EMPLOYEE MANUAL FOR EMERGENCY RESPONSE

2009

ADPH
EMERGENCY PREPAREDNESS

Alabama Department of Public Health

TABLE OF CONTENTS

INTRODUCTION
Alabama Department of Public Health (ADPH)

Mission
To serve the people of Alabama by assuring conditions in which they can be healthy.

Manual Purpose
The purpose of this manual is to provide direction for ADPH employees when responding to emergency situations for the department. Other manuals, protocols, and policies are referenced in the Resources section of this guide.

Background
More than 130 years ago, medical leaders in Alabama advocated constitutional authority to oversee matters of public health. Every emergency is local and has medical aspects in the response. There are times when the emergency needs are greater than the local resources can handle. In those cases, ADPH employees throughout the state are called upon to support and assist the local response.

ALL EMPLOYEES ARE ESSENTIAL TO EMERGENCY RESPONSE

ADPH Employee Responsibilities
Every employee of the ADPH is required to respond, if needed, to public health emergencies. **This is NOT optional; it is mandatory. Failure to respond, except in personal emergencies, may result in progressive discipline.** Every possible consideration is given to special circumstances of individuals in determining the disaster assignments given to employees. **ADPH employees are not first responders and are not asked to go into situations of unreasonable danger.** Employees are chosen for emergency response teams based on the need. The role in which an employee serves depends on his or her skills and experience. You can feel secure that in any role you may be asked to serve, you will be supported by a team and will have supervision. If you are not comfortable with a task or need assistance, you should communicate your concerns to your supervisor in the Incident Command System (ICS) structure. Support staff and ICS leaders can be reached through the communication systems in place during the event. The local area administrator and leadership team will provide support within the area in which you serve.

RESPONSE MANAGMENT PRINCIPLES
Types of Response

Medical Needs Shelter
The most common response of ADPH is operating Medical Needs Shelters (MNS) necessitated by natural or man-made disasters. An MNS is a shelter of last resort during an emergency situation for persons with conditions requiring limited medical/nursing oversight and who cannot be accommodated in a mass care shelter. The MNS is housed

EMERGENCY CONTACT NUMBERS

	Name	Contact Number
Center for Emergency Preparedness	Duty Officer will assist with contacting the needed command staff (24 hrs)	334-519-0040 1-866-264-4073
Epidemiology	Epidemiology (24 hrs)	1-800-338-8EPI
Radiation Control	Duty Officer	334-324-0076
Area Administrator		
Asst. Area Administrator		
County Health Department		
Supervisor		
Emergency Preparedness Coordinator		
*Fill in positions **above** when you receive this manual. Fill in positions **below** ONLY upon activation.*		
Incident Commander		
Team Leader		
Safety Officer		
Team Support		
Team Member		
Team Member		
Team Member		
Team Member		
Team Member		

in a secure facility with power, water, sanitation, and limited food service. Staff can provide medical oversight to persons who bring their own caregiver, medical supplies, equipment, and special dietary supplies.

Services during an emergency are provided in an environment that can help to sustain pre-disaster levels of health.

MNS team members are assigned in advance of an event and teams take part in exercises in order to practice their response to an event. MNS teams are composed of public health employees from all disciplines. You may be called upon to perform in your normal capacity or may be trained to function in other capacities, such as administrative support or safety officer.

Point of Dispensing

A Point of Dispensing (POD) is a place where, during an emergency event, the public is given needed medications. This is a part of the Strategic National Stockpile (SNS) plan. ADPH is the lead agency for the SNS. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV supplies, airway maintenance supplies, and medical/surgical items. In the event of a national emergency, the SNS is designed to supplement and re-supply state and local public health agencies within the U.S. and its territories at anytime. Alabama has extensively planned with the Centers for Disease Control and Prevention (CDC) for the receipt and distribution of the SNS. CDC will deliver the assets to the state's Receiving, Staging, and Storage (RSS) site. The assets will be broken down based on need and/or population, and then distributed/transported to Regional Distribution Sites (RDS) located in each public health area. The assets are then divided again for their catchment area (surrounding counties) based on the same rationale (need and/or population). From the RDS, the assets are transported to the county staging area. From the county staging area, assets are transported to POD sites, treatment centers, and other locations (i.e. closed POD) as determined within each county. PODs are set up by the local Emergency Management Agency (EMA) prior to ADPH arrival for operation. ADPH employees will be given Job Action Sheets detailing their role in the POD.

Mass Care Shelter

A Mass Care Shelter (MCS) is a facility that is safe for people displaced in an emergency event. Mass care shelters are generally managed by the American Red Cross, in cooperation with other partners. ADPH is supportive of medical response in mass sheltering. The facility will have power, running water, a sleeping area, and a place to serve two to three meals a day. An MCS can hold several hundred people. A nurse from public health may be asked to make visits in an MCS to assess the shelterees' health and social needs. If needs are found, the nurse can refer the clients to an MNS or a social worker. An aide may assist the nurse in assessing the health of clients. A social worker may be asked to assess the social services needs of clients in a mass care shelter.

Comfort Care Center

A Comfort Care Center (CCC) was developed for use during a pandemic influenza event. The CCC is operated by a faith-based, community, or business organization which volunteers to provide non-hospital care to individuals in the community who are sick with the flu and have no one to care for them at home. The CCC is a component of a county's pandemic influenza operational plan. The CCC will offer basic home services to reduce fever, pain, and dehydration by providing over-the-counter medications and simple supportive measures.

Alternative/Alternate Care Site & Medical Station Set-Up Teams

Mass casualty incidents could result in a hospital opening an alternative/alternate care site. An alternative/alternate care site serves as a medical facility if the emergency requires this degree of response. The Mobile Medical Stations can also be used to support Medical Needs Shelters, Triage Points, and other medical services.
ADPH is the lead agency for coordination of medical resources during an emergency; however, this is a coordinated effort between healthcare facilities and EMA. To assist in the healthcare response, ADPH has purchased seven Mobile Medical Stations, each capable of supporting 50 patients for seven days. Additionally, ADPH has granted funds to the Poarch Band of Creek Indians to purchase three Mobile Medical Stations. This gives ADPH, with the assistance of its in-state partners, the capability of supporting 500 patients for seven days or a total of 3,500 patient days. ADPH has also purchased 700 portable medical cots with disposable linen sets which can be used to establish alternative/alternate care sites, Medical Needs Shelters, or support hospital surge capacity and increase capacity at Mobile Medical Stations. Some examples of other available supplies are generators, water purification systems, and a communications trailer. These supplies are limited and available on a priority basis. ADPH employees may be required to serve on the Medical Station Set-Up Teams.

Out-of-State Response or Emergency Management Assistance Compact

The Emergency Management Assistance Compact (EMAC), established in 1996, stands today as the cornerstone of mutual aid. The EMAC mutual aid agreement and partnership between member states exist because all states share a common enemy: the threat of disaster.

EMAC offers state-to-state assistance during governor-declared states of emergency. Whether the disaster is natural or man-made, EMAC provides a responsive and straightforward system for states to send personnel and equipment to help disaster relief efforts in other states. When resources are overwhelmed, EMAC helps to fill the shortfalls.

When other states in our region request assistance, you might have to respond on a team. If you are deployed, your assignment will be based on the agreement between the two states. Deployment into another state is normally for a period of 14 days. This means that you will be under both the direction of the partner state and the department's Center for Emergency Preparedness (CEP) during your deployment.

Radiological

The **Expanded Radiological Emergency Response Team (ERERT)** was formed to provide a rapid response to ensure the public is protected from excess exposure to ionizing radiation. The Office of Radiation is located in the central office in Montgomery and would take several hours to physically respond to an incident to provide assistance in detecting and measuring radiation. In an effort to better protect Alabama and provide a quicker response time, two environmentalists and two nurses from each Public Health Area are assigned as members of the ERERT.

Epidemiological/Chemical

An unknown substance may be a solid (e.g., powder), a liquid, or a gaseous or aerosol release and could be biological or chemical. ADPH Bureau of Clinical Laboratories (BCL) will be responsible for completing laboratory testing. The BCL Chemical Terrorism and Biological Terrorism Laboratories are certified by CDC and the U.S. Department of Justice to perform analyses to demonstrate the presence of chemical or biological materials that may be injurious to health.

Guidance will be provided as necessary by ADPH regarding additional required actions, before and while awaiting the results of the Laboratory Response Network (LRN) laboratory testing. Public Health stores a limited supply of medications to provide prophylaxis for 3 to 5 or 10 days to 600 individuals potentially exposed to an antibiotic responsive biological agent. Medications will not be released without the explicit instruction by an ADPH attending physician. ADPH personnel shall distribute medication as needed.

The ADPH Epidemiology Division will provide qualified personnel to initiate epidemiology support to any UNKNOWN SUBSTANCE INCIDENT. ADPH has employees that are assigned to an Epi Response Team. The Epi Response Team will be available to the Incident Commander to initiate interviews with individuals, including first responders, evacuated or removed from the scene. The initial ADPH interviews, to be conducted subsequent to law enforcement interviews, will consist of obtaining demographic information from these individuals. Employees may be assigned to help the Epi Response Team conduct these duties.

ROLES IN RESPONSE

Care Assistant (Clinic Aide, Home Health Aide, & Life Care Attendant)

ADPH care assistant responsibilities can include support personnel activities. Other duties include, but are not limited to:
• Preparing and maintaining shelter records
• Assisting patients with the activities of daily living
• Distributing medical supplies as needed
• Performing light housekeeping
• Assisting with discharge

Clerical Support

ADPH administrative support assistant responsibilities can include providing clerica and logistical support. Additional duties include, but are not limited to:
• Preparing and maintaining all shelter records (This is key to Federal Emergency Management Agency reimbursements.)
• Assisting patients with completing forms
• Assuring proper utilization of supplies
• Maintaining patient, caregiver, and staff counts
• Providing support to medical staff

Nurse

ADPH nurse responsibilities can include medical care services and shelter medical management oversight. Additional duties can include, but are not limited to:

- Performing assessments to determine if a patient meets the requirements for admission into the MNS
- Dispensing medications in POD
- Administering vaccines
- Performing patient health assessments
- Assisting with direct patient care
- Ordering, distributing, and tracking supplies needed and used in the shelter
- Making staff assignments and supervision of other shelter staff

Disease Intervention Specialist

ADPH disease intervention specialists' responsibilities may include disease surveillance activities. Duties include, but are not limited to:

- Conducting outbreak investigation interviews
- Acting as a Team Support Officer or Safety Officer

Environmentalist

Public Health environmentalists are generally deployed immediately after an event. Duties include, but not limited to:

- Assessing sanitary conditions and conditions related to food preparation/storage/handling in shelter(s)
- General sanitation
- Vector control
- Solid waste issues
- Food storage, transportation, and preparation inspections
- Potable water, well water, and sewage issues
- Acting as a Team Support Officer or Safety Officer

Nutritionist

ADPH nutritionist responsibilities may include nutritional activities for patients. Duties include, but are not limited to:

- Visiting shelters to ensure those with specific nutritional needs are taken care of, i.e., WIC and formula
- Ensuring special dietary needs for shelterees
- Acting as a Team Support Officer or Safety Officer

Safety Officer

Any ADPH Employee can serve as the safety officer. Safety in the MNS is the responsibility of ADPH. **The ADPH Safety Officer and security/law enforcement are not to be confused.** Please review the security/law enforcement duties on page 14. Responsibilities of the safety officer include, but are not limited to:

- Assessing the facility layout for optimal usage
- Ensuring that facility entrance and exit paths are free of any obstructions or tripping hazards
- Ensuring proper waste disposal
- Working with shelter or local environmentalists to ensure proper staging of food service
- Monitoring facility cleanliness
- Monitoring facility for injury hazards
- Assisting patients with limited mobility

Social Worker

Responsibilities of a social worker may include connecting patients with social services and resources, as well as providing referrals. Duties include, but are not limited to:

- Assessing the psychosocial needs of the patient
- Providing age-appropriate activities for shelter residents
- Providing referrals for mental health, medication, substance abuse, and medical service beyond the scope of the shelter practitioner
- Assessing staff for excessive stress
- Assisting with discharge planning

Team Support Officer

Any ADPH employee can serve as the team support officer. Responsibilities include, but are not limited to:

- Providing assistance to shelter staff
- Working with shelter and nurse managers to establish staff breaks and rest areas
- Assessing staff fuel needs
- Assisting staff by running errands, including supply pick up
- Assessing staff personal equipment status, including cell phones, radios, and other electronic equipment

PUBLIC HEALTH PARTNER ROLES

Responding to emergencies requires the collaboration of many agencies. Employees from partner agencies perform roles that have interaction with ADPH employees. This section provides a brief description of some of our partners in response.

Department of Human Resources

The Alabama Department of Human Resources (DHR) partners with ADPH in the response by providing social workers in an MNS to conduct registration of patients and assist ADPH social work staff as needed.

Department of Mental Health

The Alabama Department of Mental Health partners with ADPH in an MNS by responding to mental health and substance abuse referrals.

Emergency Management Agency

It is the mission of the Alabama Emergency Management Agency (AEMA) to assist the needs of disaster victims, as well as assisting local government in preparedness, response, and recovery. AEMA coordinates with federal and state agencies to facilitate the state's disaster preparedness. Each county has a local EMA director who works with the ADPH Emergency Preparedness area team and the local county health department staff to develop an emergency plan for each county.

Emergency Medical Services

Emergency Medical Services (EMS) partners with ADPH in the response by providing an emergency medical technician (EMT) in the MNS. Duties of EMS can include, but are not limited to:
- Assisting with triage assessment
- Ongoing physical assessment of patients
- Assisting patients with the activities of daily living
- Assisting in emergency situations, to level of licensure, following established protocols

Security/Law Enforcement

The Emergency Management Agency will collaborate with local authorities to provide security during an emergency response. **The ADPH Safety Officer and security/law enforcement role are not to be confused.** Please review the Safety Officer duties on page 12. Duties of a security/law enforcement officer include, but are not limited to:
- Removing disruptive patient/caregivers
- Monitoring for criminal activity
- Maintaining civil tranquility

VOLUNTEERS

ADPH is a committed partner with community volunteer agencies. Volunteers are essential to an emergency response. There are many different types of volunteers specific to each community. It is important to be familiar with the groups in your community. The American Red Cross (ARC), Community Emergency Response Team (CERT) and Medical Reserve Corps (MRC) are common volunteer organizations.
Emergency System for Advance Registration of Volunteer Health Professionals
The Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) Program is a Department of Health and Human Services (HHS) initiative for state development of a standardized database of healthcare personnel who volunteer to provide aid in an emergency. The guidelines for systems are to include verifiable and

up-to-date information regarding the volunteer's identity, licensure, credentialing, and accreditation and privileging, in hospitals and other medical facilities. This secure system gives each state the ability to quickly identify and better utilize health professional volunteers during emergencies and disasters. The goal of the ESAR-VHP Program is to eliminate critical problems encountered when utilizing volunteers. The ultimate goal of the ESAR-VHP Program is to link the ESAR-VHP Programs in all states, forming a national database of volunteers.

As part of the ADPH professional credentialing and certification, volunteers are required to register in the ADPH Volunteer Network Registry within the ADPH Learning Content Management System (LCMS) which is the ESAR-VHP database for the State of Alabama. The ADPH ESAR-VHP is a web-based volunteer registry that contains a list of community members and health professionals that have pre-registered as ADPH volunteers to assist during disasters. The pre-registration of the volunteers allows the volunteer to indicate their abilities, interests, and deployment commitments. This pre-registration in turn allows ADPH to verify a volunteer's credentials and privileges in advance of an event and to identify volunteers that match the skill level requirements of a request from the local, county, statewide or the federal level.

American Red Cross

The American Red Cross (ARC), a humanitarian organization led by volunteers and guided by its Congressional Charter and the Fundamental Principles of the International Red Cross Movement, will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies. Mass care shelters are generally managed by the ARC, in cooperation with other partners.

Community Emergency Response Team

The Community Emergency Response Team (CERT) program educates people about disaster preparedness for hazards that may impact their area and trains them in basic disaster response skills, such as fire safety, light search and rescue, team organization, and disaster medical operations. Utilizing the training learned in the classroom and during exercises, CERT members can assist others in their neighborhood or workplace following an event when professional responders are not immediately available to help. CERT members also are encouraged to support emergency response agencies by taking a more active role in emergency preparedness projects in their community.

Medical Reserve Corps

The Medical Reserve Corps (MRC) program was created after President Bush's 2002 State of the Union Address, in which he asked all Americans to volunteer in support of their country. The MRC is comprised of organized medical and public health professionals who serve as volunteers to respond to natural disasters and emergencies. These volunteers assist communities nationwide during emergencies and in ongoing efforts in public health. The need for trained supplemental medical and public health personnel to assist with

emergency operations was highlighted after the terrorist attacks of September 11, 2001. Many medical and public health professionals sought to support emergency relief efforts, but there was no organized approach to channel their efforts. The MRC program provides the structure necessary to deploy medical and public health personnel in response to an emergency, as it identifies specific, trained, credentialed personnel who are available and ready to respond to emergencies.
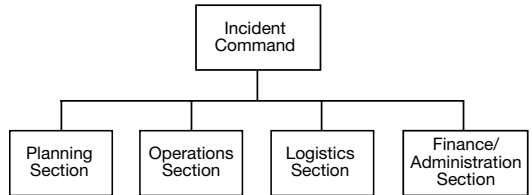
INCIDENT COMMAND SYSTEM (ICS)

The Incident Command System (ICS), as defined by the National Incident Management System (NIMS), is used when ADPH begins a response to an emergency event. This is a structured and orderly system in which each supervisor has a limited span of control and each employee has one task and one supervisor. The assigned task and supervisor may be different from that of day-to-day operations. Below is a generic ICS chart. Each emergency event will have a specific ICS structure developed for that particular event.

Every employee is required to take the NIMS courses IS 100 and IS 700. Some employees are required to take additional NIMS courses. Your supervisor will instruct you on what other courses, if any, you will be required to complete. All training must be documented through the Learning Content Management System (LCMS) managed in the Bureau of Professional and Support Services.

Incident Command

Planning Section | Operations Section | Logistics Section | Finance/Administration Section

PREPARING TO RESPOND

Notification Process

Notification of status and assignment will come to the employee from their immediate supervisor, Area Administrator or designee, or the State Health Officer or designee. The Alabama Emergency Response Technology (ALERT) system generates a computerized call to your work, home, and cell phone, and an e-mail, in the specified order you choose to inform you of a notification. All state level response by ADPH is based upon the authority and responsibility vested in the State Health Officer by the State of Alabama.

ALERT: Alabama Emergency Response Technology

When an employee is called to duty during an emergency or disaster, they may be:
- "On Standby" – The employee has been notified of the situation. They should maintain situational awareness and be available for an assignment if contacted.
- "On Alert" – The employee has been notified and given instructions, such as location and time to report for duty.
- "On Duty" – The employee has reported to the assigned location and is engaged in the assigned task.
- "Demobilized" – The employee has been released from duty.

ADPH strives to give each employee as much notice as possible, preferably three days. Some situations unfold so rapidly and the need for response is so great that the time between notification and deployment is greatly reduced. For example, during a tornado the notification and deployment may occur within minutes. ADPH staff could be on the scene in less than two hours of the event.

PREPARING FOR DEPLOYMENT

Family Preparedness

Family is important to all of us. Having family discussions about emergencies in advance will help you to be prepared and feel more secure when deployment is necessary. The following information will help prepare your family for emergencies.

get10

- The Family Readiness Guide is a resource for you and your family.
- View the presentation All-Hazards: What Are They and How Can I Prepare?
- Follow the GET 10 program to help you accomplish family and personal preparedness.

This information can be found at www.adph.org/CEP.

Self Preparedness

It is important to prepare yourself, as well as your family, in the event of natural or man-made emergencies. The following steps and information will help prepare you for deployment:

- Training (response team or just-in-time) – Training will be provided to all employees prior to deployment.
- State of Emergency - If the governor has issued a proclamation of state of emergency, ADPH employees would all be "emergency management workers" under Code of Ala.1975, 31-9-16.
- Presentation - View the presentation, All-Hazards: How is Alabama Working on Surge Capacity and Other Issues? at www.adph.org/CEP.
- Reference - Refer to the Responder Health & Safety Reference Guide at www.adph.org/CEP.
- Think ahead – Have discussions with family members and friends regarding the care of children, parents, other loved ones, and pets should you be deployed.
- Keep items on hand – It is often stressful to obtain all the necessary items for deployment in a short period of time. Pre-packing a bag may make deployment less stressful.
- Stay in touch – When the department has been made aware of a possible threat, communicate with your supervisor so that you are reachable in case of deployment. It is your responsibility to update your ALERT profile, ADPH Address Book (Lotus Notes), and LCMS profile. Update any changes in your contact information, including cell phone numbers, and make sure your supervisor is aware of any changes.

During Deployment

- ADPH covers the cost of transportation. Transportation from your base to the work site may be via personal vehicle, state motor pool vehicle, or rental vehicle. State travel policies apply in all situations. Specific details will be given to you when you are placed on alert.
- A cost accounting code will be provided for you to record time worked in an emergency response on your time sheet. You will code time spent to travel and actual work hours. Time in excess of 40 hours per week will be handled in accordance with State Personnel policy.
- When deployed, the normal shift is 12 hours followed by 12 hours of rest. ADPH deploys adequate staff to ensure that all responders have ample down time. Failure to take care of self results in a lower quality of care for those we serve.
- Employees are asked to be prepared to be deployed within the state for 7 days although we try to limit deployment to 5 days.
- Walking shorts may be acceptable for some responses in hot weather. Sandals are **NEVER** appropriate for response. For safety reasons, closed toe shoes should be worn.
- If a personal or family emergency occurs which requires you to leave early, a replacement will be assigned to cover your responsibilities and you will be transported back to your base. During emergency response, leaving early for pleasure or personal convenience is subject to progressive discipline.

Deployment Checklist

_____ Name tag and professional license

_____ List of telephone numbers (personal and professional)

_____ Cash money (If you have difficulty with this, please talk to your supervisor.)

_____ Water and non-perishable food items

_____ Medications (7 days worth of daily and over-the-counter)

_____ Clothing for 6 days (stored in gallon Ziploc bags)

_____ Two pairs of comfortable shoes

_____ Personal care items (toothbrush, toothpaste, deodorant, etc.)

_____ Pillow, sleeping bag, and pajamas

_____ Cell phone and charger

_____ Comfort items (candy, blankets, books, games, or photos)

_____ Washcloths, towels, soap

_____ Handi-wipes

_____ Pen and paper

_____ Jacket/Sweater

_____ Local and state maps

Please remember, if you have any questions regarding anything in this manual contact your supervisor.

RESOURCES

This section contains information used to develop this manual. Please follow the links to learn more about public health emergency response.

Alabama Department of Public Health Employee Handbook
www.adph.org/employment/

Alabama Emergency Response Technology (ALERT)
www.adph.org/CEP - Preparedness A-Z

Alabama Emergency Management Agency (AEMA)
http://ema.alabama.gov/

Alabama Healthcare Disaster Planning Guide
www.adph.org/CEP - Preparedness A-Z

Alabama Incident Management System (AIMS)
 www.adph.org/CEP - Preparedness A-Z

All-Hazards in Healthcare: How is Alabama Working on Surge Capacity and Other Issues?
www.adph.org/CEP - Healthcare Planning)

All-Hazards: What Are They and How Can I Prepare?
www.adph.org/CEP - Community Preparedness)

American Red Cross (ARC)
http://www.redcross.org

Code of Ala.1975
http://www.legislature.state.al.us/CodeofAlabama/1975/coatoc.htm

Comfort Care Center (CCC) Manual
(In development)

Community Emergency Response Team (CERT)
http://www.citizencorps.gov/cert/

County ESF-8 All-Hazards Assessment
www.adph.org/CEP - Preparedness A-Z

Emergency Management Assistance Compact (EMAC)
http://www.emacweb.org

Family Readiness Guide
www.adph.org/CEP

Federal Emergency Management Agency (FEMA) - National Incident Management Resource Center
http://www.fema.gov/emergency/nims

GET 10
www.adph.org/get10

Learning Content Management System (LCMS)
www.adph.org/CEP - Preparedness A-Z

Mass Care Shelter Manual
Access through the CEP Secure Site

Medical Needs Shelter Manual
Access through the CEP Secure Site

Medical Reserve Corps (MRC)
www.medicalreservecorps.gov

POD Job Action Sheet/Instructions
In development

Preparedness A-Z
www.adph.org/CEP

Preparedness Minutes
located at: www.adph.org/CEP

Responder Health & Safety Reference Guide
www.adph.org/CEP - Preparedness A-Z

Yale Center for Public Health Preparedness at the Yale School of Public Health's Public Health Disaster Response Pocket Guide

ACRONYMS

ACS - Alternative/Alternate Care Site
ADPH - Alabama Department of Public Health
ADEM - Alabama Department of Environmental Management
ADL - Activities of Daily Living
ADN - Area Distribution Nodes
AEMA - Alabama Emergency Management Agency
AGI - Alabama Department of Agriculture and Industries
AIMS - Alabama Incident Management System
AlaHA - Alabama Hospital Association
ALERT - Alabama Emergency Response Technology
APIC - Association for Professionals in Infection Control and Epidemiology
ARC - American Red Cross
ARRTC - Advanced Regional Response Training Center
ASPR - Office of the Assistant Secretary for Preparedness and Response
BREMSS - Birmingham Regional Emergency Medical Services System
BPSS - Bureau of Professional and Support Services
BSL - Biosafety Level
CAH - Critical Access Hospital
CCC - Comfort Care Center
CDC - Centers for Disease Control and Prevention
CERT - Community Emergency Response Team
CEP - Center for Emergency Preparedness
DMAT - U.S. Disaster Medical Assistance Teams
DHR - Department of Human Resources
DNHPP - Division of National Healthcare Preparedness Programs
DOE - Department of Education
EAPC - East Alabama Planning Commission
EMA - Emergency Management Agency
EMOC - Emergency Medical Operations Center
EMS - Emergency Medical Services
EOC - Emergency Operations Center
EOP - Emergency Operations Plan
EP - Emergency Preparedness
EpiX - Epidemic Information Exchange
ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals
ESF - Emergency Support Function
HAP - Hospital
HAN - Health Alert Network
HHS - U.S. Department of Health and Human Services
HRSA - Health Resources and Services Administration
FEMA - Federal Emergency Management Agency
ICS - Incident Command System

ILI - Influenza Like Illness
JCHD - Jefferson County Health Department
LCMS - Learning Content Management System
LE - Law Enforcement
LEPC - Local Emergency Planning Committee
MCHD - Mobile County Health Department
MMRS - Metropolitan Medical Response System
MNS - Medical Needs Shelter
MOU - Memorandum of Understanding
MSA - Metropolitan Statistical Area
MVC - Mass Vaccination Clinic
NDMS - National Disaster Medical System
NEDSS - National Electronic Disease Surveillance System
NIMS - National Incident Management System
OP - Operational
OPEO - Office of Preparedness and Emergency Operations
OSHA - U.S. Department of Labor, Occupational Safety & Health Administration
PCR - Polymerase Chain Reaction
PH - Public Health
PI - Pandemic Influenza
PIO - Public Information Officer
PHIN - Public Health Information Network
POD - Point of Dispensing
PPE - Personal Protective Equipment
PSA - Public Service Announcement
PWD - Persons with Disability
RC - Risk Communication
Ro - The average number of secondary infections caused by a single typical infected individual among a completely susceptible population.
RSS - Receiving, Staging, and Storage
SHARE - Stakeholders Help, Advice, and Recommendations Exchange
SNS - Strategic National Stockpile
SOG - Standard Operating Guideline
TARU - Technical Advisory Response Unit
TJC - The Joint Commission
UAB - University of Alabama at Birmingham
USAMRIID - United States Army Research Institute of Infectious Diseases
USB - Universal Serial Bus
USDA - United States Department of Agriculture
VMI - Vendor Managed Inventory
VOAD - Volunteers Organized and Active in Disasters
WHO - World Health Organization
WIC - Women Infants and Children
WMD - Weapon of Mass Destruction

ALABAMA DEPARTMENT OF PUBLIC HEALTH
201 MONROE STREET / SUITE 1310
MONTGOMERY, ALABAMA 36104

PHONE: 334.206.3394
FAX: 334.206.0145

ADPH.ORG/CEP