold CAP until QLR is complete and this should occur around June4th. Please [copy of email](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5CEmailBensonCapHURREX.docx) regarding this as documentation. I have completed a [CAP](file:///%5C%5Chlt000ca%5CDeptShares%5CGeneral%5CPreparedness%5CAppendix%2012%5C073_2_CAP_-_HurrEX2010_FSE_Improvement_Plan_%282%29.doc) but may need to make changes after QLR is completed per Phil Benson.

**ACTIVATION LEVELS**

Activation levels established for emergency response are based on the military system in which Activation Level 4 represents the lowest operational level counting down toward Level 1, full operational support with maximum of integration between local, state and federal response. The CDC’s activation levels start at 1 and escalate to 4 as the event escalates. Both numbering systems are reflected here.

The nature of public health emergencies makes difficult and unwise an arbitrary identification of what specifically triggers a given Activation Level response. **Therefore the state’s Epidemiologist will determine on a case-by-case basis the appropriate activation level.**  This determination will be based on known health risks and on the anticipated response required to the event.

**The Bioterrorism Response Plan is activated at the activation levels listed below, fully or partially, dependent on the level of the emergency as determined by the state epidemiologist in coordination with the North Carolina Department of Health and Human Services and the Centers for Disease Control and Prevention.**

**It is possible to skip one or more of these Activation Levels based on the response needs of the event.**

|  |  |  |
| --- | --- | --- |
| **CDC/****NCDHHS****LEVELS** | ACTIVATION LEVELS: ACTIVITIES | **FEMA/****NCEM****LEVELS** |
| **1** | Any public health care event that is likely to be within the capabilities of local response and results in only ***minimal needs*** for North Carolina Public Health and/or the State Emergency Response Team (SERT) assistance (e.g. the unconfirmed identification of a limited number of people potentially exposed to or infected by one of the biologic agents identified by Centers for Disease Control and Prevention (CDC) as highly potential for a bioterrorist attack; or any highly contagious and/or deadly disease or syndrome that does not normally present in North Carolina).  North Carolina Public Health (NCPH) will notify the public health community, including state mental health (MH,DD,SAS), in  accordance with their normal day-to-day responsibilities. This could include the CDC.  | **4** |
| **2** | Any public health emergency that is likely to require ***large scale state and possibly federal assistance in recovery*** (e.g. admission of unusually large numbers of patients presenting with symptoms representative of the biologic agents identified as highly contagious and deadly and/or unusually large numbers of dead especially from normally healthy populations.) **NCPH** will be fully activated and on 24 hour staffing of all critical personnel. NCPH will notify the public health community, including state mental health (MH,DD,SAS), in accordance with normal day-to-day reporting responsibilities. NCPH could, if the state epidemiologist deems it appropriate, include notification of the CDC, State Bureau of Investigation (SBI), and Federal Bureau of Investigation (FBI). Per their terrorism response planning, **NCEM** will be fully activated with 24 hours staffing from all Common Functions\*. The **CDC** will be notified and will establish an epidemiologic investigation unit in conjunction with NCPH. The **FBI** will be notified and will fully activate their bioterrorism response protocols. A Joint Information Center (**JIC**) will be established and NCPH generated public releases will be routed to the JIC. NCPH will provide the JIC with health information for use in responding to inquiries about the event. -- The FBI and NCPH will jointly decide on the information to be provided.The **State Health Director will serve as Public Health Leader** **and as senior representative to the SERT.** | **3** |
| **3** |  Any public health care event/emergency that is ***likely to require the assistance of***  ***State Public Health, other state level agencies, and, possibly the CDC*** (e.g. the confirmed or unconfirmed identification of several people potentially exposed to or infected by one or more of the biologic agents identified by CDC as highly potential for a bioterrorist attack or any highly contagious and deadly disease or  syndrome that does not normally present in North Carolina and/or deaths from  such biologic agents, especially if in the normally healthy population. This could include small numbers of infected persons over a wide geographic area.) State agencies essential to the response would be notified. **NCPH** will notify the public health community, including state mental health (MH,DD,SAS), in accordance with normal day-to-day reporting responsibilities. NCPH will, if the state epidemiologist deems it appropriate, include notification of the CDC, State Bureau of Investigation (SBI), and Federal Bureau of Investigation (FBI). **Local public health offices** (LPH) will notify hospitals and primary care facilities within their communities and regions. A Joint Information Center (**JIC**) will be established by NCEM and NCPH. NCPH will provide the JIC with public health releases and health information for use in responding to inquiries about the event.The **State Health Director will serve as Public Health Leader and as senior representative to the SERT.** | **2** |
| **4** | ***Any public health emergency that involves NCPH and the assistance of all or most state and federal response entities*** (Common Functions\*). (e.g. admission of unusually large numbers of patients presenting, over a few days or at concurrently at multiple sites, exposed to or infected with the biologic agents representative of the disease agents identified as highly contagious and deadly and/or unusually large numbers of dead especially from normally healthy populations) **NCPH**  and **NCEM** will be activated with 24 hours staffing. **NCPPH** will notify the public health community, including state mental health (MH,DD,SAS), in accordance with normal day-to-day reporting responsibilities. NCPH will, if the state epidemiologist deems it appropriate, include notification of the CDC, State Bureau of Investigation (SBI), the Federal Bureau of Investigation (FBI), and FEMA. **The State Health Director will serve as Public Health Co-Leader to the SERT.**A Joint State Emergency Operations Center **(JOC)** would be established. **DHHS** and **NCPH** will establish and maintain a Public Health Operations Center (**PHOC**). Additional operational centers may be established by DHHS. These would support local response efforts.The **Federal Response Plan** would be activated with deployment of the Federal Response Team, as appropriate for the nature of the incident to the State EOC.  The **CDC, the FBI and FEMA** will join the NCEM and NCPH operations center Joint Operations Command (JOC).  | **1** |