

Sullivan County Regional Health Department



"The Road to Good Public Health"

Pandemic Influenza Response Plan

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I. Introduction

1. Lead Agency

The Tennessee Department of Health (TDH) is the lead state agency for the response to a pandemic. Its plan is part of the Tennessee Emergency Management Plan (TEMP). A copy of the TEMP can be found in the Regional Health Operations Center (RHOC), when operational, the Emergency Preparedness Office and the Director's office. TDH is responsible for establishing uniform public health policies for pandemic influenza response. Such policies include the establishment of criteria for implementing and rescinding social distancing measures (e.g., school or business closure), prioritizing recipients of vaccines and antiviral medications, and legally altering acceptable standards of health care or medical licensure requirements. When a pandemic is imminent, an emergency will be declared and the TEMP will be activated.

The Sullivan County Regional Health Department is responsible for implementing state public health response policies once the TEMP is activated. Sullivan County Regional Health Department will be the primary point of contact for the communication of state public health response policies from TDH.

The Sullivan County Regional Health Department is tasked with the following items:

- Developing continuity of operations plans for essential public health services, as defined by the TDH
- Timely collection (and interpretation) of regional surveillance data
- Assuring that appropriate laboratory specimens from ill persons are collected and shipped by public health or private medical personnel (in collaboration with the state public health laboratory), in accordance with state and national laboratory testing guidance
- Detection, response and control of initial cases of novel or pandemic influenza infection in humans, in collaboration with the state health department
- Response to human exposure to animal influenza viruses with pandemic potential during the pre-pandemic period (WHO Phases 3-5), in collaboration with the state health department
- Administration of prophylactic antiviral medication (WHO Phases 3-5 only) as indicated by national or state policy
- Pandemic vaccine storage, administration, and data collection, as required by state and/or federal health officials
- Antiviral medication storage, distribution (per Strategic National Stockpile protocols) and tracking, in conjunction with acute care hospitals where antivirals are administered
- Communication with regional outpatient and inpatient health care facilities, long-term care facilities, and with the public, using messages coordinated with state public health officials
- Implementation of social distancing measures under the direction of the state health department
- Assuring the continuity of essential public health operations

- Addressing the psychosocial needs of the public health workforce during a pandemic
- Communicating to the public how to access social support services available in their area during a pandemic

2. Support Agencies

Support agencies within Sullivan County have individual responsibilities listed in the Sullivan County Emergency Operations Plan (EOP). A copy of this document is kept in the Emergency Preparedness Office, the health department director's office as well as at the Sullivan County EOC. These agency responsibilities are outlined below:

Sullivan County Coroner's Office

- Lead mass fatality planning and response efforts.
- Coordinate with and support hospitals regarding mass fatalities planning and response.
- Incorporate funeral home directors into planning efforts for pandemic response.
- In conjunction with community partners, coordinate planning and development of victim assistance centers.

Sullivan County Emergency Medical Services

- Facilitate pandemic planning and response activities with county-wide EMS providers, 911 dispatch centers and Hospital Control.
- Develop protocols for maintaining critical EMS response capability during a pandemic generating high call volumes and reducing available EMS resources.

Local Hospitals, Clinics, Providers and other Health System Partners

- Health care system partners will participate in a Health Care Planning Summit facilitated by SCRHD to maximize the health care system's ability to provide medical care during a pandemic. Specific steps include:
 - Identify and prioritize response issues affecting the region wide health system during a pandemic.
 - Develop mechanisms to efficiently share information and resources between health system partners, and to communicate with local health departments and relevant emergency operations centers, as appropriate.
 - Coordinate with the SCRHD Health Officer regarding policy level decisions regarding the operations of the local health system.
 - Assure that health care professionals receive relevant communications from health departments in a timely manner.
- Hospitals and other health care facilities will develop pandemic response plans consistent with the health care planning guidance contained in the Tennessee Department of Health Pandemic Influenza Plan. Health care facility pandemic response plans will address medical surge capacity to sustain health care delivery capabilities when routine systems are overwhelmed.

- Health care facilities and health care providers will participate in local influenza surveillance activities.
- Hospitals will develop infection control plans to triage and isolate infectious patients and protect staff from disease transmission.

Local Law Enforcement Agencies

- Upon issuance of a court order, local law enforcement agencies may be asked to enforce the provisions of a public health measure or temporary hold.
- Local law enforcement may also be asked to provide additional security for public health clinics or treatment centers.

Local Chambers of Commerce

- Local Chambers of Commerce will be asked to communicate with local businesses and industry using messages coordinated with regional health officials.

All Departments

- Identify mission critical functions that must be maintained during all hazards including a pandemic.
- Identify staff that can be cross-trained to perform emergency response functions.
- Identify functions that could be temporarily discontinued or performed via telecommuting for several weeks.
- Be prepared to mobilize all necessary staff to support the SCRHD pandemic influenza response, as directed by the SCRHD Incident Commander.

II. Situation and Assumptions

1. Situation

Novel influenza viruses periodically emerge to cause global epidemics, known as pandemics, either directly from a mutated animal influenza virus or out of combination of an animal virus with a circulating human influenza virus. Such viruses circumvent normal immune defenses and cause morbidity and mortality at higher rates than seasonal influenza strains; compared to seasonal influenza, a larger proportion of deaths occur in persons aged <65 years.

Novel influenza viruses that cause pandemics are transmitted from person to person in the same manner as seasonal influenza: typically, by mucosal inoculation with large respiratory droplets caused by coughing or sneezing or by touching contaminated environmental surfaces and subsequently touching one's mouth, nose or eyes.

Ten pandemics have occurred in the past 300 years; there is historical evidence of the success or failure of various strategies to contain or control the spread of influenza. With the exception of a vaccine, antiviral medication, and advanced medical care, many of the strategies used to respond to a modern pandemic are the same as the effective measures of previous generations. For example, though the compulsory restriction of movement in or out of certain regions, known as "cordon sanitaire," was not effective in any but the world's most remote island communities, broad community strategies used to reduce dense social contact were effective and the failure to use such strategies was devastating. The key activities to minimize the impact of a pandemic influenza virus are:

1. Surveillance for disease activity for situational awareness and timely activation of response strategies
2. Accurate communication within and among volunteer and professional responding organizations and with the general public
3. Use of social distancing measures to reduce unnecessary close contacts during a pandemic wave
4. Distribution and use of all available medical resources and personnel

2. Pandemic Threat Categories Defined by World Health Organization (WHO):

The duration of each period or phase is unknown, but the emergence of pandemic viruses is considered inevitable.

PERIOD	PHASE	DESCRIPTION
Interpandemic No human cases of novel influenza virus	1	No animal influenza viruses circulating with the potential to infect humans
	2	Animal influenza virus is circulating with the potential to infect humans
Pandemic Alert Human cases with increasingly efficient human-to-human spread	3 (May 2006)	Human cases with rare or no human-to-human spread
	4	Small clusters caused by human-to-human spread
	5	Large regional clusters caused by human-to-human spread
Pandemic Worldwide epidemic	6	Geographically widespread and efficiently spread from human-to-human

3. Assumptions**A. Basis of plan:**

The plan is based upon a pandemic of the severity of the 1918-1919 influenza pandemic; public health interventions described herein represent maximal interventions under these conditions. If the characteristics of the actual event do not reflect planning assumptions, responses will be modified accordingly.

While focusing primarily on the response to a pandemic (WHO Phase 6), the plan also addresses the response to imported or acquired human infections with a novel influenza virus with pandemic potential during the Pandemic Alert Period (WHO Phases 3-5).

B. Objectives of pandemic planning:

Primary objective is to minimize morbidity and mortality from disease.

Secondary objectives are to preserve social function and minimize economic disruption.

C. Planning Assumptions

The plan reflects current federal, state and local response capacity and will be revised annually in light of changes in capacity or scientific understanding.

Tennessee state and local pandemic plans should be consistent with each other and with federal guidelines unless these guidelines fail to reflect the best available scientific evidence.

Public education and empowerment of individuals, businesses, and communities to act to protect themselves are a primary focus of state and local planning efforts; the government's capacity to meet the needs of individuals will be limited by the magnitude of disease and scarcity of specific therapeutic and prophylactic interventions and the limited utility of legal measures to control disease spread.

D. Disease transmission assumptions:

Incubation period averages 2 days (range 1-10; WHO recommends that, if quarantine is used, it be used up to 7 days following exposure).

Sick patients may shed virus up to 1 day before symptom onset, though transmission of disease before symptoms begin is unusual. The peak infectious period is first 2 days of illness (children and immunocompromised persons shed more virus and for a longer time).

Each ill person could cause an average of 2-3 secondary cases if no interventions are implemented.

There will be at least 2 "waves" (local epidemics) of pandemic disease in most communities; they will be more severe if they occur in fall/winter.

Each wave of pandemic disease in a community will last 6-8 weeks.

The entire pandemic period (all waves) will last about 2 years before the virus becomes a routine seasonal influenza strain.

Disease outbreaks may occur in multiple locations simultaneously, or in isolated pockets.

E. Clinical assumptions during the entire pandemic period (from federal planning guidance issued in November 2005):

All persons are susceptible to the virus.

Clinical disease attack rate of >30% (range: 40% of school-aged children to 20% of working adults).

50% of clinically-ill (15% of population) will seek outpatient medical care.

2%-20% of these will be hospitalized, depending on virulence of strain.

Overall mortality estimates range from 0.2% to 2% of all clinically ill patients.

During an 8-week wave, ~40% of employees may be absent from work because of fear, illness or to care for a family member (not including absenteeism if schools are closed).

Hospitals will have >25% more patients than normal needing hospitalization during the local pandemic wave.

F. Estimate of burden of illness in Sullivan County (derived from national estimates from 2005 HHS planning guidance):

Characteristic	Moderate	Severe
Illness (30%)	45,900 [30% of pop]	45,900 [30% of pop]
Outpatient Care	22,950 [50% of ill]	22,950 [50% of ill]
Hospitalization	459 [1% of the ill]	5,049 [11% of the ill]
ICU Care	69 [15% of hosp]	758 [15% of hosp]
Mechanical Ventilation	35 [50% of ICU]	379 [50% of ICU]
Deaths (Case fatality rate)	92 (0.2%) [of ill]	918 (2%) [of ill]

G. Assumptions about the Pandemic Alert Period (WHO Phases 3-5):

During the pandemic alert period, a novel influenza virus causes infection among humans who have direct contact with infected animals and, in some cases, through inefficient transmission from person to person. By definition, during the Pandemic Alert Period, cases are sporadic or limited in number with human-to-human spread not yet highly efficient. Limited clusters of disease during this period can be quenched with aggressive steps to stop spread and treat infected individuals.

Individual case management will be conducted during the Pandemic Alert Phase. Isolation or quarantine, including the use of court orders when necessary, would be employed to prevent further spread of the virus. Antivirals would be used during this time for post-exposure prophylaxis or aggressive early treatment of cases (supplies permitting).

Efforts to identify and prevent spread of disease from imported human cases and from human cases resulting from contact with infected animals will continue until community transmission has been established in the United States. Community transmission is defined as transmission from person to person in the United States with a loss of clear epidemiologic links among cases. This may occur some time after the WHO declares that a pandemic has begun (WHO Phase 6).

III. Concept of Operations

A. WHO Phases 3-5 (Pandemic Alert Period):

The lead agency for addressing influenza disease among animals at the level of the state is the Department of Agriculture (described in TEMP Emergency Support Function [ESF] 11). TDH and SCRHD will provide support to the Department of Agriculture in the prevention of human infections and in surveillance and management of human disease as it pertains to contact with infected animals.

The TDH is the lead state agency for responding to human influenza disease caused by a novel influenza virus with pandemic potential, whether imported from an area with ongoing disease transmission or acquired directly from an animal in Tennessee. The State Health Operations Center (SHOC) would be set up, depending upon the scope of and duration of the situation. See the 2006 Tennessee Department of Health Pandemic Response Plan Section 7, Supplement 2, for isolation and quarantine guidelines during the Pandemic Alert Period. Guidance for hospital management and investigation of cases during the pandemic alert period is located in Section 4. The CDC will provide additional support and guidance regarding human infection management during this period.

The primary activities during this period are surveillance for imported cases or cases contracted from contact with infected animals. Any detected cases will be aggressively investigated by SCRHD with the assistance of TDH and contacts are to be identified, quarantined, and treated, as appropriate. The objective is to stop the spread of the virus into the general community.

B. WHO Phase 6 (Pandemic):

The lead agency for the public health response to a pandemic is the Tennessee Department of Health. The state and county health department response will be conducted in collaboration with federal response agencies; primarily, the Department of Health and Human Services (HHS) and Department of Homeland Security (DHS).

The primary activities are surveillance for disease, communication, implementation of general social distancing measures, support of medical care services, appropriate use of available antiviral medications and vaccines, and response workforce support. The state TDH is primarily responsible for communication with federal health authorities and creating state-wide pandemic response policies; the implementation of response

measures is the responsibility of local communities and regional public health authorities. Operational details are outlined the operational sections of this plan.

IV. Section Summaries

Section 1 – Continuity of Operations

This section outlines the essential SCRHD operations that must be sustained during the entire pandemic period. The section provides a context for understanding the principles used to formulate policies regarding allocation of resources and disease control measures in the pandemic plan. Staff will be shifted to maintain essential services.

Section 2 – Disease Surveillance

This section outlines the use and enhancement of current influenza surveillance strategies to monitor for early human infections caused by a novel influenza virus with pandemic potential and to track and respond to the spread of influenza during a pandemic. A focus of this section is the Sentinel Provider Network, a network of outpatient physicians who report the percentage of their patients seen with influenza-like-illness (ILI) and submit occasional specimens for culture at the state laboratory during influenza season.

Section 3 – Laboratory Diagnostics

This section outlines laboratory testing and result reporting procedures for novel influenza viruses in Tennessee and describes the volume of testing possible with current resources. The section also highlights the criteria for novel influenza virus testing before a pandemic (requires concurrence of a CEDS physician) and the purposes and criteria for testing specimens during a pandemic.

Section 4 – Healthcare Planning

This section outlines the details of healthcare provision, focusing on acute care inpatient facilities, before and during a pandemic. Because the exact nature of pandemic disease cannot be known with certainty, clinical treatment guidelines will be distributed to providers as they become available.

Section 5 – Vaccine Distribution and Use

This section describes the principles of state vaccine use. If supplies are limited, as they are under current manufacturing conditions, all vaccine will be administered in designated health department clinics designated for this purpose over the course of months. All vaccinations will be recorded and reported as required by the federal government. Vaccine will be administered to people according to priority groupings, sub-prioritized within the broader groups that are designated by the federal government. Priority groupings are subject to change depending upon the nature of the virus and upon the ultimate decisions about priority groups.

Section 6 – Antiviral Drug Distribution and Use

This section describes the policies for use of antiviral drugs to prevent spread of novel influenza virus outbreaks with pandemic potential and to treat patients during a pandemic. Principles for use are based upon currently available antiviral medications (5.1 million standard treatment courses in the US). Treatment courses will be pre-positioned in Tennessee in collaboration with

the federal Strategic National Stockpile program. This section also refers to the use of antiviral medications stockpiled by hospitals for the use of hospital personnel (outside the state or federal stockpile programs).

In response to isolated cases of novel influenza virus, caused by contact with a sick animal in Tennessee or imported from affected areas, antiviral medications will be provided in accordance with national policies at the time. It is likely that post-exposure prophylaxis of close contacts will be done before the beginning of a pandemic, in efforts to stamp out isolated outbreaks and prevent a pandemic from beginning. Once a pandemic begins, the widespread nature of disease and limited supply of antiviral drugs will necessitate that post-exposure prophylaxis of contacts be stopped in order to save as many lives as possible. During the pandemic, treatment courses will be dispensed to the top priority patients for treatment – those who are hospitalized with pandemic influenza.

Section 7 – Community Interventions

This section outlines social distancing and other community interventions that may be implemented to respond to isolated cases of illness caused by a novel influenza virus with pandemic potential and during a pandemic. The main section reviews general community distancing measures to be implemented during a pandemic. The criteria for the implementation of social distancing strategies will be uniform across the state. The standard measures will be implemented in a county and its neighboring counties when laboratory and epidemiologic evidence of the presence of the virus circulating in a county. Attachment A to this section gives guidance to businesses concerning the types of issues they may face when preparing business contingency plans for a pandemic and lists some business planning resources.

Section 8 – Public Health Communications

This section outlines the communication goals and strategies of public health to meet the information needs of the general public, ill persons who are isolated or exposed persons quarantined at home, the media, the medical community and other pandemic response partners.

Section 9 – Workforce and Social Support

This section outlines resources and issues for support to the public health workforce and social support to communities. Special attention is paid to the role of Volunteer Organizations Active in Disasters.

V. Training

Plans will be drilled in partnership with other stakeholders and updated to correct weaknesses identified through these exercises.

VI. Acronyms

<u>AIIRs</u>	Airborne Infection Isolation Rooms
<u>APHIS</u>	Animal and Plant Health Inspection Service
<u>APHL</u>	American Public Health Laboratory
<u>BMBL</u>	Biosafety in Microbiological and Biomedical Laboratories
<u>BSL</u>	Biosafety level
<u>CDC</u>	Centers for Disease Control and Prevention
<u>CEDS</u>	Communicable and Environmental Disease Services
<u>CNS</u>	Central Nervous System
<u>DEA</u>	Drug Enforcement Agency
<u>DEOC</u>	Director's Emergency Operations Center
<u>DHS</u>	Department of Homeland Security
<u>EMA</u>	Emergency Management Agency
<u>EMT</u>	Emergency Medical Technician
<u>EOC</u>	Emergency Operations Center
<u>EPA</u>	Environmental Protection Agency
<u>ESF</u>	Emergency Support Function
<u>HEPA</u>	High Efficiency Particulate Air (filter)
<u>HHS</u>	Department of Health and Human Services
<u>HPAI</u>	Highly Pathogenic Avian Influenza
<u>ICU</u>	Intensive Care Unit
<u>IHC</u>	Immunohistochemical
<u>ILI</u>	Influenza-like illness

<u>IT</u>	Information Technology
<u>LEA</u>	Local Educational Authority
<u>LRN</u>	Laboratory Response Network
<u>NIH</u>	National Institutes of Health
<u>OMS</u>	Outbreak Management System
<u>PCR</u>	Polymerase chain reaction
<u>POD</u>	Point of Dispensing
<u>PPE</u>	Personal Protective Equipment
<u>preK</u>	pre-Kindergarten
<u>PTBMIS</u>	Patient Tracking Billing Management Information System
<u>RHOC</u>	Regional Health Operations Center
<u>RT-PCR</u>	Reverse-transcriptase polymerase chain reaction
<u>SARS</u>	Severe Acute Respiratory Syndrome
<u>SCRHD</u>	Sullivan County Regional Health Department
<u>SHOC</u>	State Health Operations Center
<u>SNS</u>	Strategic National Stockpile
<u>SPN</u>	Sentinel Provider Network
<u>STD</u>	Sexually-transmitted disease
<u>T-HAN</u>	Tennessee Health Alert Network
<u>TB</u>	Tuberculosis
<u>TCA</u>	Tennessee Code Annotated
<u>TDH</u>	Tennessee Department of Health
<u>TEMA</u>	Tennessee Emergency Management Agency

<u>TEMP</u>	Tennessee Emergency Management Plan
<u>THA</u>	Tennessee Hospital Association
<u>THP</u>	Tennessee Highway Patrol
<u>TPA</u>	Tennessee Pharmacy Association
<u>USDA</u>	US Department of Agriculture
<u>WHO</u>	World Health Organization

Section 1. Continuity of Operations**1. Introduction**

Sullivan County Regional Health Department plays a key role in all phases of pandemic influenza planning and response including disease surveillance, healthcare system coordination, implementing strategies to stop the spread of disease, and educating the public. SCRHD will also coordinate healthcare volunteers in their communities. Along with the Tennessee Department of Health, local health's partners include hospitals, healthcare providers, first responders, elected officials, government service agencies (such as transportation and public utilities), businesses, schools, and community-based organizations. Local health plans focus on issues related to disease control measures, protecting their communities, and ensuring the delivery of essential services. From organizing and overseeing local distribution of vaccines and supplies from the Strategic National Stockpile to advising schools and businesses on disease prevention strategies, SCRHD is a vital part of the county's preparedness and response efforts.

2. Critical Functions

One of the critical needs during an influenza pandemic will be to maintain essential community public health services. With the potential of an average of 20% of the workforce absent, it may be difficult to maintain staffing for certain public health functions. There is a possibility that services could be disrupted if significant numbers of public health personnel are unable to carry out critical functions due to illness

Sullivan County Regional Health Department utilizes the recommendations of the CDC's public health essential services to provide the framework for the responsibilities of local public health system. These essential services are:

- Monitor health status to identify and solve community health problems.
- Diagnose and investigate health problems and health hazards in the community.
- Inform, educate, and empower people about health issues.
- Mobilize community partnerships and action to identify and solve health problems.
- Develop policies and plans that support individual and community health efforts.
- Enforce laws and regulations that protect health and ensure safety.
- Link people to needed personal health services and assure the provision of health care when otherwise unavailable.
- Assure competent public and personal health care workforce.
- Evaluate effectiveness, accessibility, and quality of personal and population-based health services.
- Research for new insights and innovative solutions to health problems

Interpandemic Period

During these periods, health department functions will operate as normally

Pandemic Alert and Pandemic Periods

During a pandemic, SCRHD may suspend routine department operations to provide staff for dispensing clinics.

The local health officer will assess the need to reprioritize department functions and will direct the mobilization of staff to meet emerging needs of the pandemic.

1. The following services are considered non-essential during a local pandemic wave and may be temporarily suspended if absenteeism reaches 25 percent:
 - a. Breast and Cervical Screening
 - b. Home Visiting Programs
 - c. Dentistry
 - d. EPSDT and Outreach
 - e. Health Promotion
 - f. Birth Certificates
 - g. Community Development
 - h. Nutritional Services
 - i. TENNderCARE
 - j. Tenn Care Outreach
 - k. Families First
 - l. Breastfeeding Counseling

2. Certain essential services must be maintained throughout this period. Although the delivery of these services may be altered. These services include:

a. Family Planning Services

Prepare an outline of limited family planning services in the event of pandemic flu

- File outline in advance with the federal regional family planning office
- File outline in advance with state regional family planning administrators for dissemination to the field

Family planning services shall be limited in the event of pandemic flu. The following services will **not** be provided:

- Initial family planning appointments (that is, there will be no new family planning clients enrolled during the pandemic)
- Annual family planning examinations

- Walk-in (i.e., without a screening telephone interview, see below) reproductive health, medical complaint exams (i.e., vaginal itching)
- Pregnancy testing (explanation below)
- Walk-in (i.e., without a scheduled appointment or without a telephone interview – see below) family planning appointments for any reason including re-supply of method.
- There will be no method changes during pandemic flu other than changes in brand of oral contraceptives.
- There will be no IUD insertions during pandemic flu.

Clients who believe they may be pregnant can call the clinic for basic information about early pregnancy. They could be directed to the health department website if they have internet access. During pandemic flu, all persons will be limiting exposure to large groups of people. Pregnant women are at particular risk and should be especially careful about being in public areas. As soon as public health officials announce that risks are decreasing, pregnant women should report to their health care provider or health department clinic.

The following limited family planning services for combined hormonal contraceptives and progestin-only pills will be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be approved to receive up to a one year supply of combined oral contraceptives, contraceptive rings, contraceptive patches or progestin-only pills. Amount of supply to be dispensed is to be determined by the RN, FNP, or physician.
- Old dispensing orders (i.e., 3 packs and 10; or 3, 4, and 6 etc.) are superseded to assure that the individual has an adequate supply of the method throughout the pandemic.
- Telephone conversation will include instructions regarding proper storage of the method.
- The client or a person designated by the client will pick up their supply at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for progestin-only injections will be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be approved to report to the clinic for a progestin-only injection. Medical staff should minimize the visit and limit the time the client needs to be in the clinic for the injection. Client may be approved to receive a supply of up to one year of injections with injection supplies if the client can give her own injection or has access to someone who can give her the injection. The clinic will **not** teach the client or her designee how to give the injection during this crisis. But, if in the opinion of the nurse, nurse practitioner or physician, the client has access to a safe mode of administration outside the health department, then she can be given the necessary doses and injection materials.
- Old dispensing orders are superseded to assure that the individual has adequate family planning supplies throughout the pandemic.
- Telephone conversation will include instructions regarding proper storage of the method if the client will be receiving injections at home.
- The client or a person designated by the client will pick up the supply (assuming self-administration at home has been approved) at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

Few clients continue to use the diaphragm as their contraceptive method at this time. Diaphragm users will continue to use their current diaphragm throughout the pandemic. Supplies of contraceptive gel for use with the diaphragm can be dispensed at the front window after a telephone conversation with the nurse, nurse-practitioner or physician.

- The client or a person designated by the client will pick up the contraceptive gel supply at the front desk after showing identification and signing a receipt.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.

- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for reproductive health medical complaints in an established family planning client will be provided:

- Clients with a reproductive health complaint such as vaginal itching, profuse discharge, severe pain with intercourse, fever, low abdominal pain etc. will be interviewed by a nurse, nurse-practitioner, or physician. If the staff person assesses that the client needs to be seen and if the clinic can accommodate the client and her complaint, then she can be given a time to come to the clinic for assessment and treatment. If no qualified staff persons are available to see the client, the client will be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be recommended carefully given that hospital staff will be managing the seriously ill flu population.

b. HIV/AIDS/STD Services

Prepare an outline of limited HIV /STD services in the event of pandemic flu

- File an outline with the Centers for Disease Control and Prevention and HRSA
- File a copy with Regional Directors, regional STD supervisors (for dissemination to the field), and AIDS Centers of Excellence in Knoxville, Cookeville, Columbia, Springfield, Johnson City and Jackson
- File a copy with all CBOs that provide HIV services

HIV/AIDS

HIV Centers of Excellence clinics services will be limited during the pandemic. Due to increased risk because of compromised immune systems in persons with HIV, the following services will be postponed until the risk has decreased:

- routine HIV counseling and testing
- annual and semi-annual Ryan White certifications
- office visits for routine follow up
- routine lab work
- non-emergency dental care

The following services will be provided in AIDS Centers of Excellence:

- After phone consultation with a nurse practitioner or physician, prescription refills will be sent to the Ryan White mail order pharmacy
- After phone interview with nurse practitioner or physician, patients who have been assessed and determined to need to be seen in the clinic will be given a specific appointment time in the clinic to limit the amount of time spent in clinic.

- If staff is not available to see the patient and the complaint is serious enough to warrant, the patient will be referred to the nearest emergency room. Since these patients have compromised immune systems and emergency rooms may be filled with seriously ill flu patients, a referral to an emergency room should be carefully considered.

STD

STD services will be limited in the event of pandemic flu. The following services will not be provided:

- Group education sessions
- Disease surveillance including both HIV and STDs
- Disease investigation, contact tracing, and partner notification

The following services will be provided for persons who are symptomatic:

- Following a telephone interview with a registered nurse, nurse practitioner or physician to screen history for previous STDs and symptoms, persons assessed by the staff as needing to be seen will be given a specific appointment time to limit exposure in the clinic. Treatment will be provided on site. If appropriate, partner delivered therapy will be provided.
- If no qualified staff are available to see the patient and symptoms warrant, the patient may be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be carefully evaluated since emergency room staffs will be dealing with seriously ill flu population.

c. WIC and Nutrition Services

According to federal regulations WIC vouchers can be issued for 3 months at a time. We will mail vouchers as allowed by the USDA in cases of emergency. In a severe pandemic we would ask for an exception from USDA and, if granted, would issue WIC vouchers less frequently than every 3 months by mail if needed.

d. Tennessee TB Elimination Program (TTBEP)

1. Evaluation, diagnosis, and appropriate treatment of active TB cases and TB suspects.
 - Maintain scaled-back TB clinic operations to evaluate TB cases and suspects only (not LTBI)
 - Provide history, physical examination, diagnosis and treatment by the TB physician
 - Provide appropriate diagnostic tests, including X-ray, sputum collection for processing in the State Lab (AFB smears, cultures), and blood tests as indicated
 - Provide pharmacy services for DOT of active TB cases/suspects

- Provide DOT for all patients with diagnosed or suspected active pulmonary, laryngeal or pleural TB disease
 - Provide DOT for all pediatric cases
 - If staffing is severely limited, consider permitting self-administered therapy for extra-pulmonary cases *only*.
 - Report all active TB cases/suspects per routine
2. Identification, evaluation and appropriate treatment of TB contacts at highest risk for progression to active TB disease.
- Initiate contact investigation for close contacts of all AFB+ TB cases/suspects
 - Ensure that all pediatric close contacts are fully evaluated with PPD, symptom screen, physical examination, and X-ray
 - Provide self-administered LTBI treatment for all PPD+ contacts at high risk for progression to active TB disease (not medium- or low-risk pts.)
 - Provide window therapy by DOT for all PPD- close contacts under the age of 5 years

e. Immunization Program Services - Critical Operations

During a pandemic or other protracted public health crisis, certain immunization services must be provided regularly to prevent other serious vaccine-preventable diseases. Children whose immunizations are delayed are at high risk of failing to catch up and complete their immunizations on time. Under-immunized infants are at risk for Hib meningitis, pneumococcal disease and pertussis.

During a local pandemic wave, childhood immunization clinics should be operated at least one-half to one day each week for routine immunizations; priority should be given to vaccinating children <18 months of age. Routine adult immunization services may be suspended during the local wave, though emergency immunization for adults should not be suspended (e.g., tetanus prophylaxis following a wound). Immunization clinics and waiting areas should be separate from those where ill patients may be present. Only patients and accompanying adults who are not ill should be permitted in the immunization clinic.

f. Vital Records

Critical activities that must be completed within current timeframes and accuracy standards:

- Death registration.
- Issuance of certified copies of death certificates to funeral directors.
- Reconciliation of facility reports of deaths within the county against death certificates received.
- Track and obtain delinquent death certificates.
- Issue Cremation Permits.
- Issue permits for burial transit out of state (rare).

Post Pandemic Period – Return to interpandemic period

Sullivan County Regional Health Department will begin to re-implement daily services that were discontinued during the pandemic. These functions will be determined by administrative staff as personnel become available.

Section 2. Disease Surveillance

Surveillance data help to characterize the course of influenza illness through a population during all pandemic periods: Interpandemic, Pandemic, and Post-pandemic. In support of this requirement, the Communicable Disease Control (CDC) / Epidemiology Department conducts the following ongoing surveillance programs:

1. Sentinel Provider Network (SPN): Outpatient surveillance is expected to be a primary source of influenza surveillance data during a pandemic. Tennessee's SPN extends widely across the state, including two (voluntary) providers in Sullivan County:
 - a. ETSU Physicians and Associates (Kingsport)
 - b. Bristol Internal Medicine and (Pediatrics)

They report the percentage of patients with influenza in their practice, as well as provide the opportunity to provide viral cultures to assist in identifying the strain of influenza.

2. Reports on influenza-like illness (ILI) are communicated from local hospital emergency departments and major laboratories to the CDC Department on a weekly basis. This data is analyzed for local purposes and forwarded to the TDH to be included in state-wide ILI surveillance reports.
3. Syndromic Surveillance Program (SSP): Syndromic surveillance systems collect non-specific health indicator information from a variety of sources within the community. Systems, such as 911 emergency calls and hospital emergency department chief complaints may provide other types of alerts to regional health departments about influenza activity. For Sullivan County, the following data sources provide information on a daily basis:
 - a. Wellmont Bristol Regional Medical Center (Bristol) – ED chief complaint
 - b. Wellmont Holston Valley Medical Center (Kingsport) -- ED chief complaint
 - c. 911 Emergency Calls – Kingsport

In addition, epidemiologic investigations are designed and conducted to answer specific questions about a disease outbreak that cannot otherwise be addressed through disease surveillance. They can be conducted through collaborations with state, regional and/or other county health departments.

Providing answers to the following epidemiological questions are priorities considered during a pandemic:

- What is the effectiveness of prophylactic and therapeutic antiviral medications?
- What is the effectiveness of disease control measures (e.g., isolation, quarantine)?
- What population groups are at greatest risk of illness and death?
- What is the vaccine efficacy?

Interpandemic Period – Phases 1 and 2 : No human cases of novel influenza virus

The Communicable Disease / Epidemiology Department of the SCRHD:

- Conducts weekly influenza tracking activities via the SPN program.
- Coordinates surveillance activities with the disease control activities of the CDC, state agencies, and health departments in adjacent jurisdictions, including health districts in the neighboring states of Virginia and North Carolina.
- Collects and assesses syndromic surveillance data during the week days.
- Works with clinicians, hospitals and infection control practitioners (ICP) to enhance case detection, according to CDC screening criteria, among persons who have recently traveled to outbreak areas and present with illnesses meeting the criteria for influenza
- Develops partnerships with key employers to be prepared to track absenteeism in the event of an influenza pandemic.

Pandemic Alert Period – Phase 3: Human cases with rare or no human-to-human spread

- Continue interpandemic activities
- Establish regular communication with neighboring counties, partners in Virginia neighboring health districts and TDH to monitor regional and state conditions
- Review effectiveness of infection control measures and revise as necessary

Pandemic Alert Period – Phase 4 : Small clusters caused by human-to-human spread

If Sullivan County is affected:

- Expand activities in Phase 3; adjust case definition if necessary
- Describe and reassess the epidemiological, virological and clinical features for infection and attempt to identify possible sources
- Increase testing of more specimens than usual
- Enhance surge capacity for surveillance

- Monitor community impacts by tracking absenteeism in industry, schools and other sectors, where feasible
- Expand syndromic surveillance to daily analysis

If Sullivan County is not affected:

- Continue enhanced surveillance

Pandemic Alert Period – Phase 5 : Large regional clusters caused by human-to-human spread

- Expand and adjust activities in Phase 4
- Report spread to TDH through appropriate means
- Conduct enhanced surveillance for respiratory disease in hospitals, schools, nursing homes (i.e., admissions and discharge diagnosis)
- Monitor the effectiveness of disease control measures (e.g., isolation, quarantine)

Pandemic Alert Period – Phase 6 : Geographically widespread and efficiently spread from human-to-human

- Monitor health impacts, including hospitalizations and deaths
- Monitor community impacts by tracking absenteeism in industry and other sectors, where feasible.
- Track geographical spread throughout the county

Post Pandemic Period – Return to interpandemic period

- Return to activities in Phase 1
- Work toward ensuring the county's recovery
- Develop a detailed summary of the pandemic, including surveillance data to evaluate efficacy of local response activities
- Continue enhanced surveillance for subsequent waves

Section 3. Laboratory Diagnostics

Laboratory diagnostics is primarily a Tennessee Department of Health function at the state level. The State Laboratory is responsible for communicating safety, testing protocols, and other laboratory information to clinical laboratories licensed in Tennessee. The role of SCRHD will be primarily related to the collection of samples.

The purpose of laboratory testing is to confirm the diagnosis of human influenza caused by novel influenza viruses or a pandemic influenza virus. Such testing will be used to confirm the presence of a novel influenza virus or pandemic virus in the community. During a pandemic, testing of clinical specimens may be done to confirm infection or recovery. This could allow recovered persons to work with other pandemic flu patients without risk of infection, and allow exclusion from priority groups for administration of vaccine (as they are already immune).

During the pre-pandemic phase, requests for novel influenza infection testing will be discussed with and approved by CEDS physician. During a pandemic, testing will be approved with standard criteria for testing to be provided by the TDH CEDS. Unless otherwise directed by a TDH CEDS physician, all influenza specimens should be sent to the state laboratory in Nashville for testing. The address is:

Laboratory Services: Attn. Virology
PO Box 305130
630 Hart Lane
Nashville, Tennessee 37216
Telephone: 615.262.6300
Fax: 615.262.6393

Specimen collection is not required to be done by public health personnel. However, they should ensure that health care providers collecting and shipping specimens do so properly. In some instances, the SCRHD Public Health Investigation Team (PHIT) may be called upon to assist with specimen collection and shipment. The collection and shipment of specimens by SCRHD staff will be by the normal shipment guidelines.

Confirmatory testing of all specimens positive for novel influenza will be conducted by CDC. Only confirmed results will be considered valid and reported to the public in coordination with TDH CEDS in Nashville. Communicable Disease staff of the SCRHD will be responsible for entering patient data and other information requested by the OMS system or other database used to log and track laboratory information from the State lab. Communicable Disease staff of the SCRHD will also be responsible for communicating laboratory results to patient care providers in the event that notification is needed more swiftly than letters sent through the postal service.

Section 4. Healthcare Planning

A severe influenza pandemic is expected to significantly increase the demand for healthcare services at a time when the availability of healthcare workers will be reduced due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm current health care system capacity and necessitate implementation of alternate strategies to manage the demand on healthcare resources.

A Regional Hospital Coordinator (RHC) will serve as the point of contact with all county healthcare facilities for pandemic response work will be available for providing assistance in developing and maintaining policies and plans for response to a pandemic. The RHC will be the primary channel of communication between the TDH and the hospitals. The RHC also has standing Board roles on the Regional Hospital Surge Planning Committee and the Regional Medical Communications Center which further enhances communication and interaction with hospitals. The BT Nurse Educator and Emergency Response Coordinator will serve as back up to the RHC.

Interpandemic Period

The RHC has the authority to coordinate between regional hospitals, TDH, TEMA, and the local EOC. Through identification of contacts in regional hospitals, the current resources of each facility are tracked. These include staffing and in-patient statistics, hospital pharmaceuticals, ED capabilities, bed availability and special services capacities, medically-trained personnel, surge contingencies, ICU operational capacity, and isolation areas. The SCRHD RHC has primary access to Tennessee’s Hospital Resource Tracking System (HRTS) software, an internet based, secure system that provides data from hospitals such as bed capacity, medical equipment levels, pharmaceutical levels and personal protective equipment levels. This information is currently updated each day by 10:00 am.

Pandemic Alert Period

The communicable disease staff of the SCRHD will provide the healthcare community with updated information on the epidemiology and spread of the novel virus. This information is shared by phone calls, blast faxes and health alerts from the SCRHD web site. The Tennessee Health Alert Network (THAN) is another pathway for the dissemination of critical health information. Local communications plans are outlined in ESF-5 of the Sullivan County EOP.

Pandemic Period

The SCRHD will continually review information about the epidemiology of the pandemic and develop protective action recommendations to the healthcare community

During a pandemic, hospitals will enter data at predetermined intervals into the pandemic module of the HRTS software. This information will be available to SCRHD staff for planning and response purposes.

Requests for additional supplies or equipment from the hospitals will be made to the RHC and assistance for deployment of state or federal assets such as SNS, DMAT or DMORT (if available) will be made to the state through local emergency management at the EOC

Post Pandemic Period – Return to interpandemic period

The SCRHD will participate in the recovery efforts in coordination with the EOC and provide a report describing the public health impact, including the response and control of public health during the pandemic.

Section 5. Vaccine Distribution and Use

Vaccine serves as the most effective preventive strategy against outbreaks of influenza, including pandemics. However, dissemination of an effective influenza vaccine during a pandemic faces several challenges. Unlike annual production of influenza vaccine, wherein strains are selected in the spring and vaccine is manufactured and delivered to be used during the fall and winter influenza season, a pandemic strain could be detected at any time. Current manufacturing procedures require six to eight months before large amounts of vaccine would be available for distribution. It is expected that demand for vaccine will initially outstrip supply and administration of the limited vaccine will need to be prioritized based on national guidelines. This decision will be based upon the epidemiology and severity of the pandemic as well as the availability of the vaccine.

According to the Federal Pandemic Response Implementation Plan issues on May 3, 2006, final prioritization rankings of occupational and medical risk groups for vaccination will not be issued by the Federal Government until the virus has begun to cause a pandemic and the need to vaccinate is imminent. The decision will be based upon the epidemiology and severity of the pandemic, as well as the availability of vaccine. For this reason, this section will focus on how the vaccine will be administered to each group listed in the Tennessee Pandemic Influenza Response Plan, Section 5.

Vaccine – Receiving, Storing and Transporting

1. Vaccine will be received into SCRHD Communicable Disease Department as outlined by the CDC.
 - a. The vaccine will either be sent from the TDH, or directly to the health department. The vaccine will arrive in relatively small, frequent shipments over many months. An inventory form will accompany the shipment.
 - b. SCRHD Immunization Nurse of the CD Department will maintain the vaccine at temperatures required by CDC in refrigerators monitored electronically and equipped with a back-up power supply and notification for power interruption.
 - c. The vaccine will be held in the SCRHD CD immunization storage refrigerators until CDC/TDH has given permission to release it for use at the POD's, healthcare/first responder agencies. In the event of a power failure the SCRHD has backup power supply generators that will maintain critical systems within the department, such as the immunization refrigerators. These generators are tested weekly for proper operation.

2. Transport of Vaccine to POD'S, healthcare/first responder agencies facilities will be as follows:
 - a. SCRHD immunization nurse will release the vaccine to the designated transport vehicle(s) via a cooler with documentation of temperatures upon transport. Each vial of vaccine will be accompanied with a Vaccine Storage and Transport Checklist.
 - b. The designated transport vehicle(s) will have communication capability with the SCRHD – RHOC via 800MHz radio and cellular.
 - c. The delivery times and routes will be known to the SCRHD RHOC but will vary to assume security.
 - d. The Sullivan County Regional Health Department, with security provided by city/county law enforcement will provide transportation for vaccine and supplies. There are several vehicles within the SCRHD that will be utilized for transport. If, for any reason, these vehicles become unavailable or inoperable, then the SCRHD RHOC will contact the Sullivan County EOC for alternate transport vehicles as provided for in ESF-1 of the Sullivan County EOP.

Interpandemic Period

Sullivan County Regional Health Department will continue to promote regular, seasonal influenza vaccination for high-risk groups according to current Advisory Committee on Immunization Practices (ACIP) recommendations, especially in groups where coverage is historically low.

Sullivan County Regional Health Department will promote pneumococcal vaccination of high-risk groups to reduce the incidence of secondary bacterial infections associated with influenza infection.

Pandemic Alert Period

Sullivan County Regional Health Department will assess its human resources and logistical capabilities to ensure that appropriate staff and supplies are available to begin vaccination activities, if necessary.

If a vaccine is available during this period, SCRHD will provide any available vaccine to priority groups established by the federal government, these vaccines will be given by appointments to control crowding. Opening vaccination up to lower priority groups will be decided at the state level and implemented at the same time statewide. If a region's needs are saturated earlier than others, vaccine will be directed to other regions of the state to assure the quickest possible vaccination of the entire priority group statewide.

Sullivan County Regional Health Department will continue to monitor vaccine information from the CDC and any updated information on potential changes to priority groups that will receive the vaccine if limited.

Pandemic Period

Sullivan County Regional Health Department will review and update the methodology within the *Dispensing Clinic Operations Plan* for providing vaccination during a pandemic in the event of a severe or moderately severe vaccine shortage. This decision making will occur within the SCRHD RHOC by evaluating current personnel availability and assigning as necessary. This portion of the plan is located in section 4.VII of the *SCRHD Emergency Operations Plan (EOP)*.

For tier one recipients, vaccine administration points of contact at each hospital or outpatient facility are responsible for communicating to qualified personnel within their institution details of where and when to obtain vaccine. The SCRHD Regional Hospital Coordinator has identified Pandemic Flu Coordinators for Healthcare facilities that will be responsible for providing lists of persons meeting the criteria for vaccination in each sub-group of tier one at their facility.

Second tier patients [the medically-high risk, as listed in the state plan] may be identified by documentation of qualifying high risk conditions (e.g., possession of prescriptions, medical records). Vaccination appointments should be made only for vaccine as it becomes available. Waiting lists are recommended. Details of how to identify notify and administer the vaccine to people in all tiers is listed in the state plan. Actual ranking of sequence will come later. Once a decision is made to open up appointments for vaccine administration, the SCRHD call center will be opened. Once the call center is established, the public will be notified of the criteria for receiving the vaccine and the number to contact for appointment. Call takers will utilize current recommendations to evaluate callers on their potential to receive the vaccine. This information will be disseminated via local media and the SCRHD web site. Specific recommendations will be made during the pandemic, as those medically at highest risk are designated.

Vaccine recipients will require identification each time they present for a dose. Recipients requiring vaccination because of their occupation will require a form of identification from their employer or will need to be identified by name to the health department by their employer. For example, hospitals will provide lists of names of personnel, in priority order, for immunization to the health department. Children with appointments may be confirmed with a parents' identification. Recipients also should present their immunization card at the time of the second dose.

After the first dose, the recipient should receive an immunization card from the health department noting the date of their first dose and the due date for the second dose. Persons due for a second dose of vaccine take priority over persons not yet vaccinated. Vaccine is only protective 2 weeks after the second dose.

Opening vaccination up to lower priority groups will be decided at the state level and implemented at the same time statewide. If a region's needs are saturated earlier than others,

vaccine will be directed to other regions of the state to assure the quickest possible vaccination of the entire priority group statewide.

Recipients are responsible for communicating their immunization status to their employer (e.g., by providing a copy of their pandemic influenza immunization card)

Data entry into the Patient Tracking Billing Management Information System (PTBMIS) and a federally-approved vaccine administration database will be required to track vaccine administration. CDC's Vaccine Adverse Event Reporting System [VAERS]) will be used to track adverse effects. The nursing supervisors at each SCRHD clinic office have the responsibility of entering this data.

If the vaccine is given as part on an Investigational New Drug (IND) protocol, additional documentation and informed consent forms will be delivered with the IND from the CDC.

Post Pandemic Period – Return to interpandemic period

Sullivan County Regional Health Department will summarize vaccine use, including coverage data and adverse events reports.

Sullivan County Regional Health Department will review the dispensing clinic operations section of the plan and determine effectiveness and revise based on the evaluation.

Section 6. Antiviral Drug Distribution and Use

Appropriate use of antiviral medications during an influenza pandemic may reduce morbidity and mortality and diminish the overwhelming demands that will be placed on the healthcare system. Antivirals might also be used during the Pandemic Alert Period in limited attempts to contain small disease clusters and potentially slow the spread of novel influenza viruses. A huge and uncoordinated demand for antivirals early in a pandemic could rapidly deplete national and local supplies. Preparedness planning for optimal use of antiviral stocks is therefore essential.

Antiviral drugs will be distributed from state and federal stockpiles to acute care hospitals for administration to patients ill enough to require hospitalization. The Northeast / Sullivan County Regional Strategic National Stockpile (SNS) plan will be activated for storage and distribution of antivirals, if storage outside the hospital is required. A copy of this plan can be found in the SCRHD EOP, located in the RHOC, emergency preparedness office and the director’s office. The Regional Hospital Coordinators will be responsible for working with hospitals to assure they receive adequate supplies and to monitor the appropriate use of supplies. This monitoring will be accomplished through the HRTS system, currently in use. Transportation of these materials can be accomplished through the Sullivan County EOC by working under ESF-1 of the Sullivan County EOP.

Interpandemic Period

On an ongoing basis SCRHD will continue to review national and state recommendations for priority groups for antiviral medications.

SCRHD will continue to meet with appropriate healthcare system partners and stakeholders to ensure that plans are in place to provide antiviral therapy.

Pandemic Alert Period

Sullivan County Regional Health Department will review and modify the plan for provision of antivirals as needed to account for updates received regarding the novel virus. The medical community will be notified of the status of the availability of the antiviral availability and potential changes to the priority groups.

Pandemic Period

Sullivan County Regional Health Department will communicate and coordinate with the Northeast Regional Health Office of the TDH, if applicable, on the delivery of antivirals through the SNS.

Sullivan County Regional Health Department will ensure that staff and resources are in place to distribute antiviral medications, as available.

Antiviral medications will be stored as described in the Tennessee State Pandemic Influenza Response Plan.

Security of antivirals is addressed in the Northeast / Sullivan County Regional SNS plan. Acute care hospitals will be responsible for security of antivirals once distributed to them. It is recommended that antivirals be stored in a highly secure area. With currently available antiviral resources, it is not expected that any antivirals will be prescribed to outpatients in private outpatient facilities or health departments.

Tracking of antiviral medications will be done through the hospital surveillance systems (either the Hospital Resource Tracking System or an alternative database).

Adverse event monitoring should be conducted through the FDA's MedWatch or other reporting system as required by the federal government at the time. Adverse event monitoring will be done by the nursing supervisors at each SCRHD clinic office as required by the federal government. If the antiviral is used as an Investigational New Drug (IND), written consent forms that accompany the IND from the CDC will be obtained by the nursing staff, as well as the collection of any additional data regarding side effects and/or potential adverse events.

Post Pandemic Period – Return to interpandemic period

Sullivan County Regional Health Department will discontinue and demobilize antiviral administration, ensuring that supplies are inventoried and returned as appropriate.

Plans will be evaluated and modified as necessary.

Section 7. Community Interventions

1. Introduction

The goal of community level containment strategies is to limit transmission of a novel strain of influenza as much as possible. Preventing a novel strain of influenza from spreading once it has entered the community will be difficult. A number of different approaches, including adherence to infection control measures, non-medical interventions such as isolation and quarantine, social distancing and restriction of travel, as well as provision of vaccine, once available, can reduce, if not prevent, the spread of the disease within the community.

2. Legal Authority

In the event of a biological, chemical or other health emergency, Tennessee Code Annotated Title 58, Chapter 2 addresses emergency powers of the Governor and State authorized agencies. In the event of an immediate danger to public health, an agency may proceed in adopting emergency action. (T.C.A. §4-5-208). Isolation (separating infected or suspect persons from others) and quarantine (limiting movement of persons who are suspected of having been exposed but are not yet ill or restricting access to physical environments) are administrative law powers that a health officer may enforce through Tennessee Department of Health Rules §1200-14-1.

If a Health Officer (local licensed doctor, granted authority by the health director to provide medical direction) has reasonable belief based on clinical or epidemiological evidence that a health threat exists, the Health Officer has the authority to issue a “Health Directive”. (§1200-14-4).

Tennessee Code Annotated §68-5-103 grants County health authorities legal fiat to carry out rules and regulations adopted by the Tennessee Department of Health.

A Health Officer has the power prescribed by the TDH Rules as adopted by the Legislature and annotated in the Tennessee Code to immediately restrict/limit access to places and to isolate/quarantine individuals upon the Health Officers’ verbal order, followed by written reasons within 3 days. Courts may then order “Holds” or “Measures” that further enforce the restrictions.

A copy of the Temporary Hold Order can be found in appendix 1 of this section and a copy of the Petition for Temporary Hold can be found in appendix 2 of this section.

3. Case Investigation

A. Response Team

The Sullivan County Regional Health Department has designated personnel to respond to suspicious or potential public health emergency. This team was created in October 2002 and is referred to as the Public Health Investigation Team or PHIT. The

role of the PHIT is to serve as the public health first responders and perform the following:

- Case identification
- Identification of the source of initial exposure, if not already known
- Case isolation and management
- Contact interview
- Contact management and quarantine

The PHIT is made up of 6 personnel including:

1. Medical Officer
2. Communicable Disease Director
3. Nurse Epidemiologist
4. Chief Epidemiologist
5. Environmental Epidemiologist
6. Wellmont Health Systems Infection Control Doctor

This team reports to the outbreak management branch director under the operations section in the SCRHD organizational chart. A copy of the command and control of the SCRHD can be found in the SCRHD EOP which is located in the RHOC, the emergency preparedness office and the director's office.

1. Response to local cases

- Suspected cases will be investigated using normal operational procedures for outbreak investigations. These procedures can be found in the outbreak investigation manual in the RHOC, communicable disease office and medical director's office.
- Local cases that are suspected of being the result of exposure to an infected animal will be investigated in coordination with the Sullivan County Agricultural and Extension Service and Tennessee Department of Agriculture as outlined in the Sullivan County EOP and TEMP under ESF 16.3.

2. Response to imported cases via Tri-Cities Regional Airport (TCRA)

- When persons fitting the case definition are reported on an airplane arriving at TCRA, these events may be managed in collaboration with the nearest CDC Quarantine Station, identified by contacting the CDC Director's Emergency Operations Center at 770.488.7100. The CDC has the legal authority to impose quarantine orders on travelers potentially exposed to novel influenza viruses under certain conditions. The SCRHD will coordinate efforts with the CDC through the TDH State Health Operations Center (SHOC).

- It will be the responsibility of SCRHD to house contacts in their state requiring quarantine until they can be released. General steps of this are listed in appendix 3 of this section. Also refer to the TB quarantine procedures which are located in the communicable disease office in each clinic office of the department.

B. Communication

Data will be managed through the Outbreak Management System (OMS) or similar database. Data entry into OMs will be accomplished by the epidemiologists with the assistance of the communicable disease staff. Communication, both internally and externally, will be conducted by the following devices:

- Current Landlines
- Nextel Cellular
- Nextel Direct Connect / Group Connect
- Sullivan County 800 MHz radios
- Email
- WebEOC (accessed through Sullivan EOC)
- HAM Radio (as necessary, direction through local EOC)

A diagram of the communications is listed in appendix 4 of this section.

4. Containment

Sullivan County Regional Health Department currently has TB Quarantine procedures that describe the process for those who are isolated or quarantined with Tuberculosis. Many of the procedures outlined in this policy will be followed for any patient who is under isolation or quarantine. For those who cannot be housed in their own home, motel services that the department currently interacts with will be utilized. If these locations are unavailable, then the SCRHD RHOC will interact with the Sullivan County EOC to locate appropriate housing under the Sullivan County EOP ESF-6.

Interpandemic Period

Key stakeholders, including health professionals and the public, will be consulted with about influenza pandemics and the use of isolation and quarantine measures to prevent transmission of influenza.

The use of standard infection control practices will be promoted to prevent influenza transmission in healthcare facilities.

Education to the public and key stakeholders will be conducted on the importance of hand hygiene, cough etiquette and annual influenza vaccination.

Pandemic Alert Period

A. Cases first detected outside the U.S.

Isolation procedures may be recommended to persons who are recent travelers to affected regions if they have ILI. The isolation may be recommended to be at home or in a hospital until isolate subtyping is accomplished. Isolation should continue for at least seven days, until shedding is no longer detected or until the isolate is laboratory confirmed not to be a novel influenza virus.

Quarantine may be recommended for contacts of cases. This decision will come from the SCRHD Health Officer in coordination with the TDH CEDS Physician.

Recommendations may be made on limiting travel to the affected region and screening of travelers arriving from the affected region for illness compatible with influenza. These recommendations will likely come from the CDC or WHO and communicated through the TDH SHOC.

Education to the public and key stakeholders will be conducted on the importance of hand hygiene, cough etiquette and annual influenza vaccination.

B. Cases first detected in the U.S. but outside Sullivan County

Isolation procedures may be recommended to persons who are positive for influenza A. The isolation may be recommended to be at home or in a hospital until isolate subtyping is accomplished. Isolation should continue for at least seven days, until shedding is no longer detected or until the isolate is laboratory confirmed not to be a novel influenza virus.

Quarantine may be recommended for contacts of cases.

Education to the public and key stakeholders will be conducted on the importance of hand hygiene, cough etiquette and annual influenza vaccination.

C. Cases first detected in Sullivan County

Persons who have ILI may be recommended to be placed in isolation at home or in a hospital until isolate subtyping is accomplished. Isolation should continue for at least seven days, until shedding is no longer detected or until the isolate is laboratory confirmed not to be a novel influenza virus

Quarantine may be recommended for contacts of cases.

If an animal source is identified and there is ongoing transmission within the animal population, SCRHD may recommend that persons who may be in contact with potentially infected animals wear appropriate personal protective equipment.

Recommendations may be made to the citizens of Sullivan County to limit travel to destinations outside of Sullivan County.

In accordance with the state plan, TDH Commissioner will instruct regions as to when schools will be closed, and this will be communicated with the DOE and the regional HD. Schools may close on their own in advance of this if absenteeism is too high to merit staying open.

Education to the public and key stakeholders will be conducted on the importance of hand hygiene, cough etiquette and annual influenza vaccination.

Pandemic Period

During a pandemic, case management will cease and aggregate case reporting using clinical diagnosis is likely to become the reporting method of choice. Social distancing measures will be the primary focus of the health department.

Recommendations will be made to the public that all persons who are ill and their contacts remain in isolation at home.

Recommendations may be made to limit or suspend large gatherings and recreational activities in accordance with the TDH Pandemic Influenza Plan. This will be communicated to the public by local media outlets, or by the use of Reverse 911 through the county and cities dispatch centers.

In accordance with the state plan, TDH Commissioner will instruct regions as to when schools will be closed, and this will be communicated with the DOE and the regional HD. Schools may close on their own in advance of this if absenteeism is too high to merit staying open.

Post Pandemic Period – Return to interpandemic period

All community level control measures will be suspended

Sullivan County Regional Health Department will assess the compliance with community level control measures, evaluate and modify these measures as needed.

5. Local Partners

Contact information for local partners is included in appendix 5 of this section.

- (2) Affidavit of Dr. May
 - (3) Order Granting Temporary Hold
 - (4) A copy of Tenn. Comp. Rules & Reg. 1200-14-4
 - (5) Petition for Public Health Measure
 - (6) Notice of Hearing.
4. Respondent by copy of this ORDER, is hereby notified that he has the right to be represented by counsel in this matter, and if Respondent is unable to secure representation because he is indigent, Respondent should contact this Court immediately, demonstrate his indigence to the Court, and request that counsel be appointed.
5. A person may appeal an adverse General Sessions Court decision or file a petition for a writ of habeas corpus in a court of competent jurisdiction or the Department may appeal the General Sessions Court decision; however, the person's status as determined by the General Sessions Court shall remain unchanged and any remedy or relief ordered by the court shall remain in force while the appeal or writ of habeas corpus is pending.

Entered on this the _____ day of _____, 20__.

JUDGE XXXXXXXXXXXX
GENERAL SESSIONS COURT
SULLIVAN COUNTY, TENNESSEE

Appendix 2

Petition for Temporary Hold Order (Copy)

IN THE GENERAL SESSIONS COURT FOR
SULLIVAN COUNTY TENNESSEE

Andrew Stephen May, M.D.)
 In his capacity as REGIONAL)
 HEALTH OFFICER FOR THE)
 SULLIVAN COUNTY REGIONAL)
 HEALTH DEPARTMENT,)
)
 Petitioner,)
)
 v.)
)
 XXXXXXXXXXXXX,)
)
 Respondent.)

DOCKET NO.:

PETITION FOR TEMPORARY HOLD

Comes now the Petitioner, Andrew Stephen May, M.D., Regional Health Officer for the Sullivan County Regional Health Department (hereinafter "Department"), pursuant to Tenn. Code Ann. §§ 68-9-101 *et seq.*, 68-9-201 *et seq.*, and Tenn. Comp. R. & Regs. §§ 1200-4-14 *et seq.*, and would show as follows:

4. The Petitioner is the duly appointed Health Officer for the Sullivan County Regional Health Department authorized and empowered to implement Sullivan County Regional Health Department's Pandemic Flu Plan's Isolation and Quarantine provision for the control of health threats by initiating effective measures for the diagnosis, prevention, treatment, and cure of influenza virus that has the potential for being, or in the alternative, is, a threat to the public welfare due to its capability of becoming pandemic. Dr. May is an officer empowered by the State of Tennessee, and thereby, exempt from the payment of a filing fee in this case.
5. Respondent was evaluated for possible flu symptoms on XXXX at XXXX and was determined XXXX.

6. Diagnosis
7. Treatment
8. HXNX virus is highly contagious and communicable. Patient was advised of the threat to the public due to transmission. Xxxprocess of spreadxxxx.
9. After consultation with health officials to determine the best course of action, and because Respondent's diagnosis indicates a contagious flu disease and Respondent may not voluntarily restrict his association with non-infected individuals and is potentially non-compliant with necessary treatment and isolation practices, reasonable cause exists, based upon sound clinical or epidemiological evidence of the type relied upon by competent medical experts, to believe that there is a substantial likelihood that Respondent poses an imminent health threat to others. Accordingly, Respondent should be confined and isolated from the public by being quarantined, under guard, at XXXXX, or another facility chosen by the Commissioner of Health.

WHEREFORE, PREMISES CONSIDERED, the Petitioner prays as follows:

10. Pursuant to the Rules of the Tennessee Department of Health, Bureau of Health Services, Division of Communicable Disease Control 1200-14-4-.05, that this Court place Respondent under a temporary emergency hold, under guard, at the Xxxxxxx Hospital in Xxxxxxx, Tennessee, or another facility chosen by the Commissioner of Health, for a period of time not to exceed five (5) working days (excluding Saturdays, Sundays, and legal State holidays) without a hearing, unless the Respondent consents. Such hold is necessary and no less restrictive measures would protect against such threat.
11. That a date for the hearing on the Petition for Public Health Measure be set to occur **before the Temporary Hold expires** pursuant to Tenn. Comp. R. & Regs. 1200-14-4-.05 and -.06, and the Sullivan County Sheriff's Department serve Respondent with the following documents:
 - (1) Petition for Temporary Hold
 - (2) Affidavit of Dr. May
 - (3) Order Granting Temporary Hold
 - (4) A copy of Tenn. Comp. Rules & Reg. 1200-14-4
 - (5) Petition for Public Health Measure

(6) Notice of Hearing.

Respectfully submitted,

SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT

Xxxx
Attorney

SULLIVAN COUNTY REGIONAL HEALTH DEPARTMENT

Andrew Stephen May, M.D.
Regional Health Officer

STATE OF TENNESSEE)
)
COUNTY OF SULLIVAN)

Sworn to and subscribed to before me this ____ day of _____ 200x.

Notary Public _____

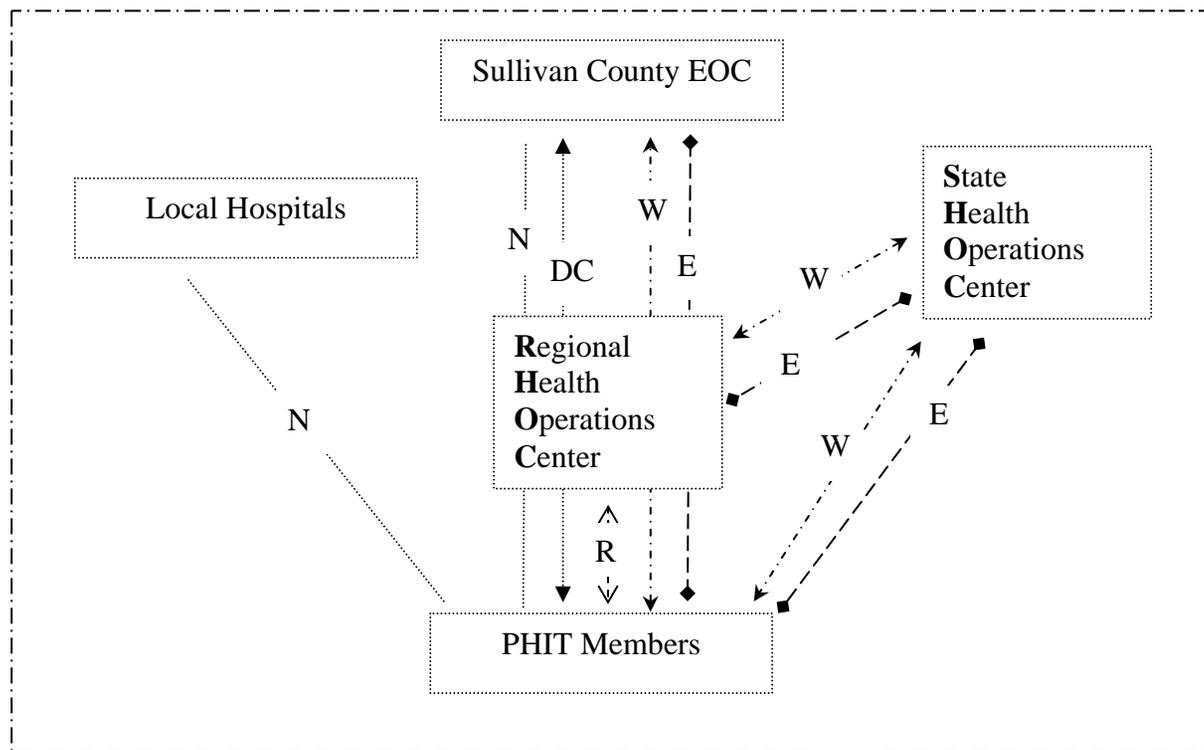
My Commission expires: _____

Appendix 3

General Steps of isolation and quarantine for suspect cases arriving on an airplane

1. The suspect patient will be isolated from others to prevent disease transmission and provided a surgical mask to wear and medical evaluation.
2. Other contacts will be quarantined and contact information collected pending evaluation of the suspect patient and laboratory testing, if necessary.
3. Local health officials, with the assistance (as needed) of state health officials, will meet the plane and clinically evaluate passengers according to protocols developed by the CDC
4. Emergency public health measures to confine quarantined persons or compel testing will be prepared against uncooperative individuals in accordance with state regulations (1200-14-4) with the assistance of a public health attorney, and under the authority of the health officer or the Commissioner, only if the suspect case patient or contacts are unwilling to cooperate with the instructions of public health officials.
5. Clinical samples from the suspect case will be obtained and taken to the nearest public health laboratory capable of conducting rapid testing for the virus.
6. Until quarantined contacts are cleared to leave, SCRHD officials are responsible for their personal needs (communication, shelter, food, psychosocial support). This can be carried out by utilizing similar methods of isolation and quarantine listed in the SCRHD TB Quarantine procedures, found in the RHOC, CD office of each clinic and medical officer's office.
7. Quarantined contacts should be assessed for symptoms of illness at least every 12 hours and provided information about symptoms and how to report them as soon as they develop.
8. Irrespective of preliminary laboratory results, names and contact information of all contacts will be collected by public health officials before quarantined contacts are discharged (in the event that confirmatory testing is positive).
9. If the patient is confirmed to have the novel influenza virus, quarantine of contacts and post-exposure prophylaxis will be provided as recommended by the State Epidemiologist, or his designee, in collaboration with the CDC.
10. State public health officials in CEDS will be responsible for ensuring information on contacts identified in other states is communicated to the state health department authorities in those states.
11. Case management data will be collected in OMS or other database program, available for field deployment on laptop computers in all regional health department offices.

Appendix 4
PHIT Communications Diagram



..... N Nextel Cellular <----- W -----> WebEOC
 <----- DC -----> Nextel DC ◆----- E -----◆ Email
 <----- R -----> County 800 MHz Radio

Landlines will be used as available
 Local Amateur Radio Clubs will link groups as necessary through EOC direction

Appendix 5

Local Partners – Emergency Contact Information

Name / Title	Agency	Address	City / St / Zip	Phone	Fax
County Mayor	Sullivan County		Blountville, TN 37617		
City Mayor	Kingsport City		Kingsport, TN 37660		
City Mayor	Bristol City		Bristol, TN 37625		
City Manager	Kingsport City		Kingsport, TN 37660		
City Manager	Bristol City		Bristol, TN 37625		
Director of Schools	Sullivan County		Blountville, TN 37617		
Director of Schools	Kingsport City		Kingsport, TN 37660		
Director of Schools	Bristol City		Bristol, TN 37625		
EMA Director	Sullivan County		Blountville, TN 37617		
Sherriff	Sullivan County		Blountville, TN 37617		
Police Chief	Kingsport City		Kingsport, TN 37660		
Police Chief	Bristol City		Bristol, TN 37625		
Public Safety Chief	Tri-Cities Airport		Blountville, TN 37617		

Specific names and numbers not posted on public version

Name / Title	Agency	Address	City / St / Zip	Phone	Fax
President	Northeast State Community College		Blountville, TN 37617		
Director Em Services	American Red Cross		Kingsport, TN 37660		
ED Director	Wellmont – Holston		Kingsport, TN 37660		
ED -Medical Director	Wellmont – Holston		Kingsport, TN 37660		
ER Charge Nurse	Wellmont – Holston		Kingsport, TN 37660		
Infect. Cntrl Practitioner	Wellmont – Holston		Kingsport, TN 37660		
Infect. Cntrl Practitioner	Wellmont – Holston		Kingsport, TN 37660		
ED Director	Indian Path Medical Center		Kingsport, TN 37660		
Infection Control Coord.	Indian Path Medical Center		Kingsport, TN 37660		
Risk Manager	Indian Path Medical Center		Kingsport, TN 37660		
Disaster Prep Coord	Wellmont – Bristol		Bristol, TN 37620		
House Supervisor	Wellmont – Bristol		Bristol, TN 37620		
ED Director	Wellmont – Bristol		Bristol, TN 37620		
ER Charge Nurse	Wellmont – Bristol		Bristol, TN 37620		
Infect. Cntrl Practitioner	Wellmont – Bristol		Bristol, TN 37620		

Specific names and numbers not posted on public version

Name / Title	Agency	Address	City / St / Zip	Phone	Fax
Dispatch Center	Sullivan County		Blountville, TN 37617		
Dispatch Center	Kingsport		Kingsport, TN 37660		
Dispatch Center	Bristol City		Bristol, TN 37620		
County Attorney	Sullivan County		Blountville, TN 37617		

Section 8. Public Health Communications

Communicating timely and accurate information with the health care community, media, and the general public will be one of the most important facets of the pandemic response.

Communications with these stakeholders will be in accordance with Section 4.III Emergency Risk Communications Annex of the SCRHD EOP. This document details the means, organization and process by which the SCRHD will provide information and instructions to the public before, during and after a public health threat or emergency such as pandemic influenza. All messages will be coordinated with State officials to ensure consistency.

Guided by Section 4.III *Emergency Risk Communications Annex* of the SCRHD EOP (found in the SCRHD RHOC, emergency preparedness office and intranet server), SCRHD will develop messages to ensure that the public receives timely and accurate information about the following during a pandemic event:

- Basic information about influenza, high-risk populations and recommended preventive practices;
- The epidemiology of the pandemic;
- The symptoms that should prompt seeking medical assistance;
- The availability of vaccines and antivirals and the rationale for providing medication to priority groups during vaccine and antiviral shortages;
- Instructions for receiving vaccine and antivirals at vaccination sites;
- Directives for community level containment activities; and,
- Explanations of concepts such as isolation and quarantine.

Message to the public can be made through the following processes:

1. Local media outlets

Sullivan County Regional Health Department is a member in the Mountain Empire Multi-Media Public Safety Council (MMPSC). This council was developed to bring public safety and government agencies together with local media to improve the working relationship. This council provides pager devices to all media outlets including TV, Radio and newspaper so that a message can be sent out to all outlets simultaneously. This also provides an avenue that was established with the goal of getting a consistent message out to the media.

2. Reverse 911

Sullivan County has purchased the “Reverse 911” system and installed it in the county dispatch system as well as the two larger cities within the county. This system has the capability of calling every resident within the county and cities and playing a pre-recorded message.

3. SCRHD Web Site

The SCRHD web site has the capability to send out web alerts to any person who is registered within the site. SCRHD encourage the public to visit the web site daily and to register with the health alert network.

4. TDH Web Site

The Tennessee Department of Health web site has the ability to place up to date information directly on the site for the public to view.

5. TDH THAN

The TDH has the capability of getting messages to all volunteers within the state who have registered so that all may be contacted with the similar information and potential actions to be taken

6. Sullivan County Emergency Management, Emergency Notification System

Sullivan County EMA has the ability to interrupt the local cable systems and radio broadcasts with pre-recorded messages. This system is tested monthly by the EMA.

Section 9. Workforce and Social Support

Estimates of the percentage of the overall workforce that could be impacted at any given time by an influenza pandemic range from 15 to 40 percent, affecting every sector of the economy. Likewise, an emergency on the scale of an influenza pandemic will have an inevitable psychosocial impact not only on the individuals tasked with directly responding to the outbreak, but the broader population as well. The stresses placed on the workforce by illness-induced absenteeism, the long term nature of the emergency, and the mental health consequences will need to be factored into the planning of any local jurisdiction.

This plan is general in nature because the emotional intensity, duration, and impact upon workers and the community are unknown. As the reality of the situation unfolds adjustments and modifications can be made which respond to the changing scene. The presence of pandemic influenza in a community will affect the community in ways similar to other natural disasters, except that the response to pandemic influenza may be sustained for weeks and it may be 1-2 years before the disease is eliminated and the risk is over. Extreme stress will fatigue persons involved in responding officially or unofficially to the pandemic. This section does not address long term support services or issues of recovery.

Examples of affected groups include:

- Patients
- Healthcare Workers
- Families of patients and healthcare workers
- General Public

Support service needs in this section are grouped into six categories;

1. Multi-disciplinary Organizations
2. Social Support, including mental health
3. Food and Medication
4. Financial Issues
5. Child Care
6. Employment and School Issues

The Sullivan County Regional Health Department cannot over-emphasize the vital importance of social distancing, including self-imposed isolation (staying home when sick until not contagious) to protect the community. Support for patients and families experiencing serious illness and deaths will be vital to helping them cope. In addition to resources listed here, the federal government posts information about pandemic preparedness and response at www.pandemicflu.gov.

The following items can provide guidance on stress management for employees and enhanced worker support:

- Nurture team support. Find and foster the most positive view of each and the overall situation. Provide praise when appropriate. Encourage venting.
- Create buddy system to maintain frequent contact and offer support and mutual help in coping with stresses. At the end of each day talk about the emotional reactions you have experienced.
- Insist on regular breaks and time away from work environment. Walking and deep breathing are good de-stressors.
- Identify worker issues and concerns, rumors, fears, and anxiety.
- Encourage staff to call home regularly and stay in contact with family and friends.
- Maintain reminders of home, e.g., pictures, mementoes, at their workstation.
- Provide copy of *Stress Management for Health Care Providers*, copied from the CDC website, located in appendix 1 of this section

A. Support Agencies

1. Multi-Disciplinary Organizations

a. American Red Cross

Provides shelter, food, health, and mental health services to address basic needs

Kingsport Area / Hawkins County Chapter
501 South Wilcox Dr
Kingsport, TN 37660
(423) 378-8700

b. Salvation Army

Provides emergency help with food, clothing and shelter

The Salvation Army – Bristol
137 Edgemont Ave.
Bristol, TN 37620
(423) 764-6156

The Salvation Army – Kingsport
505-517 Dale St
Kingsport, TN 37660
(423) 246-6671

- c. Tennessee Association of Community Action**
The mission of TACA is to empower local agencies through advocacy, training, and the provision of technical assistance to promote self-sufficiency and personal growth in the individuals, families and communities of Tennessee
Upper East Tennessee Human Development Agency
301 Louis Street
Kingsport, TN 37662
(423) 246-6180
- d. Volunteer Organizations Active in Disasters (VOAD)**
Tennessee VOAD is a consortium of recognized state voluntary organizations active in disaster relief. It's mission is to foster, through cooperation in mitigation and response, more effective service to people affected (imperiled or impacted) by disaster.
Tennessee VOAD
c/o TEMA
3041 Sidco Drive
Nashville, TN 37204
John Sims, President (423) 304-6830
Larry Triplett, Chair, East TN Chapter (865) 207-1658

2. Social Support, including mental health

- a. Frontier Health Corporate**
1167 Spratlin Park Drive
P.O. Box 9054
Gray, TN 37615
423-467-3600
- b. Emergency Care Holston Counseling**
1570 Waverly Rd
Kingsport, TN 37664-2523
(423) 224-1300
- c. NAMI of Bristol**
<http://www.namitn.org/index.htm>
(866) 337-3291

3. Food and Medication

- a. **Second Harvest Food Bank of Northeast TN**
127 Dillon Ct.
Gray, TN 37615
(423) 477-4053
- b. **Meals on Wheels of Kingsport**
727 North Eastman Rd.
Kingsport, TN 37660
(423) 247-4511
- c. **Haven of Rest Rescue Mission**
624 Anderson Street
Bristol, TN 37620
(423) 968-2011

4. Financial Issues

In the absence of a declared state of emergency, the ability of the state or Federal governments to provide financial compensation to affected individuals or to relax late payment penalties for utilities or other essential services is not known at this time. For that reason, persons in need of economic assistance will have to turn to local volunteer relief organizations.

5. Child Care

In some cases, housing and care will be required for several days or weeks for the children or elderly dependents of ill individuals where family or friends are not available to care for them. Placement can be difficult if the dependents are exposed and must be monitored for signs of disease.

- a. **TN Department of Human Services:**
There are approximately 5,600 child care providers in TN with a total capacity of 340,000. Most are child care centers; home care and drop-in care are also available. This list can be found at:
www.state.tn.us/humanserv/childcare/providers-map.htm
- b. **Child Care Resource & Referral Centers:**
Provides parents and the community referrals and resources for child care at the local level
<http://www.state.tn.us/humanserv/ccr&r-numbers.pdf>

6. Employment and School Issues

The risk of losing a job or falling behind or out of school is an important barrier to compliance with social distancing orders, such as staying home if sick. Local planning efforts should consider strategies with local businesses and schools to encourage compliance with social distancing instructions.

Appendix 1

Center for the Study of Traumatic Stress
Uniformed Services University School of Medicine**STRESS MANAGEMENT for HEALTH CARE PROVIDERS**

The magnitude of death and destruction in disasters and the extent of the response demand special attention to the needs of health care providers. Physical safety and security of providers (as well as patients) must take first priority.

The psychological challenges that health care providers face after disasters are related to exposure to patients and their families who are traumatized by suffering nearly unbearable losses. These psychological challenges combine with long hours of work, decreased sleep and fatigue. Seeing the effects of disaster on others and hearing their stories increase the stress of providers. Self care, self-monitoring and peer monitoring are as important as caring for patients. The following management plan for your staff may help minimize later difficulties.

- Communicate clearly and in an optimistic manner. Identify mistakes for yourself and others and correct them. Compliments can serve as powerful motivators and stress moderators.
- Encourage health care providers to monitor themselves and each other with regard to their basic needs such as food, drink and sleep. Becoming biologically deprived puts them at risk and may also compromise their ability to care for their patients.
- Ensure regular breaks from tending to patients. When on break allow and encourage providers to do something unrelated to the traumatic event and which they find comforting, fun or relaxing. This might be taking a walk, listening to music, reading a book, or talking with a friend.
- Some people may feel guilt if they have fun or enjoy themselves when so many others are suffering. It is important to recognize that normal life events are an important respite from the horrors of a disaster. Help people to recognize this.
- Establish a place for providers to talk to their colleagues and receive support from one another. A goal of terrorist acts is to isolate people in fear and anxiety. Telling one's own story and listening to other's can alleviate this isolation.
- Encourage contact with loved ones as well as activities for relaxation and enjoyment.
- Remember that not all people are the same. Some need to talk while others need to be alone. Recognize and respect these differences.
- Hold department or hospital wide meetings to keep people informed of plans and events.
- Use hospital newsletters or newspapers as ways to recognize successes and to transmit information.
- Consider establishing awards or other recognition for dedicated service during a disaster.
- Establish support programs for family of staffs that provide information about the status of loved ones who are not able to return home on a regular basis. These programs should provide help and social support to the family.