

County ESF 8 All-Hazard Assessment



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County		Date Posted	
CHD Phone		CHD Website (if one exists)	
Contact		Contact Phone	

Goal 1 - Community Preparedness Leadership and Networking

Goal 1 - Objective 1: County Committee

The Local Jurisdiction should develop an All-Hazards Preparedness Committee **or** a Local Emergency Planning Committee (LEPC) that represents all key stakeholders/sector representatives in the jurisdiction. Preparedness planning requires that key stakeholders/sector representatives engage in planning, testing, and executing specific components.

Committee Tasks:

- Responsible for identifying strategic preparedness priorities for the county
- Overseeing the development and execution of the county's All-Hazard Emergency Operations Plan (EOP), Emergency Support Function (ESF)-8, as well as other annexes specific to the community Health and Medical.

ADPH Emergency Preparedness (EP) Team Responsibilities [completed by the EP Coordinator, Surveillance Nurse, Environmentalist, Pandemic Influenza (PI) Coordinator, Disease Intervention Director (DID)/Specialist (DIS), or Social Worker (SW)]:

- To promote networking, contact key stakeholders/sector representatives by email or phone throughout each quarter. Meet in person with key stakeholders/sector representatives within the county quarterly (this meeting can be formal, non-formal, exercise, drill, LEPC, VOAD, etc.). Each individual EP Team member will maintain documentation of contacts and meetings (minutes, meeting notes, sign-in sheets, etc.) Documentation to support the areas' readiness must be maintained within the area.

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LCMS Question 1 - Has an EP Team member met quarterly with each key stakeholder (sector representative) within the county?

Yes or No

LCMS Question 2

Required Sector	Member's Name	Organization	Phone	Email
ADPH Local County Contact				
Business				
Communication				
Education				
EMA				
Faith-based/ Community				
First Responders				
Government				
Healthcare				

- Discuss and help key stakeholders/sector representatives with ESF 8 medical issues for their specific agency plans to include the following:
 - Emergency Operations Plan (EOP)
 - Continuity of Operations Plan (COOP);
 - Employee and Family Education;
 - Infection Control; and
 - Employee Crisis Management (example: Company Employee Assistance Program (EAP), grief counseling, and post traumatic counseling).

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LCMS Question 3 - List at least one organization from each sector in the table and **enter the date the issues were last discussed OR the plan completion date** (these individuals can be the same that serve on the county All-Hazards Preparedness Committee **or** LEPC).

Note: Please look for quality plans that can be utilized as a template statewide.

Member's Name and Organization	COOP	Employee and Family Education	Infection Control Program	Employee Crisis Management
ADPH Local County Contact				
Business Name – Organization -				
Communication Name – Organization -				
Education Name – Organization -				
EMA Name – Organization -				
Faith-based/Community Name – Organization -				
First Responders Name – Organization -				
Government Name – Organization -				
Healthcare Name – Organization -				

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Best Practices/Planning Tools:

1. Refer to the document – **Public Health Community Outreach and Contact Report** located on the [CEP Secure Site](#). This is a valuable tool to record meetings during the month.
2. For explanation of **Key Elements in planning** please visit **U.S. Department Health and Human Services (HHS)** and **Federal Emergency Management Agency (FEMA)**.
3. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **General Public Health and Public Health Management and Policy** sections located in the [Online Courses](#)

Goal 1 - Objective 2: Training & Volunteers

ADPH staff and volunteer training are an essential part of resource emergency planning. It is essential to promote personal preparedness for ADPH staff and volunteers. Training and recruitment should be ongoing in each county to include the diverse population specific to the county. The **Learning Content Management System (LCMS)** is a learner support system as well as the main source of information of ADPH-sponsored trainings and exercises. LCMS is a web-based system that utilizes an on-line registration process, creating an efficient method of providing information and training. LCMS is a secure central database that manages employees, ADPH volunteers, voluntary health professionals, hospital staff, community-based agencies and those in voluntary health organizations information.

Supporting personal preparedness training, planning, and activities are important to help the community mitigate the effects of a medical emergency (e.g. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, nuclear, explosive, or potential cases or local outbreaks of any microbiological/viral disease caused by a novel or pandemic strain). These personal preparedness efforts should include the business, faith-based, and education sectors.

ADPH CEP & EP Team Responsibilities:

- Train ADPH staff on personal preparedness.
- Work with community organizations (general public, businesses, faith-based, education) and make them aware of programs to assist in promoting personal preparedness (i.e. GET 10, "Mimi Mouse Learns Healthy Habits", "Let's Plan for Emergencies with Mimi Mouse", "Pandemic Flu Preparedness for Individuals and Families", "Preventing Colds and Flu for Grades K-3", "Preventing Colds and Flu for Grades 4-6", and "Preventing Colds and Flu for Junior High School Students", "All-Hazards: What are they and how can I prepare?", "All-Hazards in Healthcare: How is Alabama Working on Surge Capacity and Other Health Issues?", Standard PI Presentation, and PI Personal Preparedness Discussion Exercises).
- Cross-train ADPH staff for other essential positions within the department, including Strategic National Stockpile (SNS), Medical Needs Shelter (MNS), and outbreak investigations.

LCMS Question 4 - Has the general public/community been informed about specific preparedness actions that they may need to take during a medical disaster?

Yes or No

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LCMS Question 5 - How many ADPH staff have been trained on personal preparedness?

LCMS Question 6 - How many of the County Health Department (CHD) staff have been cross-trained for another essential position?

LCMS Question 7 - Has the county health department been active in recruiting ADPH volunteers?

Yes or No

LCMS Question 8 - How many volunteers are in the LCMS and AL Responds database for the county? (You will find the county volunteers list on the [CEP Secure Site](#) and the [AL Responds Database](#))

Best Practices/Planning Tools:

1. Utilize the [GET 10](#) program with staff and the community to promote personal preparedness.
2. Utilize the [All Hazards: What are they and how can I prepare?](#) and [All-Hazards in Healthcare: How is Alabama Working on Surge Capacity and Other Health Issues?](#) located on the [CEP Presentations](#) webpage. They are also located on the CEP [Community Preparedness](#) and [Healthcare Planning](#) web pages.
3. Utilize the Standard PI Presentation. Please email Rita Maynard (rita.maynard@adph.state.al.us) for the most current version.
4. Utilize the [Personal Pandemic Preparedness Discussion Exercise](#) on the [Pandemic Influenza Multimedia](#) webpage. The most current version will be located on this web page.
5. Utilize the Channing Bete programs as follows: “**Mimi Mouse Learns Healthy Habits**”, “**Let’s Plan for Emergencies with Mimi Mouse**”, “**Pandemic Flu Preparedness for Individuals and Families**”, “**Preventing Colds and Flu for Grades K-3**”, “**Preventing Colds and Flu for Grades 4-6**”, and “**Preventing Colds and Flu for Junior High School Students**”. All schools and each ADPH area were provided these educational materials.

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6. Refer to the [Alabama Healthcare Disaster Planning Guide](#) and the [Healthcare Planning](#) web page.

7. State Guidance

ADPH Program	Contact	Phone	Email
Pandemic Influenza (PI)		334-206-3394	
Social Marketing (SM)	Sally Palmer	334-206-5309	sally.palmer@adph.state.al.us
Risk Communication (RC)	Takenya Taylor	334-206-7026	takenya.taylor@adph.state.al.us

8. Refer to the [ADPH Training Calendar](#).
9. Refer to the [AEMA Exercise Calendar](#)
10. Refer to the [CEP Training](#) webpage
11. Refer to the [CEP Presentations](#) webpage.

Goal 2 –Community Healthcare Planning

Goal 2 - Objective 1: County EOP Development

An All-Hazards Emergency Operations Plan (EOP) is required on the county and state level and is an integral element of the overall state and local emergency response. The Alabama Emergency Management Agency (AEMA) is the lead agency for the development of the state EOP. The county Emergency Management Agency (EMA) is the lead agency for development of the county EOP.

Plan Requirements:

- Include all components established under Federal Emergency Support Function 8 (ESF-8);
- Compliant with National Incident Management System (NIMS);

ADPH CEP & EP Team Responsibilities:

- Work with county or state EMA office. Check [AEMA](#) for planning resources. Contact the [local EMA](#)

LCMS Question 9 - Local-Level EMA - list 3 employee names if available

Name	Phone	Email

LCMS Question 10 - Does the county EMA have an overall EOP?

Yes or No

If yes please answer the following:

Has the ADPH county staff been consulted in the formation of the EMA EOP?

Yes or No

Does the county EOP include all ESF-8 Functions?

Yes or No

Has the ADPH county staff been consulted in the formation of the ESF 8 portion of the EOP?

Yes or No

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Best Practices/Planning Tools:

1. Refer to the [Alabama Emergency Management Agency \(AEMA\) state Emergency Operations Plan \(EOP\)](#) and the Emergency Support Function (ESF) 8 portion of the state EOP [ADPH EOP ESF #8](#) located in the [ADPH Response Plan](#) folder in ALERT.

Goal 2 - Objective 2: Emergency Support Function (ESF) - 8

The ESF 8 portion should be flexible and adaptable to the magnitude and severity of the medical emergency (e.g. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, nuclear, explosive, or potential cases or local outbreaks of any microbiological/viral disease caused by a novel or pandemic strain). This should include resource planning (e.g. staffing, medical supplies, cross training). As a primary agency involved in the role of coordinating medical emergency response and planning efforts included in ESF 8, public health is required to work with all healthcare providers to ensure adequate delivery of care during medical emergencies. ADPH's role should be clearly communicated to healthcare providers and county public health staff.

ADPH CEP & EP Team Responsibilities:

- Meet with healthcare providers to discuss and promote the development of the ESF 8 portion for the County EOP. The development of the ESF 8 portion should include input from all components of the healthcare delivery network (e.g. hospitals, long-term care, home care, nursing homes, emergency care, EMS).
- **Provisions for the following should be included in either the ESF 8 portion or one of the Annexes:**
 - Containment measures
 - Training of staff and volunteers [i.e. medical emergency procedures, Incident Command System (ICS), NIMS, infection control, personal preparedness, and personal protective equipment (PPE)].
 - Criteria for isolation and quarantine measures
 - Quarantine enforcement procedures for potentially exposed healthcare personnel
 - Procedures and legal authorities responsible for implementing and enforcing containment measures
 - At risk individuals (e.g. special needs of vulnerable and hard-to-reach patients)
 - Isolating and/or cohorting patients that are determined to have known or suspected “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases (i.e. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, or potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain).
 - Continuity of essential services to those affected by containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.

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- Appropriate monitoring of those affected by containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings.
- Develop plans to ensure access to and use of information systems [e.g. Alabama's National Electronic Disease Surveillance System (ALNBS), NEDSS, Countermeasure Response Administration (CRA)] that support the reporting, investigation, control, and prevention with regard to "cases of public health importance – as determined by the reporting healthcare provider" and other Notifiable Diseases (e.g. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, nuclear, explosive, or potential cases or local outbreaks of any microbiological/viral disease caused by a novel or pandemic strain).

➤ Educate healthcare facilities about the role of ADPH during medical emergencies.

LCMS Question 11 - Have the efforts for the development of the ESF 8 portion been coordinated with all components of the healthcare delivery network?

- 100 percent;
 At least 50 percent; or
 None, 0 percent

LCMS Question 12 - Does the ESF 8 portion include provisions for the following:

Criteria for isolation and quarantine?

- Yes or No

Procedures and legal authorities responsible for implementing and enforcing containment measures?

- Yes or No

Appropriate monitoring of those affected by containment measures?

- Yes or No

Collection and data entry of counter measures used (vaccine/prophylaxis administration, isolation, quarantine, and even death)?

- Yes or No

Redundant access to information systems (e.g. ALNBS, CRA, AIMS, ALERT)?

- Yes or No

Best Practices/Planning Tools:

1. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Bioterrorism, Chemical Terrorism, and Weapons of Mass Destruction** sections located in the [Online Courses](#)

Goal 2 - Objective 3: Roles & Responsibilities

It is important that ADPH have agreements with partner planning agencies. The EMA EOP, ESF 8 portion should designate the roles and responsibilities for each of the key stakeholders/sector representatives. The plan should include the integration of state, local (county), tribal, territorial (Public Health Area-PHA), and regional plans across county and state boundaries.

ADPH CEP & EP Team Responsibilities:

- Work with county EMA office.
- Discuss and help key stakeholders/sector representatives to define their roles and responsibilities while encouraging incorporation within emergency plans (agency, county, and state).

LCMS Question 13 - Does the **EMA EOP** list roles and responsibilities for other key stakeholders/sector representatives at all levels?

Yes or No

LCMS Question 14 - Does the **ESF 8 portion** list roles and responsibilities for other key stakeholders/sector representatives at all levels?

- 100 percent;
 At least 50 percent; or
 None, 0 percent

Best Practices/Planning Tools:

1. Refer to the [Alabama Emergency Management Agency \(AEMA\) state Emergency Operations Plan \(EOP\)](#) and the Emergency Support Function (ESF) 8 portion of the state EOP [ADPH EOP ESF #8](#) in the [ADPH Response Plan](#) folder in ALERT.
2. Check [AEMA](#) for planning resources. Contact the [local EMA](#).

Goal 2 - Objective 4: County Incident Command System

NOTE: This Objective also has area level components.

Incident Command System (ICS) that is based on NIMS is required for the coordinated emergency response.

ADPH CEP & EP Team Responsibilities:

- Participate in local planning to develop an incident command system using county staff. The county can choose to utilize emergency responders within the county that will coordinate with local ADPH to provide the ESF 8 function with all-hazards.
- Refer to the [US Census Bureau](#) and this mapping [Tool](#) that drills down to the county level
- Base the ICS chart on the following:
 - Population of county under 100,000, then only 1 primary in the ICS chart required.
 - Population of county over 100,000 will be required to have 1 primary and 2 alternates in the ICS chart.

LCMS Question 15 - What is the population of the county?

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LCMS Question 16

ICS Positions	Name (If ADPH staff, please designate whether the staff is county or area)	Phone	Email	First Alternate (If ADPH staff, please designate whether the staff is county or area)	Second Alternate (If ADPH staff, please designate whether the staff is county or area)
Incident Commander				Name: Phone: Email:	Name: Phone: Email:
Logistics Chief				Name: Phone: Email:	Name: Phone: Email:
Finance Chief				Name: Phone: Email:	Name: Phone: Email:
Planning Chief				Name: Phone: Email:	Name: Phone: Email:
Operations Chief				Name: Phone: Email:	Name: Phone: Email:
External Liaison				Name: Phone: Email:	Name: Phone: Email:
Safety and Security				Name: Phone: Email:	Name: Phone: Email:
Public Information Officer				Name: Phone: Email:	Name: Phone: Email:

Best Practices/Planning Tools:

1. Refer to the [FEMA – NIMS courses](#).

Goal 2 - Objective 5: Legal Issues

Legal Authority

It is essential to involve legal authorities in emergency planning efforts. Legal authorities as opposed to “statutory authorities,” are governmental leaders such as County/Area Administrator, Local Health Officer, Probate Judge, and County Commissioner Chair, County Board of Health will be the individuals to implement the EMA EOP, ESF 8 portion and declare a public health emergency.

ADPH CEP & EP Team Responsibilities:

- Work with county or state EMA office. Check [AEMA](#) for planning resources. Contact the [local EMA](#).
- Determine all county legal authorities, especially those relevant to ESF 8 including but not limited to: case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, mutual aid, and plan implementation.
- Community planning should be transparent to all key stakeholders/sector representatives.
- Work with Area Administrator to meet this objective.

LCMS Question 17- Have the county legal authorities participated in planning efforts?

Yes or No

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LCMS Questions 18 - List all local legal authorities (update with changes based on elections/rotational positions).

Legal Authority	Name	Phone	Email	Area of Responsibility
County Administrator				
LCMS Question 19 Local Health Officer (LHO) (If no LHO, list State Health Officer)				
Probate Judge				
County Commission Chair				
County Board of Health Members if applicable (not all counties have active BOH)				

Best Practices/Planning Tools:

1. Refer to the following: [CDC Public Health Law Website](#).
2. Refer to the [Public Health Laws Updates](#) document located on [ADPH General Counsel website](#) (to find specific legal topics please utilize the word search feature).

3. State Responsibility

Program	Name	Phone	Email
Alabama Governor	Dr. Robert Bentley	334-242-7100	http://www.governor.state.al.us/contact.aspx
ADPH State Health Officer	Dr. Donald Williamson	334-206-5200	administration@adph.state.al.us
ADPH General Counsel	Pat Ivie	334- 206-5209	Pat.ivie@adph.state.al.us

Memoranda of Understanding/Agreement (MOU/MOA)

NOTE: This Objective also has area level components.

Memoranda of understanding or agreement (MOU or MOA) between jurisdictions exist for the all hazards emergency response addressing mutual and other cross- jurisdictional needs in some areas.

ADPH CEP & EP Team Responsibilities:

- **Do not secure an MOU/MOA without consult from the ADPH Office of General Counsel.** Refer to the document **MOU Template** located on the [CEP Secure Site](#).
- Work with county or state EMA office.
- Determine what MOU/MOAs exist that supports the ESF 8 portion and all annexes.

LCMS Question 20- Does a formalized county MOU/MOA exist for support of the SNS Plan?

Yes or No

LCMS Question 21 - Does a formalized county MOU/MOA exist with neighboring jurisdictions for mutual aid support of the ESF 8 portion and all annexes?

Yes or No

If yes, does the mutual aid MOU/MOA address communication?

Yes or No

LCMS Question 22 - Have all MOU/MOAs specific to ESF 8 support been posted in ALERT?

Yes or No

Best Practices/Planning Tools:

1. Refer to ADPH document - **MOU Template** located on the [CEP Secure Site](#).
2. Check [AEMA](#) for planning resources. Contact the [local EMA](#).

Goal 2 - Objective 6: Security Issues

Security issues must be addressed within the emergency medical response. The EMA EOP ESF 8 portion should identify local law enforcement personnel who will maintain public order and help implement control measures to be utilized during medical emergencies.

Movement restrictions within, to, and from the county may need to be implemented during a medical emergency response. The county EMA EOP ESF 8 portion should include provisions for **movement restrictions (i.e. healthcare facility shelter-in-place or evacuation)** for “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases (e.g. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, nuclear, explosive, or potential cases or local outbreaks of any microbiological/viral disease caused by a novel or pandemic strain).

Law enforcement (LE) issues are addressed within the EMA EOP, however it is important for public health to educate and include LE in the specific needs related to the medical emergency response. This can be accomplished through the LEPC or other local planning committees. Some of the specific needs may include what constitutes a “law enforcement” medical emergency specific for ESF 8 as well as encouraging local law enforcement to develop personal/family preparedness plans.

ADPH CEP & EP Team Responsibilities:

- Meet (in person or phone) and maintain contact with local law enforcement officials.
- Become involved with local law enforcement in planning efforts and develop a planning partnership with local law enforcement.
- Determine jointly with local law enforcement and other county emergency planners (i.e. EMA, LEPC, and All-Hazards Preparedness Committee) what constitutes a “law enforcement” medical emergency (ESF 8).
- Educate and provide resources for local law enforcement on medical emergencies and personal/family preparedness.

LCMS Question 23 - Has the county determined what will constitute a “law enforcement” medical emergency?

Yes or No

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LCMS Question 24 - Have the local law enforcement officials been educated and provided educational resources on medical emergencies?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

LCMS Question 25 - Have the local law enforcement officials been educated and provided educational resources on personal/family preparedness?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

LCMS Question 26 - Does the EMA EOP ESF 8 portion include provisions for **security** related to a medical emergency?

- Yes or No

Movement restrictions?

- Yes or No

LCMS Question 27 - Has local law enforcement participated in planning efforts?

- Yes or No

LCMS Question 28 - Has the county EMA participated in planning efforts?

- Yes or No

LCMS Question 29 - Have county elected officials participated in planning efforts?

- Yes or No

LCMS Question 30 - List the law enforcement contacts for the county.

County/City Law Enforcement Contact	Organization	Phone	Email

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Best Practices/Planning Tools:

1. State Guidance

Program	Name	Phone	Email
Alabama Governor	Dr. Robert Bentley	334-242-7100	http://www.governor.state.al.us/contact/contact_form.aspx
ADPH State Health Officer	Dr. Donald Williamson	334-206-5200	administration@adph.state.al.us

2. For checklists, webcasts on demand, protocols, and plans refer to the [Resources for First Responders](#).

Goal 2 - Objective 7: Procedures for Requesting Resources

The process for requesting, coordinating, and approving requests for resources to county, state, and federal agencies should be clear to all key stakeholders/sector representatives. This will be accomplished through the AEMA and local EMA.

ADPH has purchased bus conversion kits that will be distributed to the county EMAs. These units (enough to convert about 102 buses) are an effective and efficient way to evacuate and transport large numbers of special needs patients, casualties, and others who require non-ambulatory transport. These units can quickly and easily retrofit buses into mass casualty transport vehicles. There are 2 kits per bus and can be used in a passenger or mass transit bus as well as the typical school bus. The buses, once converted, can safely transport 18 persons on stretchers with IV capability, 6 operators, and medical support equipment. Each bus can be converted in about 2 hours. Currently, 36 county EMAs plus the IHS Poach Creek Indians are scheduled to receive kits.

ADPH CEP & EP Team Responsibilities:

- Work with county, regional, and/or state EMA office.

LCMS Question 31 - Does ESF 8 county planning include procedures for coordinating, approving, & requesting resources?

Yes or No

LCMS Question 32 - Does this county or an adjacent county have access to at least one bus conversion kit?

Yes or No

Best Practices/Planning Tools:

1. Refer to the [Alabama Emergency Management Agency \(AEMA\) state Emergency Operations Plan \(EOP\)](#) and the Emergency Support Function (ESF) 8 portion of the state EOP [ADPH EOP ESF #8](#) in the [ADPH Response Plan](#) in ALERT.
2. Check [AEMA](#) for planning resources. Contact the [local EMA](#)
3. Refer to the [ADPH Assets](#) presentation.

Goal 2 - Objective 8: Pandemic Influenza Continuity of Operation Plan

Before, during and after a pandemic influenza outbreak, the Alabama Department of Public Health (ADPH) has a responsibility to ensure the continuation and delivery of essential public health services while providing for the emergency healthcare needs of the population. In addition, ADPH is responsible for educating and consulting with all organizations about developing a Pandemic Influenza (PI) Continuity of Operations Plan (COOP). ADPH Incident Command coordinates pandemic response activities in all sectors, in cooperation with the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health and Human Resources (HHS) and the World Health Organization (WHO).

ADPH CEP & EP Team Responsibilities:

- Work with the EMA and key stakeholders/sector representatives to develop a PI COOP addressing the following items:
 - Support for the detection of and response to outbreaks of influenza potentially caused by a novel or pandemic strain.
 - Communication measures specific to the county for detection of and response to pandemic flu.
 - Inclusion of the Pandemic Severity Index (PSI), WHO Alert Phases, United States Government (USG) Stages and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)
 - Nonpharmaceutical interventions (NPI)
 - Reporting of PI-related fatalities to ADPH on a daily basis outside of the death certificate system
 - Recruit organizations for the Free Personal Protective Equipment (PPE)
 - Educate all citizens in their counties about PI and PI personal preparedness
 - Educate and consult with municipal and county government agencies in developing their PI COOP
 - Participate in all PI exercises conducted in the county
 - Promote SHARE subscription for organization's emergency planners
 - Promote do10 Fight the Flu Campaign during the annual flu season

- Work with EMA to update the MOU/MOA to include PI. Please refer to [Goal 2, Objective 5 MOU/MOA](#).

LCMS Question 33 - Have the ADPH county staff been consulted in the formation of the PI COOP?

Yes or No

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LCMS Question 34 - Does the CHD PI COOP include provisions for the following:

Support for detection of and response to pandemic influenza?

Yes or No

Communications measures specific for pandemic influenza?

Yes or No

Pandemic Severity Index (PSI), WHO Alert Phases, USG Stages, and CDC Influenza Intervals (Federal Pandemic Influenza Intervals)?

Yes or No

Nonpharmaceutical interventions (NPI)?

Yes or No

Reporting influenza-related fatalities to ADPH on a daily basis, outside of the death certificate system?

Yes or No

How decedents should be handled/stored (home deaths, institutional deaths) if timely pickup is not available?

Yes or No

Best Practices/Planning Tools:

1. Refer to the document pages 12-19 of the [**FEDERAL GUIDANCE TO ASSIST STATES IN IMPROVING STATE-LEVEL PANDEMIC INFLUENZA OPERATING PLANS.**](#)
2. Refer to the document [**ANNEX: RESOURCE DOCUMENTS**](#) – Resources to Provide Guidance for Employers and Individuals in the State.
3. Refer to the Homeland Security Council [**THE NATIONAL STRATEGY FOR PANDEMIC INFLUENZA-- IMPLEMENTATION PLAN**](#) pages 103-106 for the WHO Global Pandemic Phases and the Stages for Federal Government Response.
4. Refer to the document [**Pandemic Influenza Periods, Phases, Stages, and Intervals.**](#)

Goal 2 - Objective 9: Continuity of Operations Plan (COOP) – Continuity of Government (COG)

NOTE: This Objective also has area level components.

COOP planning will be initiated on an area level with specific plans developed on county and state levels. The EMA should serve as the lead for this task, however public health and other stakeholder involvement is essential.

Each county should develop a **Continuity of Government (COG) which is a compilation of multiple county agencies' Continuity of Operations Plans (COOP) specific for the county operations.** The County COOP should be developed in conjunction with the county EMA and key stakeholders/sector representatives and must contain the pandemic influenza considerations. The pandemic influenza considerations include, but are not limited to, up to 40% absenteeism, affect all counties and sectors simultaneously, and economic and social disruptions (see table below).

Secondly, the **County Health Department (CHD) must develop a COOP plan for ADPH county staff per State Health Officer, Dr. Donald Williamson.** These plans will be posted in Lotus Notes as required by central office management.

ADPH CEP & EP Team Responsibilities:

- Work with EMA and key stakeholders/sector representatives to develop a County COOP, including PI COOP.
- Coordinate the development of the **County COG and CHD COOP, including PI COOP** and provide guidance and technical assistance to the county staff.

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County COG

LCMS Question 35 - Has the county developed a **County COG** or are county agency **COOPs** included as part of the **County EOP**?

Yes or No

If yes, please answer the following:

Did the county EMA serve as the lead for the County COG development?

Yes or No

Were key stakeholders/sector representatives involved?

Yes or No

Are there provisions for the following:

HHS and FEMA Key Elements	Is this included in the County COG?	PI COOP	HHS and FEMA Key Elements	Is this included in the County COG?	PI COOP
Plans and Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee-Labor Relations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Functions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay and Leave Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hiring Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delegation of Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telework and Information Technology Capabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orders of Succession	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety and Health for Employees and their Families	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary and Alternate Operating Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test, Training and Exercise of County COG	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital Records and Databases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supply Chain and Other Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

CHD COOP

LCMS Question 36 - Has the ADPH Area Administrator assigned ADPH staff within the county to address COOP for the CHD?

Yes or No

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LCMS Question 37 - Has a CHD COOP been developed?

Yes or No

If yes, please answer the following:

Is the CHD short-term or long-term COOP posted in Lotus Notes?

Yes or No

Is the CHD PI COOP posted in ALERT?

Yes or No

Are there provisions for the following:

HHS and FEMA Key Elements	Is this included in the CHD COOP?	PI COOP	HHS and FEMA Key Elements	Is this included in the CHD COOP?	PI COOP
Plans and Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee-Labor Relations	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Functions	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pay and Leave Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Essential Staff	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hiring Policies	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Delegation of Authority	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Telework and Information Technology Capabilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Orders of Succession	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety and Health for Employees and their Families	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Primary and Alternate Operating Facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Test, Training and Exercise of CHD COOP	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communications	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Recovery	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vital Records and Databases	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Supply Chain and Other Resources	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Best Practices/Planning Tools:

1. State Guidance

ICS	Job Title	Contact	Phone	Email
Planning Chief	Administrative Officer	Ed Davidson	334-206-5233	edavidson@adph.state.al.us

2. The following documents are located on the ADPH website to help develop the County COOP and Fatality Management Plans: [Cover Letter for PI COOP and Fatality Management Templates](#), [County and Municipal PI and Fatality Management Templates Documentation Form](#), [County and Municipal Government PI COOP/Operational Plan Template](#) , and [County and Municipal Fatality Management Plan Template](#).

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3. For explanation of **Key Elements in planning** please visit [HHS](#) and [FEMA](#).
4. Visit ADPH [Resources For Continuity of Operations \(COOP\) Planning](#) webpage.

Goal 2 - Objective 10: Mass Fatality/Fatality Surge Annex

Mass fatality events can occur any day and often result from floods, tornadoes, hurricanes, multiple vehicle accidents, fires, droughts, pandemic influenza outbreaks, and other natural disasters. However, mass fatalities can also occur as a result of human intervention – such as school, mall, and church shootings, or terrorist attacks. The ESF 8 section of the County EOP should contain provisions for fatality surge including victim identification and mortuary services. These two activities are of great importance but not performed by ADPH.

Therefore coordination and planning with the appropriate authorities must take place for a comprehensive Mass Fatality/Fatality Surge Annex to be developed.

Mass fatality plans should include consideration for a short term event where additional resources such as the State Mortuary Operations Response Team (SMORT) or the federal mortuary team (DMORT) are available and events (severe pandemic or a widespread catastrophic event) where outside resources would not be available.

It is recommended that a system be in place to extract fatality data if the need should arise during a response in order to address epidemiological concerns.

ADPH CEP & EP Team Responsibilities:

- Participate in the local fatality surge planning utilizing guidance from State Fatality Management Planning Workgroup.
- Conduct meetings with local emergency management personnel, the local Coroner/Medical Examiner, mortuary services personnel, hospital and nursing home and other response partners within the county (e.g. funeral homes and crematoriums).
- Work with EMA, the Coroner/Medical Examiner mortuary services and other partners to develop/review a county specific annex to the EOP that addresses the following mass fatality response planning considerations:
 - Victim identification
 - Storage
 - Mass burial
 - Local temporary burial sites
 - Transportation resources
 - Documentation of deaths
 - Burial location
 - Tracking personal effects of decedents
 - Cultural concerns
 - Community education

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Assessment and Mass Fatality/Fatality Surge Annex development

LCMS Question 38 - Are Coroners/Deputy Coroners/Medical Examiners and Mortuary Services participants included in planning for a mass fatality response?

Yes or No

LCMS Question 39 - Are local hospital and nursing home staff included in mass fatality planning?

Yes or No

LCMS Question 40 - Does each hospital/nursing home have an organizational mass fatality plan?

100 percent;

At least 50 percent; or

None, 0 percent

If yes, were the hospital/nursing home plans coordinated with **EMA and coroner** during plan development?

Yes or No

LCMS Question 41 - Please list all that are available in the county.

	Name	Phone	Email
Coroner			
Deputy Coroner(s)			
Medical Examiner			

LCMS Questions 42 - List of mortuary facilities, funeral homes, and crematoriums in the county

Mortuary Type	Facility Name	Contact	Phone and Email	Normal Daily Load	Max Daily Load

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LCMS Question 43 - Does the EMA EOP ESF 8 portion include provisions for **mass fatality/fatality surge management** or a Mass Fatality/Fatality Surge Annex?

Yes or No

If yes, does it address the following:

Decedent Recovery (e.g. responsible agency, documenting location, transportation to morgue, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Methods for Requesting State/Federal Assets	<input type="checkbox"/> Yes <input type="checkbox"/> No
Family Relations Management (e.g. notification, grief services, collecting antemortem data, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	How State/Federal assets would be Incorporated into the Response	<input type="checkbox"/> Yes <input type="checkbox"/> No
Victim ID	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Assistance Centers (set up, staffing, collecting antemortem data, mental health /behavioral health services etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Response Personnel Needs (e.g. mental, medical, financial)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Availability of a death reporting system outside of normal death certificate system	<input type="checkbox"/> Yes <input type="checkbox"/> No
Management of Decedent Personal Effects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Decedent Decontamination	<input type="checkbox"/> Yes <input type="checkbox"/> No
Morgue Staff/Location/Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chain of Custody/ Forensic Evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No
Collection of and data entry for deaths	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identification of fatality surge capabilities and resources (e.g. cold storage, non cold storage, transportation assets, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the coroner/medical examiner use the Alabama Coroner Association (ACA) software system CoronerME?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LCMS Question 44 - Has the Mass Fatality/Fatality Surge Annex been coordinated with previously developed plans, procedures, protocols, and systems?

Yes or No

LCMS Question 45 - Can the Mass Fatality/Fatality Surge Annex easily be utilized to build an incident action plan (IAP)?

Yes or No

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Best Practices/Planning Tools:

1. The [ADPH Center for Health Statistics](#) operates the vital records system and collects and tabulates health-related statistical data for the state of Alabama. The center files, stores, and issues certified copies of vital records including birth, death, marriage, and divorce certificates for events that occur in Alabama. An automated vital records system called ViSION or Vital Statistics Image Oriented Network allows vital records to be issued through all 67 county health departments.
2. For more information and planning tools please visit the ADPH [Fatality Management During a Pandemic and Other Emergency Events](#) webpage.
3. The following documents are located on the ADPH website to help develop the County COOP and Fatality Management Plans: [Cover Letter for PI COOP and Fatality Management Templates](#), [County and Municipal PI and Fatality Management Templates Documentation Form](#), [County and Municipal Government PI COOP/Operational Plan Template](#) , and [County and Municipal Fatality Management Plan Template](#).
4. Refer to the International Committee of the Red Cross (ICRC) document [Management of Dead Bodies after Disasters: A Field Manual for First Responders](#)
5. Refer to pages 519-542 in the [Target Capabilities List: A companion to the National Preparedness Guidelines](#) located in the Pandemic Influenza/[BEST PRACTICES](#) folder ALERT.
6. Refer to the [Mass Fatality Improvement Plan 7-25-08](#) located in the Pandemic Influenza/ [BEST PRACTICES](#) folder and the [Fatality Management During a Pandemic & Other Emergency Events -- AAR/IP](#) located in the [Exercise After Action Reports](#) folder in ALERT.

Goal 2 - Objective 11: Healthcare Providers

Plans

Healthcare providers (e.g. Hospital, Nursing Home, Emergency Medical Services (EMS), Community Health Centers, etc.) should develop and exercise emergency operation plans (EOP) for their agency and coordinate their actions with community emergency response partners. Many are required to do this by The Joint Commission or other regulating entities.

ADPH CEP & EP Team Responsibilities:

- Meet with healthcare providers to discuss and promote the development of their EOP.
- In planning for healthcare provider staff absenteeism, certain providers may have to examine effects of how discipline specific absence (e.g., what percentage of medical doctors (MD), registered nurses (RN), paramedics, emergency medical technicians (EMT), Housekeeping, Dietary, etc.) impacts operations.
- Provisions as previously listed in [Goal 2 - Objective 2 – ESF 8](#) as well as the following should be addressed in the healthcare provider’s EOP.
 - Potential needs of the provider during an emergency medical response.
 - Determine from the provider what they would consider a “medical staffing emergency”.
 - Discuss with the provider and support their efforts to develop their agency’s EOP and satisfy their exercise requirements.
 - Educate each provider on the importance of coordinated efforts among all healthcare providers ensuring an adequate medical emergency response.
 - Protection and support of healthcare provider staff (e.g., PPE, Negative air pressure, and high efficiency particulate air (HEPA) filtration systems).
 - Analyze and discuss with healthcare providers a feasible and functional evacuation plan spanning all hazards scenarios.

LCMS Question 46 - Have the needs of healthcare providers along with the expectations regarding public health and the emergency medical response been discussed with healthcare providers within the county?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

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LCMS Question 47 - Has all-hazards evacuation planning been discussed with the healthcare providers within the county?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

LCMS Question 48 – Does the county have a hospital?

- Yes or No

LCMS Question 49 - List all healthcare providers who work as a partner with public health within the county. ADPH should strive to educate and provide resources to ALL healthcare providers within the county.

Provider Type (Hospital, Community Health Center, EMS, Nursing Home, physician office, dialysis center, home health, blood bank, etc.)	Provider Name	Contact	Phone and Email	What is the Max Patient Capacity per day?	What percentage of staff absenteeism would cause a medical staffing emergency for the provider?

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LCMS Question 50 - In the table below, list each healthcare provider listed in the table above. Next, answer whether the following planning issues are included in the agency's EOP.

Provider Name	General Patient Care	Legal Issues	COOP	Medical Supplies	Medical Surge	Isolating patients	Staff Protection	Special Needs Populations	Staff Training	Quarantine of Exposed
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Best Practices/Planning Tools:

1. State Guidance

ADPH Program	Name	Phone	Email
Assistant Secretary Preparedness Response (ASPR)	Cheri Tillery	334-206-3395	cheri.tillery@adph.state.al.us
Epidemiology (EPI)	Kelly Stevens	334-206-7934	Kelly.stevens@adph.state.al.us
Center for Emergency Preparedness (CEP)	Andy Mullins	334-206-3394	andy.mullins@adph.state.al.us
Computer Systems Center (CSC)	Keith Higginbotham	334-206-5264	Keith.Higginbotham@adph.state.al.us
General Counsel (GC)	Pat Ivie	334-206-5209	Pat.ivie@adph.state.al.us
Chronic Disease Prevention (CDP)	Bob Hinds	334-206-5300	Bob.Hinds@adph.state.al.us

2. Refer to the [Alabama Healthcare Disaster Planning Guide](#).
3. Refer to the following CDC guidance documents - [Supplement C: Preparedness and Response In Healthcare Facilities - Appendix C2: Checklist for SARS Preparedness in Healthcare Facilities](#) and [Supplement D: Community Containment Measures, Including Non-Hospital Isolation and Quarantine - Appendix D5: Preparedness Checklist for Community Containment Measures](#).
4. Refer to the CDC document [Fact Sheet: Legal Authorities for Isolation and Quarantine](#).
5. Refer to the **Mass Care Shelter Nursing Protocol March 2008** located on the [CEP Secure Site](#) and Lotus Notes Document Library under Emergency Preparedness.

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6. Refer to the **Medical Needs Shelter Nursing Protocol April 2008** located on the [CEP Secure Site](#) and Lotus Notes Document Library under Emergency Preparedness.

AIMS - Medical Surge

It is essential during emergencies that medical resources and information be monitored on a daily basis. Each county must include in their ESF 8 portion a system or plan to obtain and track information daily during a medical emergency (e.g. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, nuclear, explosive, or potential cases or local outbreaks of any microbiological/viral disease caused by a novel or pandemic strain). The ESF 8 portion **MUST** include specific measures for the following:

- Daily number of new hospital admissions
- Daily number of new quarantined persons
- Number of hospitals with patients related to the medical emergency
- Number of deaths within the county related to the medical emergency
- Number of discharged patients
- Number of EMS transport units available

The above information may be captured through the AIMS system. AIMS provides situational awareness and knowledge acquisition for healthcare response in one place, in real time and is designed around the Incident Command System. AIMS enhances local, regional or statewide surge capacity and capability. AIMS is composed of six modules including data entry modules for hospitals, community health centers, medical needs shelters, nursing homes, and EMS. The EOC module is monitored by public health, the hospital association, and EMA. By maintaining situational awareness, healthcare response is greatly improved by utilizing the current response and support networks existing in the area, region, or state. If AIMS is not available, other measures could include utilization of email, phone, VHF H.E.A.R. system radios (this system is supposed to be in every single med control hospital and ambulance in the state of AL), Southern Linc, fax, etc. and should be noted in the ESF 8 portion.

Region IV Unified Planning Coalition (UPC) - Following the 2004 and 2005 hurricane seasons, it was apparent that interstate planning was needed within the public health and medical emergency response systems. In March of 2006, health and medical representatives from FEMA Region IV states (AL, GA, FL, MS, KY, TN, NC and SC) and Health and Human Services (HHS) partners met to address interstate planning and response. Out of this meeting of public health and medical (ESF8) leaders, the Region IV ESF 8 Unified Planning Coalition (UPC) was developed. The group continues to meet and address disaster related health and medical issues.

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The mission of the UPC is to enhance the member states' ability to prepare for public health and medical response to incidents or events. The group frequently conducts conference calls to address health and medical issues which are or may impact any of the Region IV states. The group also helps to identify potential resources in advance of an Emergency Management Assistance Compact (EMAC) request to accelerate the process. *EMAC is a congressionally ratified organization that provides form and structure to interstate mutual aid. Through EMAC, a disaster impacted state can request and receive assistance from other member states quickly and efficiently, resolving two key issues upfront: liability and reimbursement.* In addition to regional planning, the group has worked together to support each other during: the KY ice storm of 2009, the H1N1 response, hurricanes that affected any of the Region IV States, and the Haiti earthquake response.

The **National Disaster Medical System (NDMS)** is a federally coordinated system that augments the Nation's medical response capability. The overall purpose of the NDMS is to supplement an integrated National medical response capability for assisting State and local authorities in dealing with the medical impacts of major peacetime disasters and to provide support to the military and the Department of Veterans Affairs medical systems in caring for casualties evacuated back to the U.S. from overseas armed conventional conflicts.

The National Response Framework utilizes the National Disaster Medical System (NDMS), as part of the Department of Health and Human Services, Office of Preparedness and Response, under Emergency Support Function 8 (ESF 8), Health and Medical Services, to support Federal agencies in the management and coordination of the Federal medical response to major emergencies and federally declared disasters including:

- Natural Disasters
- Major Transportation Accidents
- Technological Disasters
- Acts of Terrorism including Weapons of Mass Destruction Event

The **Birmingham Regional Emergency Medical Services System (BREMSS)** is administratively a component of the University of Alabama at Birmingham (Health System) with policy direction provided by a Board made up of representation of local governments, hospitals, physicians, nurses, emergency medical technicians (EMTs), and other EMS provider groups from throughout a seven-county region. This seven-county region is located in central Alabama and encompasses the counties of Blount, Chilton, Jefferson, St. Clair, Shelby, Walker and Winston. BREMSS is responsible for overall coordination of and improvements in the pre-hospital emergency medical care system within these seven counties and the subsequent city jurisdictions.

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Alabama Trauma System (ATS) - Alabama is currently in the process of developing a statewide trauma system which will help save lives and reduce the burden of trauma. The system will improve the chance of survival, regardless of proximity to an urban trauma center. The trauma system is voluntary and all hospitals are invited to participate. Participating hospitals will be designated as levels one, two, or three, depending on their resources and services availability. Hospitals will be inspected to verify that they can provide the level of care for which they have applied. The **ATS** will be built around a high-tech communication center that coordinates patient transport to the appropriate initial facility. The communication center will also facilitate transfer of patients that must be stabilized locally before transfer for definitive care. All of this will be accomplished with a computer system network and 24/7 staff that will maintain up-to-the-minute status on all trauma hospitals and resources. This system will be monitored by a quality improvement process to fix problems and ensure a high level of care.

ADPH CEP & EP Team Responsibilities:

- Identify healthcare providers within the county that have AIMS access.
- Enable and train healthcare providers within the county to utilize AIMS during emergencies.
- Identify redundant methods to report medical resources and information if AIMS is not available.

LCMS Question 51 - Are countermeasures for reporting medical resources and information included in the ESF 8 portion?

Yes or No

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LCMS Question 52 - Please list all the healthcare providers with AIMS access in the county.

Provider Type	Preferred AIMS backup method (e.g. email, phone, VHF H.E.A.R. system radios (this system is supposed to be in every single med control hospital and ambulance in the state of AL), Southern Linc, fax, etc.	Provider Name	Contact	Phone	Email	Have the appropriate employees in the facility been trained? If NO, please list a date when they will be trained.
Hospital						
ADPH						
Community Health Center						
EMS						
Nursing Homes						

Best Practices/Planning Tools:

1. Visit the login for [AIMS](#).
2. **State guidance for AIMS, contact CEP at 334-206-3394.**
3. For AIMS Training visit the [ARRTC](#) website.
4. Refer to the CDC document [Fact Sheet: Legal Authorities for Isolation and Quarantine](#).
5. For more information visit the [NDMS](#) website.
6. For more information visit the [BREMMS](#) website.
7. For more information visit the [ATS](#) website.
8. For more information visit the [EMAC](#) website.
9. For more information regarding **VHF H.E.A.R. system radios** requirements please note **ALABAMA STATE BOARD OF HEALTH, ALABAMA DEPARTMENT OF PUBLIC HEALTH, ADMINISTRATIVE CODE, CHAPTER 420-2-1 EMERGENCY MEDICAL SERVICES – [420-2-1.10 Ground Vehicle And Service Standards \(2\) \(d\)](#)**

Goal 2 - Objective 12: Shelters and Altered Standards of Care

Altered Standards of Care Planning Guidance - According to The Office of the Assistant Secretary for Preparedness and Response ASPR 2008 guidance, the terms alternate and alternative care sites are interchangeable. Level of care will be specific to the availability of resources within a community (e.g., hospital, community health center.). ADPH is the lead agency for coordination of medical resources during an emergency; however this is a coordinated effort between healthcare facilities and EMA. Coordination of planning efforts is stated in The Joint Commission (TJC), HHS, ASPR, CDC, and FEMA requirements. Coordination of services is essential for urban and rural areas. During emergencies, supplies will be limited and plans for sharing of resources must be developed prior to an emergency event. The TJC Rationale for EC.4.11 states “An emergency in a health care organization or in its community can suddenly and significantly affect demand for its services or its ability to provide those services. Therefore, it is important that organizations define a comprehensive approach to identifying risks and mobilizing an effective response within the organization as well as in collaboration and coordination with essential response partners in the community”.

There are several different types of shelters (Mass Care Shelter, Medical Needs Shelters, Comfort Care Center, and Alternative/Alternate Care Sites) that could be opened during emergencies. First, healthcare facilities working with [local EMA](#) and [ADPH](#) should determine what level of care the local community will be able to support (e.g., MCS, MNS, CCC, or ACS and the type of event (e.g., hurricane, PI, tornado, WMD). It is essential that collaborative discussions begin on a local level due to the fact that during emergency situations resources could be limited. Basically, the way a coordinated response should progress is local, regional, state, and then national. ADPH is supporting the local level by working on statewide adopted altered standards of care and state level emergency proclamations.

Based upon issues and concerns expressed by healthcare facilities related to altered standards of care, groundwork for the development of statewide altered standards of care has begun with the ventilator triage. The [Criteria for Mechanical Ventilator Triage Following Proclamation of Mass Casualty Respiratory Emergency](#) was created by the Healthcare Sector Review Board as the foundation for all altered standards of care and was presented to the six hospital regions for input in 2009.

Below is a description of each type of shelter and the lead agency that is responsible. It is essential that specific shelter planning start at the local level and involve healthcare facilities. A local community working together can combine and maximize resources.

Medical Needs Shelter

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

Mass Care Shelter

Mass care includes sheltering, feeding operations, emergency first aid, bulk distribution of emergency items, and collecting and providing information on victims to their family members ([FEMA](#)). The lead agencies for the state are Alabama Department of Human Resources (DHR) with support from the American Red Cross (ARC) and ADPH. 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. A MCS can hold several hundred people. A nurse from public health may be asked to make visits in a MCS to assess the shelterees' health and social needs. If needs are found, the nurse can refer the clients to a MNS or a social worker for further assistance. 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) concept 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

According to the 2008 ASPR guidance, the terms alternate and alternative care sites are interchangeable. The Joint Commission (TJC) -Standard EM.02.01.01, EP 7. “The Emergency Operations Plan identifies alternative sites for care, treatment, and services that meet the needs of its patients during emergencies.”

U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Preparedness and Response (ASPR), Office of Preparedness and Emergency Operations (OPEO), Division of National Healthcare Preparedness Programs (DNHPP) – Alternate Care Sites “(ACS) planning must be conducted by closely working with HHS Regional Emergency Coordinators (RECs), local health departments, State public health agencies, State Medicaid Agencies, State Survey Agencies, provider associations, community partners, State mental health and substance abuse authorities and neighboring and regional healthcare facilities.” 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 truck. These supplies are limited and available on a priority basis. ADPH employees may be required to serve on the Medical Station Set-Up Teams.

ADPH Mobile Disaster Pharmacy

The ADPH Mobile Disaster Pharmacy (AMDP) unit is professionally designed inside to function as a fully functional pharmacy. The prototype, a 33-ft.-long, by 14 ft. wide (includes awnings) provides full pharmacy services in the field. There is room enough to accommodate approximately six people to service patients. Inside the unit the sink and compounding area will accommodate normal individual compounding of pharmaceuticals. There is also a bathroom area.

Medications can be dispensed through one of the AMDP’s windows or service doors to an area sheltered by the unit’s large, retractable awning which also features side curtains to keep patients out of the weather. A full refrigerator provides for storage of items that need to be kept cold or frozen.

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ADPH CEP & EP Team Responsibilities:

- Work with healthcare facilities and [local EMA](#) to determine what level of care the local community will be able to support (e.g., MCS, MNS, CCC, or ACS and the type of event (e.g., hurricane, PI, tornado, WMD).
- Continue collaborative discussions with healthcare providers in the county to ensure a coordinated response beginning at the local level.
- Ensure that CHD Response Team member's information is current in ALERT Document Library. Updates should be posted as changes occur. CEP will verify changes biannually.
- Ensure that CHD Response Team members are trained to respond.

LCMS Question 53 - What level of care can this county support?

Check all that apply:

- Mass Care Shelter;
- Comfort Care Center;
- Medical Needs Shelter; or
- Alternative Care Site.

LCMS Question 54 - Has CHD Response Team member's information been updated in the ALERT Document Library?

- Yes or No

LCMS Question 55 - Have the CHD Response Team members been trained to respond?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

Best Practices/Planning Tools:

1. Refer to the [Alabama Healthcare Disaster Planning Guide](#).
2. Refer to the [Employee Manual for Emergency Response](#).
3. Refer the APIC document [Infection Prevention and Control for Shelters During Disasters](#).

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4. Refer to the **ADPH Mass Care Shelter Protocol** located on the [CEP Secure Site](#) and the ADPH Standing Order for a MCS in the ADPH Lotus Notes EP section of the Document Library.
5. Refer to the **ADPH Medical Needs Shelter Operations Manual** located on the [CEP Secure Site](#) and the ADPH Standing Orders for Medical Needs Shelters in the ADPH Lotus Notes EP section of the Document Library.
6. Refer to the **ADPH Medical Needs Shelter Nursing Protocol** located on the [CEP Secure Site](#).
7. Refer to the **Mobile Medical Station Manual** on the [CEP Secure Site](#)

Goal 3 – Community Health: Epidemiology, Environmental, Radiation, Infection Control, and Clinical Laboratories

Goal 3 - Objective 1: Epidemiological Response

The mission of the Epidemiology Division is to protect the residents of Alabama by monitoring and responding to cases of communicable, zoonotic and environmentally-related human diseases. The division strives to:

- Provide a statewide network of disease surveillance for early detection and timely response to disease threats, either naturally occurring or intentionally caused
- Conduct investigations of communicable disease outbreaks
- Implement interventions to reduce the occurrence of communicable diseases
- Provide technical expertise, consultation and assistance to healthcare professionals, institutions and communities throughout the state
- Protect citizens from diseases caused by environmental contaminants through education, alerts and warnings.

ADPH should develop procedures (**Who** and **How** to report), to be included in the ESF 8 portion that would be implemented to enhance (expand) surveillance during a medical emergencies for investigation and containment of potential cases or local outbreaks of “cases of public health importance. These enhanced procedures will help to ensure recognition of the first cases of the medical emergency in time to initiate appropriate containment protocols. Biosurveillance includes laboratory, epidemiology, and surveillance activities.

The ADPH Division of Epidemiology has developed policies and protocols for surveillance and investigations including the Rabies Control and Bite Manual, Surveillance Manual, Foodborne Outbreak Investigation Manual, Bloodborne Pathogens Manual, and Infection Control Manual. Additionally, several electronic systems and databases are used to report, investigate, and survey notifiable diseases, influenza (novel and seasonal), unique cases and cases of public health interest, natural disasters, syndromes, and outbreaks including the National Electronic Disease Surveillance System (NEDSS), the Alabama Incident Management System (AIMS), Alabama Emergency Response Technology (ALERT), Emergency Management Services (EMS) database, and EpiX,

Furthermore, the ADPH Division of Epidemiology is a partner in year round surveillance for seasonal influenza (i.e. virologic, outpatient visits, hospitalization, and mortality). The Influenza-like Illness Network (ILINet) and the Surveillance Reporting Network (SRN) includes over 200 providers statewide recruited to report not only influenza and influenza-

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like illnesses but also potential cases of public health importance. Also, the Alabama Department of Education reports student absenteeism levels daily to the Division of Epidemiology. Finally, ADPH has worked closely with Poison Control Centers in Birmingham and Tuscaloosa to improve communications and relay of syndromic data that may enhance early detection of disease cases, clusters, or outbreaks of public health importance.

ADPH CEP & EP Team Responsibilities:

- Train healthcare providers and ADPH staff within the county on Notifiable Disease and reporting measures.
- Determine with the Area EP Surveillance Nurse whether or not the county has a Sentinel Provider.
- Recruit additional healthcare facilities (i.e. hospital, physician office, or community health centers) that would be willing to submit specimens during an outbreak.

LCMS Question 56 - Are enhanced procedures for detection of an outbreak included in the ESF 8 portion?

Yes or No

If yes, are they based on ADPH Epidemiology/Disease Surveillance Plans?

Yes or No

LCMS Question 57 - Does this county have a sentinel influenza provider for Centers for Disease Control and Prevention (CDC)/ADPH influenza-like illness (ILI) surveillance?

Yes or No

If yes, list provider information

Sentinel Provider Organization Name	Sentinel Provide Contact Person	Phone	Email

If no, list provider information for attempted recruitment during the last quarter.

Sentinel Provider Organization Name	Sentinel Provide Contact Person	Phone	Email

LCMS Question 58 - Please list the surveillance nurse assigned to the county.

ADPH Surveillance Nurse	Name	Phone	Email

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LCMS Question 59 - Please list additional providers (two or more, if available) that would be willing to submit specimens during an outbreak.

Healthcare Facility Type (i.e. hospital, physician office, or community health centers)	Facility	ED Director or ICP Contact	Phone and Email	Date Discussed

LCMS Question 60 - Please list the county staff trained in outbreak investigations.

Disciplines	Name	Phone	Email
Surveillance Nurses			
Disease Intervention Specialists			
Social Workers			
Environmentalists			
Nurses			

Best Practices/Planning Tools:

1. For additional information for the United States, please refer to the [CDC Flu Activity & Surveillance: Reports & Surveillance Methods](#).
2. Visit the [Division of Epidemiology's Influenza](#) home page.
3. Please visit the [Alabama Notifiable Diseases/Conditions](#) website for more information.
4. Refer the CDC document [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007](#). This document has a table of contents to refer to various topics for infection control planning.
5. Refer the APIC document [Infection Prevention and Control for Shelters During Disasters](#).
6. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Epidemiology** section located in the [Online Courses](#)

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7. State Guidance

ADPH Program	Contact	Phone	Email
Epidemiology (EPI)	Tina Pippin	334-206-3983	tina.pippin@adph.state.al.us

Goal 3 - Objective 2: Lab Response & Protocols

The Bureau of Clinical Laboratories (BCL) has the capability for ongoing surveillance, rapid detection, confirmatory testing, data reporting, and laboratory networking to determine potential exposure to select biological and chemical agents or any agents that threatens the public's health. Specifically, the BCL serves as a reference laboratory for Alabama hospital and private health care providers and functions as a reference laboratory in the Laboratory Response Network (LRN). During a suspected threat event or exposure, the laboratory will analyze specimens, both environmental and clinical, when the Federal Bureau of Investigations (FBI) deems the event to be a credible threat. For those tests that the BCL do not perform, the specimens are forwarded to the Centers for Disease Control and Prevention (CDC) or other approved laboratories.

It is essential that healthcare facilities and their staff (frontline clinicians and laboratory personnel) are aware of protocols for safe specimen collection and testing, especially during a medical emergency. The hospital and private clinical laboratories serve as sentinel laboratories in the LRN at two levels. Those with specialized microbiological capabilities can become advanced sentinels whereas others are basic sentinels (i.e. non-specialized microbiological capabilities and Level 1 Chemistry labs). As such, the BCL ensures comprehensive training for rule-in/rule-out testing for select agents as well as proper packaging and shipping of biological and chemical agents. Protocols for proper specimen collection are described in the BCL Reference Manual. All packaging and shipping of specimens for testing must comply with IATA (International Air Transport Association) and DOT (Department of Transportation) regulations. Without proper packaging and labeling transit carriers will not accept and transport the package.

- **ADPH CEP & EP Team Responsibilities:** Consult with the Bureau of Clinical Laboratories to determine laboratories within the county that participate in the Laboratory Response Network (LRN).
- Team should familiarize themselves with the appropriate laboratory contacts for directing specimen testing.
- Become ambassadors for the BCL in recruiting hospitals with the required qualifications to become advanced sentinel laboratories.
- Become and remain knowledgeable on current protocols for safe specimen collection and submission procedures.
- Develop register of facilities/individual health care providers that would be able to collect patient samples (e.g., blood, urine.).

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- Identify those individuals within the county who have completed Sample Collection, Packaging and Shipping (SCPAS) training and can adhere to CDC/National Center for Environmental Health (NCEH) guidelines, inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism /Biomonitoring Laboratory for analysis. **These will be the individuals that are the resource within the county health department, area, and/or sentinel lab for collection during a potential event.**
- Provide documentation that said providers have successfully demonstrated proficiency in SCPAS.

LCMS Question 61 - Does the county have a sentinel lab?

Yes or No

If yes, please fill out the table below:

Sentinel Provider Organization Name	Sentinel Provide Contact Person	Phone	Email	Has this sentinel lab been included in planning efforts?	Has this person completed training for the packaging and shipment of biological samples?	Has this person completed SCPAS training and can adhere to CDC/NCEH guidelines, inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism /Biomonitoring Laboratory for analysis?
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
				<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No

LCMS Question 62 - Have all EP Team members been trained on current protocols for safe specimen packaging and submission procedures for biological and chemical samples?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

If no, has training been scheduled for the EP Team?

Yes or No

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LCMS Question 63 - List all ADPH staff within the county who have access to specimen kits and collection instructions.

CHD Staff	Name	Phone	Has this person completed training for the packaging and shipment of biological samples?	Has this person completed SCPAS training and can adhere to CDC/NCEH guidelines, inc. IATA & DOT rules for proper shipment of such specimens to the BCL Chemical Terrorism /Biomonitoring Laboratory for analysis?
EP Surveillance Nurse assigned to the county			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Alternate CHD Nurse			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No
Other ADPH Staff			<input type="checkbox"/> Yes or <input type="checkbox"/> No	<input type="checkbox"/> Yes or <input type="checkbox"/> No

Best Practices/Planning Tools:

1. It is a State Responsibility to write safe specimen collection and handling for submitting specimens. For more information visit the following [CDC website](#). The BCL Reference Manual should be consulted for these instructions. Lab contacts are in the table below.

ADPH Program	Contact	Phone	Email
State Clinical Laboratory (SCL)	Laboratory Director	334-260-3400	clinicallabemail@adph.state.al.us
State Clinical Laboratory (SCL) - Biological	BT Lab Coordinator		
State Clinical Laboratory (SCL) - Chemical	CT Lab Coordinator		

2. For more information, please visit the [Laboratory Response Network \(LRN\)](#) CDC website.
3. Please visit the CDC website for [submitting specimens](#) instructions.
4. Please refer to the **Sentinel and Hospital Labs by County** located on the [CEP Secure Site](#).

Goal 3 - Objective 3: Environmental Response

Environmental health is the capability to protect the public from environmental hazards and manage the health effects of an environmental health emergency. The capabilities minimize human exposure to environmental public health hazards (e.g. contaminated food, air, water, solid waste/debris, vectors). Environmental health identifies environmental hazards in the affected area through rapid needs assessments and comprehensive environmental health and risk assessments. During an event, it is essential that the environmental health response assists in rebuilding the public health infrastructure, remove environmental hazards, and ensure appropriate decontamination of the environment to enable the safe reentry and occupancy of the affected area. Continued monitoring should occur throughout the recovery process in order to identify environmental hazards and reduce public exposure.

CEP has purchased numerous water purification units. These will be used by ADPH first responders to purify water for individuals, hospitals, mass care shelters, and medical needs shelters, as well as small communities for a short period of time. There are 16 "suitcase" units that can purify 60 gallons per hour. These will be assigned out to certain Areas/Counties and the public health environmentalist (PHE). The PHE will be trained on them in 2009. There are 2 "outpost" units that can purify 720 gallons per hour. These will be kept and maintained at the EP warehouse in Montgomery and deployed as needed. The Area PHE's will be trained on these units this year. There is one "mega unit" that can purify 2400 gallons an hour (or 40 gal/minute) and it is mounted in a covered trailer. This unit will be kept and maintained at the EP warehouse. A select number of PHE's will be trained on its use this year. It is our plan to attempt to duplicate the manufacturer's lab results with the State Public Health lab in Montgomery.

Environmental health professionals find themselves facing new responsibilities. While their mission has always been to preserve and improve environmental factors for the achievement of optimum health, safety, and well being of the public, the challenges within that mission have expanded to include security and counter-terrorism.

PHE's realize they have a key role to insure adequate response and strongly desire training in this area. To this end, ADPH is coordinating with stakeholders most closely allied with environmental health to develop emergency preparedness curricula, training opportunities, and resources for environmental health practitioners across the state.

ADPH CEP & EP Team Responsibilities:

- **General environmental health**
 - Develop plans and protocol to coordinate environmental health function into response activities.
 - Ensure environmental health inclusion in EOC/ICS.

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- Coordinate environmental health activities among federal, state, and local responders.
- Coordinate the collection, security, and submission of environmental samples with the Bureau of Clinical Laboratories.
- **Potable water supply**
 - Maintain relationship with Alabama Department of Environmental Management (ADEM) regarding public water supplies and regulated water systems during an emergency response.
 - Develop a protocol for ensuring the safety and integrity of the potable water supply and delivery system, including temporary or mobile water treatment systems.
 - Develop procedures for assessing alternative water supplies (hailed water, bulk water, bottled water) and unregulated systems (individual/private wells).
 - Maintain emergency guidelines and dissemination of instructions to the public for “boil water” and “do not drink” notices.
- **Food supply**
 - Maintain a database of the food supply and delivery system to include detail and processing establishments.
 - Maintain mechanisms for the closing and reopening of food supply establishments, including the issuing of “do not sell” orders.
 - Ensure that sufficient amount of adequately trained personnel are available in the area to perform “food risk assessment inspections” during an emergency response.
- **Wastewater management**
 - Develop and maintain emergency response plans, procedures, and programs for the collection, treatment, and disposal of liquid waste and sewage.
 - Maintain relationship with ADEM regarding public wastewater management during an emergency response.
 - Develop a protocol for ensuring the safety and integrity of alternative wastewater treatment disposal (e.g. portable toilets, temporary lagoons, waste storage and hauling), septic tanks, and land applications during an emergency response. Facilities involved in the response (e.g. shelter, hospital, staging area) will receive priority.
- **Vector control and surveillance**
 - Develop both pre and post emergency event vector control plans, procedures, and programs.

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- Ensure disease specific vector control educational materials are available for public distribution.
- Ensure that sufficient amount of adequately trained personnel are available in the area to perform vector control duties (e.g. fogging, spraying, etc.).
- **Building environment**
 - Develop guidelines for building inspection, occupancy, and reentry during emergency response.
 - Ensure safety and identification of environmental health related hazards associated with reentry and re-occupancy of homes and facilities (e.g. shelter facilities, hospitals) educational materials are available for public distribution.
- Coordinate, communicate, and share data with ADEM regarding **Outdoor Environment** plans and procedures during an emergency response.
- Support for **sheltering** during an event
 - Ensure that sheltering plans and procedures include environmental responsibilities (i.e., safety, food, water, wastewater, sanitation, solid and biomedical waste requirements) for the emergency response.
 - Coordinate with EMA regarding food and water distribution to emergency victims and responders.
 - Ensure that the set up and operations of shelters are conducted in the safest manner possible (e.g. safety/emergency equipment, waste disposal, facility conditions).
 - Ensure that sufficient amount of adequately trained personnel are available in the area to perform environmental public health support for the shelter.
- Support for **solid waste/debris disposal**
 - Develop and maintain emergency response plans, procedures, and programs for solid waste/debris disposal, including biomedical waste.
 - Participate in the emergency response by managing the type and quantity of solid waste/debris generated by the incident and cleanup efforts.
 - Ensure solid waste/debris disposal educational materials concerning post event cleanup are available for public distribution.
 - Ensure that sufficient amount of adequately trained personnel are available in the area to perform solid waste/debris disposal from the emergency response.

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- Coordinate, communicate, and share data with ADEM regarding **hazardous waste response** plans and procedures to ensure that environmental public health is addressed.

LCMS Question 64 - Has the county identified an environmental health responder(s) to participate in the EOC/ICS?

Yes or No

LCMS Question 65 - Do county emergency response plans and protocols incorporate general environmental health activities?

100 percent;
 At least 50 percent; or
 None, 0 percent

LCMS Question 66 - Has this county made contact with the **ADEM** representative for the county in regard to:

public water supplies?

Yes or No

regulated water systems?

Yes or No

public waste water management?

Yes or No

Hazardous material?

Yes or No

LCMS Question 67 - Have procedures been developed to incorporate the availability of potable water during an emergency event?

100 percent;
 At least 50 percent; or
 None, 0 percent

LCMS Question 68 - Has public information been developed and readily available for distribution during for “boil water” and “do not drink” notices?

Yes or No

LCMS Question 69 - Have environmentalist(s) in the county been identified to perform “food risk assessment inspections” during an emergency response?

Yes or No

LCMS Question 70 - Does the county have an accurate database of the food supply and delivery system including detail and processing establishments?

Yes or No

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LCMS Question 71 - Are plans and procedures in place to activate alternative wastewater disposal measures?

Yes or No

LCMS Question 72 - Are vector control response plans (pre and post) developed for the county?

Yes or No

LCMS Question 73 – Are county staff trained to execute vector control duties?

Yes or No

LCMS Question 74 - Has public information been developed and readily available for vector control response?

Yes or No

LCMS Question 75 - Does your county environmental staff have access to the [ADPH Employee Manual for Emergency Response?](#)

Yes or No

LCMS Question 76 - Have plans and procedures been developed for the county for solid waste/debris disposal, including biomedical waste?

- 100 percent;
 At least 50 percent; or
 None, 0 percent

LCMS Question 77 - Do county environmental staff participate in EPI training and response?

Yes or No

LCMS Question 78 - Are county environmental staff trained to work closely with EPI staff to conduct investigations and monitoring?

Yes or No

LCMS Question 79 - Does county environmental staff coordinate and share information on food-borne related complaints and illness with EPI staff?

Yes or No

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LCMS Question 80 - Has county environmental staff been trained on how to recognize the aftermath of a chemical, biological, or radiological incident; including the restrictions to their role contingent upon the type of incident?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

LCMS Question 81 - Has the county environmental staff been trained on their specific role within the ICS during a hazardous material incident?

- 100 percent;
- At least 50 percent; or
- None, 0 percent

Best Practices/Planning Tools:

1. Refer to the [CDC National Center for Environmental Health](#).
2. Visit the [ADPH Environmental](#) website.
3. Refer to the World Health Organization (WHO) *Environmental Health in Emergencies and Disasters*, Wisner and Adams (2003).
4. Refer to the [National Environmental Health Association \(NEHA\)](#) website.
5. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Environmental Health**, **Agroterrorism**, and **Risk Assessment** sections located in the [Online Courses](#)
6. Refer to the following specifications of the water filtration equipment: [Outpost Product and Performance Specifications](#) , [Recycler Product and Performance Specifications](#) , and [Responder-S Product and Performance Specifications](#)
7. **Environmental Health Staff Responders and ICS Staff**
 - William P. Allinder, Bureau Director, ADPH, Bureau of Environmental Services
 - Ronald Dawsey, Division Director, ADPH, Food, Milk, & Lodging
 - Tim Hatch, Environmental Program Director, ADPH, CEP
ADPH, Center for Emergency Preparedness

Goal 3 - Objective 4: Radiological Response

NOTE: This Objective also has area level components.

ADPH is the lead agency in a radiological response. The Alabama Department of Public Health is designated as the State Radiation Control Agency (RCA), chaired by the State Health Officer. The RCA is the decision-making organization for protection of the public health and safety during a radiological emergency. On a day-to-day basis, the Office of Radiation Control (ORC) acts for the RCA. ORC implements the responsibilities of the Department in all radiation matters and will declare the necessary actions to protect the public from excess exposure to ionizing radiation. This is done by registration, licensing, and inspecting the day-to-day use of radiation in the State of Alabama, environmental monitoring activities, training and preparedness activities in the event of an accident or incident involving radioactive material, i.e., the Radiological Emergency Plan (REP) for Nuclear Power Plants and the Waste Isolation Pilot Plant (WIPP), through the development of the Expanded Radiological Emergency Response Team (ERERT) and through public and professional education activities.

The **Radiological Emergency Plan (REP)** for Nuclear Power Plants is the policy of the State of Alabama and details the concept of radiological emergency planning and operation for off-site emergency response and recovery in the event of a radiological accident at a nuclear power plant. In Alabama, there are two nuclear power plants. Plant Farley resides in Houston County near Dothan, Alabama and Plant Browns Ferry resides in Limestone County near Athens, Alabama. Browns Ferry has four risk counties [counties within the 10-mile radius or Emergency Planning Zone (EPZ)] and one host county for the over flow of the evacuees. The risk counties are: Limestone, Morgan, Lawrence, and Lauderdale. The host county is Madison. Farley has only one Risk County in Alabama which is Houston but because of the geographic ownership of the Chattahoochee River, responsibility is shared with Georgia.

The **Waste Isolation Pilot Plant (WIPP)** is a Department of Energy (DOE) facility located in Carlsbad, NM. WIPP is a safe, long-term disposal plant for commercial, low-level and high-level radioactive wastes. Currently, shipments of radioactive waste from the DOE facilities in Aiken, South Carolina and Oak Ridge, Tennessee are transported across Alabama to the destination of the WIPP facility in Carlsbad, NM. The WIPP routes are interstate based which involves the I-20 corridor and the I-59 corridor.

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, Alabama 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 environmentalist and two nurses from each Public Health Area are assigned as members of the ERERT.

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Sources of radioactive material are used and transported in Alabama on a daily basis. This includes Alabama radioactive material licensees, nuclear power plants in the State of Alabama and U.S. Department of Energy (DOE), Waste Isolation Pilot Plant (WIPP). An incident that involves the use or transport of radioactive material could constitute a “radiation emergency situation”, i.e., fires, transportation accidents, nuclear power plants accidents and weather related incidents. Also, in the world today, our country is preparing for response to an emergency involving the malevolent use of radioactive material including a radiological dispersion device (RDD), also referred to as a dirty bomb, or a radiological weapon of mass destruction (WMD).

For any and all radiation questions, please contact the Office of Radiation Control:

Office of Radiation Control	334.206-5391		
	Radiation Field	Southern Linc	Email Address
Jim McNees, Director	Director of ORC and Radon	77*1103	James.mcnees@adph.state.al.us
David Walter, Branch Director	Licensing of Radioactive Material	77*1106	david.walter@adph.state.al.us
Brad Grinstead, Branch Director	X-ray and Mammography	77*1107	brad.grinstead@adph.state.al.us
David Turberville, Branch Director	Environmental Monitoring	77*1109	david.turberville@adph.state.al.us
Tonya Appleyard, Branch Director	Emergency Planning and Training (WIPP, Nuclear Power Plants etc.)	77*1105	tonya.appleyard@adph.state.al.us
Myron Riley, Branch Director	Radioactive Materials Compliance	77*1100	Myron.riley@adph.state.al.us

LCMS Question 82 - Did the county receive a Radiological Emergency Assistance Contacts List? The Radiological Emergency Assistance Contacts List is updated and issued every January in order to maintain communications with the county and area on all radiological issues.

Yes or No

If no, please contact the Office of Radiation Control.

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LCMS Question 83 – Is this county part of an Emergency Planning Zone (EPZ) for Radiological Emergency Plan (REP) for Nuclear Power Plants?

Yes or No

If yes, have the following participated in Basic Radiation Training for first responders?

CHD staff?

Yes or No

Local first responders?

Yes or No

EMA?

Yes or No

LCMS Question 84 – Is this county part of the Waste Isolation Pilot Plant (WIPP) route?

Yes or No

If yes, have the following participated in the Modular Emergency Radiological Response Transportation Training (MERRTT)?

CHD staff?

Yes or No

Local first responders?

Yes or No

EMA?

Yes or No

LCMS Question 85 – Are the CHD staff aware of the Expanded Radiological Emergency Response Team (ERERT)?

Yes or No

LCMS Question 86 – Is the County EMA Director aware of the Expanded Radiological Emergency Response Team (ERERT)?

Yes or No

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LCMS Question 87 - Are there any other agencies in the county that have radiological response capabilities?

Yes or No

If yes, is the Office of Radiation Control aware of their radiological capability?

Yes or No

LCMS Question 88 - Please list other agencies in the county that have radiological response capabilities in the table below.

Agency	Contact Name	Phone	Email

LCMS Question 89 - Has the county participated in any radiological oriented exercises, i.e., dirty bomb?

Yes or No

If yes, was the Office of Radiation Control involved?

Yes or No

If no, please contact the Office of Radiation Control.

Best Practices/Planning Tools:

1. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Radiological, Nuclear and Explosive Terrorist Threats** section located in the [Online Courses](#)
2. Refer to CDC's [Radiation Emergencies](#).

Goal 4 – Strategic National Stockpile (SNS), CHEMPACK, Antiviral & Vaccine Distribution and Use

NOTE: This Goal also has area level components.

ADPH is the lead agency for the SNS. The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency anywhere and at anytime within the U.S. or its territories. Alabama has extensively planned with CDC for the receipt and distribution of the SNS. CDC will deliver the supplies 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 of the 11 public health areas. 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 Point of Dispensing (POD) sites, treatment centers, and other locations (i.e. closed POD) as determined within each county. PODs are setup by local EMAs prior to ADPH arrival for operation. **Each county is required to have an SNS plan.** SNS plans should be maintained and updated annually including provisions for the following:

- Updated SNS terminology (e.g., MPTS to POD)
- Vaccine distribution, use, and monitoring
- Use of antiviral drugs during a pandemic
- Plans for supply distribution to healthcare sector facilities that will administer them to priority groups that their facility serves (i.e. employees and patients).
- Investigational New Drug (IND) or Emergency Use Authorization (EUA)
- Adverse Events from pharmaceuticals administered from the SNS
- Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines, and antivirals)
- Tracking number and priority of SNS recipients

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- Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)
- Distribution of SNS supplies to the community
- Provisions for **Countermeasure Response Administration (CRA)** reporting during a SNS deployment.
- At risk individuals (i.e. Non-English, hearing impaired, homebound)

Alabama is also a partner in the **CHEMPACK** project and this program is directed by the ADPH Alabama SNS Coordinator. This includes approximately 32 containers housed in hospitals and Emergency Medical Service (EMS) stations strategically stationed throughout the state. The EMS container is specifically for first responders and includes kits for self treatment. The hospital containers have medications in the containers that would be administered by the staff in the emergency department.

Alabama has one **Cities Readiness Initiative (CRI)** at this time, which is the Birmingham/Hoover Metropolitan Statistical Area (MSA) including Bibb, Chilton, Shelby, St. Clair, Blount, Jefferson, and Walker. CRI in Alabama will be operated the same way as any other SNS event, but with the use of alternate dispensing methods.

The Department of Homeland Security designated four **Metropolitan Medical Response System (MMRS)** cities in Alabama: Birmingham, Mobile, Montgomery, and Huntsville. Each MMRS city has a committee with representatives from various organizations of importance (fire, utilities, police, and public health). Each MMRS city meets quarterly to address and support planning efforts in their region.

The **Countermeasure Response Administration (CRA)** system is one tool public health partners may choose to manage countermeasure and response administration activities within their jurisdictions. In addition, for selected events such as the National Smallpox Vaccination Program and the National Pandemic Influenza Plan, CRA supports CDC's cross-jurisdictional reporting needs by providing flexible methods for accepting data from other systems or by extracting summarized data. The CRA system is a Web-based application deployed centrally at CDC via the Secure Data Network (SDN). It is Internet accessible, using any standard Web browser in conjunction with a CDC issued digital certificate. In situations where the Internet is down or inaccessible, CRA may be deployed offline on a stand-alone basis.

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The table below outlines the ADPH State Programs that have roles within SNS plans.

ADPH State Program	Contact	Phone	Email
Center for Emergency Preparedness (CEP)	Andy Mullins	334-206-3394	andy.mullins@adph.state.al.us
Strategic National Stockpile (SNS)	DeeAnn White	334-206-3802	DeeAnn.white@adph.state.al.us
CHEMPACK	DeeAnn White	334-206-3802	DeeAnn.white@adph.state.al.us
Cities Readiness Initiative	John Hooper	205-685-4195	John.hooper@adph.state.al.us
Immunization Division (IMM)	Winkler Sims	334-206-5023	winkler.sims@adph.state.al.us
Nursing Unit (RN)	John Hankins	334-206-5648	john.hankins@adph.state.al.us
Pharmacy Unit (RX)	Charlie Thomas	334-206-5226	charlie.thomas@adph.state.al.us
Computer Systems Center (CSC)	David Newman	334-206-7014	david.newman@adph.state.al.us
Social Work Unit (SW)	Maury West	334-206-5226	maury.west@adph.state.al.us
Home and Community Services (HCS)	Grover Wedgeworth	334-206-5734	grover.wedgeworth@adph.state.al.us
Minority Health (MH)	Julia Sosa	334-206-3812	Julia.sosa@adph.state.al.us
Countermeasure Response Administration (CRA)	Cheri Reaves-Tillery, Rita Maynard	334-206-3395 334-206-6412	Cheri.Reaves-Tillery@adph.state.al.us , rita.maynard@adph.state.al.us

The table below outlines the specific roles and responsibilities for the state, county, and ADPH program regarding SNS planning.

State	Program	CHD	Task
X	CEP		Plan for vaccinating occupationally-defined and other priority groups
		X	Storage
X	SNS	X	Security during transport, storage, and administration (with EMA)
X	SNS	X	Distribution
X	IMM	X	Cold chain requirements
X	CEP	X	Location of vaccination
X	RN & RX	X	Personnel who will vaccinate or distribute pharmaceuticals
X	RX	X	Adverse Events Monitoring
X	CEP	X	Availability of necessary equipment and supplies
X	CEP		Training requirements for involved personnel.
X	CSC	X	Tracking number and priority of vaccine recipients (patient tracking and inventory system, state will provide system and CHD will provide data entry)
X	IMM	X	Vaccine safety monitoring
X	IMM		Contingency plan for administration under IND or EUA (Investigational New Drug or Emergency Use Authorization)
X	SW, MH, HCS	X	Address needs of vulnerable populations
X	CSC	X	Having or having access to information systems to support tracking and allocation of vaccine distribution, use and monitoring (patient tracking and inventory system, state will provide system and CHD will provide data entry)

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ADPH CEP & EP Team Responsibilities:

- Coordinate efforts to review, update, and maintain the SNS plan for the county annually.
- Submit updated county profiles to the SNS Coordinator.
- If applicable, review, update, and maintain CHEMPACK, MMRS, and CRI plans for the county.
- Work with Immunizations staff to determine who in the county is responsible for vaccine temperature alarms and include them in SNS planning.
- Educate key stakeholder (sector representative) about changes regarding SNS (e.g., HHS priority groups for vaccines and antivirals, need for updated SNS plans).
- Work with county partners to provide for assistance to at risk individuals.
- Develop provisions for **Countermeasure Response Administration (CRA)** reporting during a SNS deployment at the county level.
- Identify additional resources to collect and enter data for CRA tracking on behalf of the Centers for Disease Control & Prevention (CDC).
- Ensure security planning guidance and checklists (for PODs, RDS, etc.) are distributed to CHD staff.

LCMS Question 90 - Have the key stakeholders (sector representative) within the county been educated about need for review, updates, and maintenance of the county SNS plan?

Yes or No

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LCMS Question 91 - In the table below please list the key stakeholders (sector representatives) working with the county on SNS plans.

Sectors	Organization	Name	Phone and Email	Role in SNS (i.e. security, facility, etc.)
Healthcare				
First Responders				
Government				
Education				
Business				
Communication				
Faith-based/Community				

LCMS Question 92 – Has the EP Team reviewed, provided feedback (annually), and assisted in the annual update of the County SNS Plan during the Budget Period (BP) 11?

Yes or No

LCMS Question 93 – Does the County SNS Plan cover the population with and appropriate number of PODs?

Yes or No

LCMS Question 94 –Has the EP Team provided feedback to improve the county POD coverage?

Yes or No

LCMS Question 95 – How many PODs does the county have?

LCMS Question 96 – Does the County SNS Plan ensure that the PODs in the county will have adequate staffing (paid staff plus volunteers)?

Yes or No

LCMS Question 97 – Does the County SNS Plan ensure alternate methods of dispensing (e.g. closed POD, drive-in clinic, etc.) are developed to augment POD shortages and supplement the POD system?

Yes or No

LCMS Question 98 – Does the County SNS Plan ensure procedures are in place to provide prophylaxis to local public health responders, local first responders, and other local critical infrastructure staff?

Yes or No

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LCMS Question 99 – Has yearly dispensing/POD training occurred in this county for BP 10?

Yes or No

**LCMS Question 100 – Are the following included in the County SNS plan:
Updated SNS terminology (i.e. MPTS to POD)**

Yes or No

Provisions for Cold Chain Management

Yes or No

Vaccine distribution, use, and monitoring

Yes or No

Use of **antiviral drugs** during a pandemic

Yes or No

Plans for supply distribution to healthcare sector facilities that will administer them to priority groups that their facility serves (i.e. employees and patients).

Yes or No

Investigational New Drug (IND) or Emergency Use Authorization (EUA)

Yes or No

Adverse Events from pharmaceuticals administered from the SNS

Yes or No

Storage of SNS supplies (i.e. prepositioned SNS supply kits, vaccines, and antivirals).

Yes or No

Tracking number and priority of SNS recipients (how many doses available to dispense and if the recipient is in a priority group such as Law Enforcement).

Yes or No

Security during transport, storage, and administration (ADPH must work with EMA on this requirement. This is an EMA coordination function.)

Yes or No

At Risk Individuals (i.e. Non-English, hearing impaired, homebound)

Yes or No

Distribution of SNS supplies (e.g. vaccines, pharmaceuticals, etc.) to the community

Yes or No

LCMS Question 101 – Please list staff that are the designated to receive supplies in the county

Name	Phone	Email

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LCMS Question 102 – Does the county have an EMS or hospital **CHEMPACK** placement?

Yes or No

If yes, please answer the following:

Does the county have a **CHEMPACK plan** for dispersal of the antidotes?

Yes or No

LCMS Question 103 – Please note in the table below the **location(s) and type of CHEMPACK** in the table below

CHEMPACK Type (EMS or Hospital)	Location and address	Location contact

LCMS Question 104 – Is this county a designated **CRI** county?

Yes or No

If yes, has the county adopted either the Central Alabama CRI annex or the Jefferson County CRI Annex?

Yes or No

LCMS Question 105 – Is this county a designated **MMRS** county?

Yes or No

If yes, have the **catchment area** counties been included in the development of the MMRS/SNS plan?

Yes or No

LCMS Question 106 – Does the county site located to store vaccines have a **temperature alarm**?

Yes or No

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LCMS Question 107 – List CHD staff trained for these POD positions (staff that have attended SNS training).

Mass Vaccination Clinic Staff and SNS Positions	ADPH Employee or other designee	Phone and Email
County Vaccine Temperature Control Manager		
POD Manager		
Logistics Chief		
Public Information Officer		
Clerk in Charge		
Clerk		
Nurse in Charge		
First Aid Nurse		
Symptomatic Triage Nurse		
Station Three Triage Nurse		
Pharmacist in Charge		
Dispensing Pharmacist or Nurse		
Pharmacy Technician		
Service Worker in Charge		
Greeter		
Mass Counselor		
Special Needs Coordinator		
Translator/Interpreter		
Family Support Specialist		
Patient Flow Coordinator		
Guide		
Staff Support Specialist		
POD Facility Manager		
Clinical Supply Area Coordinator		
Distribution and Resupply Specialist		

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LCMS Question 108 – List organizations that will assist with vulnerable populations

At Risk Individuals	State Program	Organization to Assist county	Type of Assistance	Local Contact	Phone and Email
Non-English	Minority Health (MH)				
Hearing Impaired	Social Work (SW)				
Homebound	Home and Community Services (HCS)				

LCMS Question 109 – Countermeasure Response Administration (CRA) Each county has a clerical staff authorized and designated for CRA data entry.

County Data Entry Site	Address	Internet Access?	# of Computers	# of Data Entry staff for the county
		<input type="checkbox"/> Yes or <input type="checkbox"/> No		

LCMS Question 110 – List organizations that will assist with CRA.

Organization	Type of Assistance (e.g. facility, computers, data entry staff)	Contact Name	Phone and Email

Best Practices/Planning Tools:

1. Refer to the [Alabama Healthcare Disaster Planning Guide](#).
2. Please refer to the [ADPH SNS](#) folder located in ALERT for more information.
3. Refer to the document following CRA documents: **Requesting a digital cert and accessing CRA, Secure Data Network — Digital Certificate**, and **Countermeasure and Response Administration (CRA) Data Entry** located on the [CEP Secure Site](#). Visit [CRA](#) for more information.
4. For more information on please visit the CDC [SNS](#) website.
5. Refer to the [CHEMPACK](#) document.
6. Visit the FEMA [MMRS](#) website.
7. Visit the CDC [CRI](#) website.

Goal 5 - Public Health Communications

NOTE: This Goal also has area level components.

Communication is a critical aspect of emergency plans. It is essential that the general public/community be informed about specific procedures that they should follow during medical emergencies including important safety information (i.e. shelter locations, containment procedures). The general public/community should also be informed how they can plan in advance along with what procedures the county has in place for medical response.

Language Line Services:ADPH has access to over-the-phone interpretation 24 hours a day, 7 days a week. Refer to the [CEP Secure Site](#) for instructions or contact your County Clinic Coordinator, Office Manager or ADPH Office of Minority Health @ (334) 206-5396 or [Email http://adph.org/ContactUs.asp?cnt=1&id=880](mailto:adph.org/ContactUs.asp?cnt=1&id=880) if you need assistance.

The area surveillance nurse has access to Alabama's National Electronic Disease Surveillance System (**ALBNS**) and will know all who have access to the system in the area. The CDC system that supports ALBNS is **National Electronic Disease Surveillance System (NEDSS)**. NEDSS is an initiative that promotes the use of data and information system standards to advance the development of efficient, integrated, and interoperable surveillance systems at federal, state and local levels. Some information systems are utilized at the state level only (e.g. Lab Information System) or CDC recommended (e.g. Outbreak Management System); however it is important for staff to be aware of the use and implications of such systems.

Mobile Communications Truck: The ADPH Mobile Communications Truck provides rapidly deployable communications for on-site, cross-band radio net integration for VHF/UHF/700 and 800 MHZ systems, military radios, commercial cell phone services, as well as Mobile Amateur Radio capabilities. The result is a series of networks to support multi-agency response operations via telephone, mobile radio relays, and radio-to-telephone integration services.

To coordinate relief and response actions, the communications truck provides on-site Broadband internet connectivity and network support via satellite link for reach-back to fixed sites. This satellite is easily employed and uses GPS to find and lock onto the satellite for rapidly established internet and data access. Integrated with a wireless network further enhances the on-site local emergency team with access to the internet via a mobile Hot Spot.

By providing broadband satellite connectivity, the truck provides internet-based access to remote and fixed emergency management facilities, with or without functioning infrastructure and thus creating a rapid, robust, on-site communications and interoperability necessary for an integrated, networked control and coordinated response.

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Hospital Amateur Radio Project: The Alabama Hospital Amateur (HAM) Radio Project is a partnership project with the Alabama Hospital Association (AlaHA), the Alabama Amateur Radio Relay League (ARRL) and the Alabama Department of Public Health (ADPH) to provide HAM radios in the participating acute care hospitals within the State of Alabama. As part of the project, ADPH and AlaHA utilized the technical support of the ARRL members for the installation of the radios and connected licensed volunteer HAM radio operators with the hospitals. HAM radios provide a simple, yet reliable means of communication during disaster situations when other communication systems fail and, by utilizing the expertise of the local HAM radio operators, maintenance and repair resources from within their own communications clubs are abundant. HAM radios will be used to bridge the communications gap after a disaster that affects usual forms of voice and data relay (cellular, 700 MHz, two-way). The local volunteer HAM radio operators would participate in training and exercises with the hospital during non-emergency times to provide a redundant communication capability during disaster situations. This would allow for communication with the ADPH EOC and the state EOC through HAM radio signal when all other communication forms fail.

Each area should maintain an Area Risk Communication Plan. The plan should include organization and staff responsibilities, staff and partner contact information, and the media release approval process. The Area Risk Communicator will be a resource to the county for communications with the media (i.e. development of press releases, coordination of lead-specific spokespersons). On the county level, **the EMA EOP ESF 8 portion should address the following items specific to communication systems:**

- Include how to access information systems that can exchange data.
- Adhere to vocabulary and technical standards
- Plan for providing regular updates to healthcare providers
- Plan for providing regular updates to key stakeholders/sector representatives.
- Encourage the county to utilize the resources located at www.adph.org/cep
- Plan for ways to communicate needed medical information for the community/general public (i.e. information about vaccination as it becomes available, shelter locations, containment procedures, etc.)
- Establishment of redundant communications systems/channels that allow for expedited transmission and receipt of information

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- Specifics regarding the preferred method of communications specific for that county. This should prioritize the communications systems.

ADPH CEP & EP Team Responsibilities:

- Train county staff on emergency communications systems (AIMS, ALERT, LCMS, Southern Linc, etc.)
- Develop and maintain community resources, such as hotlines and websites to respond to local questions from the public and professional groups.
- Educate healthcare agencies about ADPH communications systems.
- Maintain staff proficiency in emergency communication systems.

LCMS Question 111 – Does the ESF 8 portion include the following regarding communications:

How to access information systems that can exchange data

Yes or No

A plan for providing regular updates to healthcare providers

Yes or No

A plan for providing updates to the community/general public needed medical information

Yes or No

A plan for providing regular updates to key stakeholders/sector representatives

Yes or No

Redundant communications

Yes or No

Prioritized preferred method of communications specific to the county

Yes or No

LCMS Question 112 – Have the healthcare agencies within the county been educated about the ADPH communications systems?

100 percent;

At least 50 percent; or

None, 0 percent

LCMS Question 113 – Have the hospital(s) within the county participated in the Hospital Amateur Radio Project?

Yes or No

If yes, please list the hospital in the table below.

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Organization	Contact Name	Phone and Email	Has the hospital recruited and trained HAM operators for use during emergencies?
			<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No
			<input type="checkbox"/> Yes or <input type="checkbox"/> No

LCMS Question 114 – Each county should have a trained contact person (ex. Clinical Coordinator, Office Manager, Environmentalist) who is proficient with the communication systems located in the table below. This person would be the individual in the county who will ensure that the updates are provided to healthcare providers and key stakeholders/sector representatives OR the county employee who serves as the EMA ESF 8 representative in the EOC.

Program	County ADPH Employee	Phone and Email	Date Trained
Public Information Division (PID) and Media (This will be area employee that serves as the Public Information Officer.			
Alabama Emergency Response Technology (ALERT)			
Learning Content Management System (LCMS)			
Epi-X (This will be an area employee. Please list all in the area that have EpiX access (i.e. Surveillance Nurse).			
Alabama Incident Management System (AIMS)			
Alabama's National Electronic Disease Surveillance System (ALNBS) (This will be an area employee. Please list all in the area that have ALBNS access (i.e. Surveillance Nurse).			
Outbreak Management System (OMS) OMS has not been deployed. The Division of Epidemiology is awaiting improvements to the system, and once CDC has made the necessary improvements, Epidemiology will determine if the system will meet the department's needs.	N/A	N/A	N/A
Lab Information System (LIS)	State Level	N/A	N/A

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Countermeasure Response Administration (CRA), CRA is outlined in the SNS planning section.			
PDA's, SouthernLincs, laptop with Aircards			
Adph.org (website), ADPH Hotline, email, and fax			N/A

LCMS Question 115 – List key stakeholders/sector representatives and their preferred method of communication for needed medical emergency information.

Required Sector	What is this organizations preferred method of communication?	When was this discussed with the organization?	Phone	Email
ADPH Local Contact Name – Organization -				
Business Name – Organization -				
Communication Name – Organization -				
Education Name – Organization -				
EMA Name – Organization -				
Faith-based/Community Name – Organization -				
First Responders Name – Organization -				
Government Name – Organization -				
Healthcare Name – Organization -				

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Best Practices/Planning Tools:

1. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Communication** section located in the [Online Courses](#)
2. Visit the CDC [EpiX](#) website.
3. Refer to the document following **CRA** documents: **Requesting a digital cert and accessing CRA, Secure Data Network — Digital Certificate**, and **Countermeasure and Response Administration (CRA) Data Entry** located on the [CEP Secure Site](#). Visit [CRA](#) for more information.
4. Refer to the [ALERT](#) webpage.
5. Refer to the user guides for [Southern Linc](#).
6. Refer to the technical guide at [AT&T](#).
7. Refer to CDC [NEDSS](#) for general information.
8. Please refer to the document [How to Access and Log In to LCMS](#). Please access this system at [LCMS](#).
9. Log-in to [AIMS](#).
10. Refer to the CDC document [Annex 6, Part 3: Smallpox Post-Event Response – Outbreak Management System \(OMS\)](#) for more information.
11. Refer to the [Alabama Healthcare Disaster Planning Guide](#).
12. Refer to the document [Communication Tools](#).

13. Hotlines and Websites:

CDC Hotline	800-311-3435
CDC Website	www.cdc.gov
HHS Website	www.pandemicflu.gov
ADPH State CEP Hotline	866-264-4073
ADPH website	www.adph.org

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State Contacts

System	Name	Phone	Email
Public Information Division (PID)	Arrol Sheenan	334-206-5300	arrol.sheehan@adph.state.al.us
Adph.org (website)	Jennifer Sumner	334-206-5227	Jennifer.sumner@adph.state.al.us
Alabama Emergency Response Technology (ALERT)	Phyllis Cleveland	334-206-3394	Phyllis.cleveland@adph.state.al.us
Learning Content Management System (LCMS)	Patronya Sanks Jora White	334-206-5226	Patronya.sanks@adph.state.al.us Jora.White@adph.state.al.us
Epi-X	Allison Smith	334-206-3952	Allison.Smith@adph.state.al.us
Alabama Incident Management System (AIMS)	Jane Reeves	334-206-3394	Jane.Reeves@adph.state.al.us
Media	Sally Palmer	334-206-5309	sally.palmer@adph.state.al.us
ADPH Hotline, email, fax	John Heitman	334-206-5065	john.heitman@adph.state.al.us
Alabama's National Electronic Disease Surveillance System (ALNBS)	Tina Pippin	334-206-3983	tina.pippin@adph.state.al.us
Lab Information System (LIS)	Darryl Pendergrass	334-206-3484	Darryl.Pendergrass@adph.state.al.us
Countermeasure Response Administration (CRA)	Cheri Reaves-Tillery, Rita Maynard	334-206-3395 334-206-3394	Cheri.Reaves-Tillery@adph.state.al.us rita.maynard@adph.state.al.us
PDAs, SouthernLincs, laptop with Aircards	Chuck Langley	334-206-5044	chuck.langley@adph.state.al.us
Social Marketing (SM)	Sally Palmer	334-206-5309	sally.palmer@adph.state.al.us
Risk Communication (RC)	Takenya Taylor	334-206-7026	takenya.taylor@adph.state.al.us
Video Communications (VC)	Michael Smith	334-206-5631	michael.smith@adph.state.al.us

Goal 6 - Workforce and Community Support: Psychosocial Considerations and Information Needs

Goal 6 - Objective 1: Psychosocial: Community Needs

Psychosocial support for the **community** is an important aspect of the medical emergency response. The EOP ESF 8 portion should address the provision of psychosocial support services (i.e. crisis management and grief counseling) for the community (i.e. patients and their families, and those affected by community containment procedures). Methods to provide psychosocial support to those affected by containment measures in healthcare facilities, other residential facilities, homes, community facilities, and other settings should also be included.

Language Line Services:ADPH has access to over-the-phone interpretation 24 hours a day, 7 days a week. Refer to the [CEP Secure Site](#) for instructions or contact your County Clinic Coordinator, Office Manager, or ADPH Office of Minority Health @ (334) 206-5396 or [Email http://adph.org/ContactUs.asp?cnt=1&id=880](mailto:adph.org/ContactUs.asp?cnt=1&id=880) if you need assistance.

ADPH CEP & EP Team Responsibilities:

- Meet with mental health partners within the county to identify psychosocial resources.
- Include psychosocial support services for the community in the EOP, ESF 8 portion.

LCMS Question 116 – Are **community** psychosocial support services included in the EOP?

Yes or No

ESF 8 portion?

Yes or No

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LCMS Question 117 – In the table below list the organizations that will assist the county during an emergency with psychosocial support services. Examples include: Alabama mental health counselors, county mental health, substance abuse providers, methadone clinics, school counselors, community health centers, agency assistance programs, faith based organizations, possibly private counselors interested in volunteering, and DHR.

Mental Health Organization	Contact	Phone and Email	Specialty (social workers, counselor, psychologists etc)	What population or group does this organization serve? (Pediatrics, elderly, etc.)

Best Practices/Planning Tools:

1. Refer to the following CDC web page [Disaster Mental Health for States: Key Principles, Issues and Questions](#).
2. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Diversity and Cultural Competency and Special Needs Populations and Disasters** sections located in the [Online Courses](#)

Goal 6 - Objective 2: Psychosocial: Employee Needs

Psychosocial support for the **employee** is an important aspect of the medical emergency response. The ESF 8 portion should address the provision of psychosocial support services (i.e. crisis management, grief counseling, educational and training materials) for employees and ADPH volunteers who participate in or provide support for the response to medical emergencies (i.e. influenza pandemic, MNS).

ADPH CEP & EP Team Responsibilities:

- Include the [ADPH Employee Assistance Program \(EAP\) Policy 2-1-2007](#) located in the Pandemic Influenza/ [BEST PRACTICES](#) folder in ALERT, within the county ESF 8 portion for measures for employee support to address **employee** psychosocial support services.

LCMS Question 118 – Are employee psychosocial support services included in the ESF 8 portion?

Yes or No

LCMS Question 119 – Each county should have a Social Worker assigned to facilitate Employee Crisis Management during emergency medical responses.

Contact	Phone	Email

Best Practices/Planning Tools:

1. Refer to the following CDC web page [Disaster Mental Health for States: Key Principles, Issues and Questions](#).
2. Refer to the University of Alabama at Birmingham (UAB) South Central Center for Public Health Preparedness (SCCPHP) **Diversity and Cultural Competency and Special Needs Populations and Disasters** sections located in the [Online Courses](#)
3. For more information on the EAP please visit [Behavioral Health Systems, Inc.](#)
4. State Guidance

ADPH Program	Name	Phone	Email
Social Work Unit	Stephan Mambazo, LGSW	334-206-7981 Office 334-850-0829 EP Cell SL # 1*635*1211	Stephan.Mambazo@adph.state.al.us

Goal 7 - Required Exercises

- Each county is required to conduct exercises.
- Considerations should be given to staff turnover when determining exercise frequency.
- Exercises listed should be within the last two years.
- One county exercise can meet multiple requirements.

Best practices for all exercises are as follows:

Best Practices/Planning Tools:

1. Refer to [Homeland Security Presidential Directive 8 "National Preparedness" \(HSPD-8\)](#).
2. Refer to the [Department of Homeland Security National Exercise Program](#).
3. Refer to the [Homeland Security Exercise and Evaluation Program \(HSEEP\)](#).
4. Utilize the [HSEEP Toolkit](#)
5. Refer to the [ADPH Training Calendar](#).
- 6 Refer to the [AEMA Exercise Calendar](#)

Goal 7 - Objective 1: ICS Structure Exercise

The county ICS structure and the EMA EOP, ESF 8 portion should be exercised. These exercises should incorporate improvements to the EMA EOP ESF 8 portion from lessons learned. Actual events where the ICS structure is utilized would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county staff designated in the table located in [Goal 2 Objective 4](#). Any exercise or actual event when ICS is utilized would meet this requirement.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 120 – Has the county exercised its ICS structure?

Yes or No

If yes, were the county ICS staff utilized?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the EMA EOP, ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

Goal 7 - Objective 2: Movement Restrictions Exercise

The county ESF 8 portion provisions for **movement restrictions (i.e. healthcare facility shelter-in-place or evacuation)** for “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases (i.e. Natural Disasters, CDC Category A, B, and C agents, chemical, radiological, or potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain) should be exercised. These exercises should incorporate improvements to the ESF 8 portion from lessons learned. County staff responding to a shelter-in-place or evacuation of a medical facility during a hurricane or CSEPP exercise would meet this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county ESF 8 portion provisions for **movement restrictions**(to include but not limited to curfews, lane direction changes, road closures, traffic control points, quarantine, case containment, & isolation)
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 121 – Has the county exercised ESF 8 portion provisions for **movement restrictions**?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the EMA EOP, ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

Goal 7 - Objective 3: Communications Exercise

The county ESF 8 portion provisions for providing key stakeholders/sector representatives information of public health importance during an emergency should be exercised. These exercises should incorporate improvements to the EMA EOP, ESF 8 portion from lessons learned. Actual events where information of public health importance is relayed to key stakeholders (i.e. vaccine shortages, vaccination clinics used as an exercise, county exercise with medical response, ALERT notification) would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county ESF 8 portion provisions for providing key stakeholders/sector representatives information of public health importance during an emergency.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 122 – Has the county exercised provisions for providing key stakeholders/sector representatives information of public health importance during an emergency?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the EMA EOP, ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

Goal 7 - Objective 4: Mass Fatality Exercise

The county ESF 8 portion provisions for victim identification/mortuary services should be exercised. These exercises should incorporate improvements to the ESF 8 portion from lessons learned. County staff participation in the ADPH Mass Fatality Management Conferences would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county mortuary providers testing the victim identification/mortuary services.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 123 – Has the county exercised any portion of the Mass Fatality Plan?

Yes or No

If yes, was the county coroner, EMA and county mortuary providers involved in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

1. The tabletop utilized in the Mass Fatality Conferences is the [Mass Fatality Management Tabletop Exercise](#) located on the [Fatality Management](#) web page and in the Pandemic Influenza/ / [BEST PRACTICES](#) folder in ALERT and can be used to meet this objective.
2. Refer to the [Mass Fatality Improvement Plan 7-25-08](#) located in the Pandemic Influenza/ [BEST PRACTICES](#) folder and the [Fatality Management During a Pandemic & Other Emergency Events -- AAR/IP](#) located in the [Exercise After Action Reports](#) folder, both documents are in ALERT.

Goal 7 - Objective 5: Containment Procedures Exercise

The county ESF 8 portion provisions for **containment procedures** for “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases (i.e. CDC Category A, B, and C agents, chemical, radiological, or potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain) should be exercised. These exercises should incorporate improvements to the ESF 8 portion from lessons learned. County staff participation in the School Closing Exercises would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county ESF 8 portion provisions for **containment procedures**.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 124 – Has the county exercised the county ESF 8 portion of provisions for **containment procedures**?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the EMA EOP, ESF 8 portion?

Yes or No

County ESF 8 All-Hazard Assessment

Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

1. Please visit [Alabama Notifiable Diseases/Conditions](#) for more information.
2. Refer to the CDC's [Bioterrorism Agents/Diseases](#).
3. Refer to the CDC's [Chemical Categories](#).
4. Refer to CDC's [Radiation Emergencies](#).
5. The [School Closing Tabletop Exercises AAR 2007](#) is located in the [Exercise After Action Reports](#) folder in ALERT.

Goal 7 - Objective 6: Vaccine Exercise

The county SNS Plan provisions for vaccine distribution, use, and monitoring should be exercised. These exercises should incorporate improvements to the county SNS Plan from lessons learned. County staff participation in the seasonal vaccination clinics would fulfill this objective.

The exercises conducted in 2007 only covered distribution. These 2007 exercises did not cover use or monitoring.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county staff testing the SNS plan provisions for vaccine distribution, use, and monitoring.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 125 – Has the county exercised the county SNS plan of the provision for vaccine distribution, use, and monitoring?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was CRA utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the county SNS Plan?

Yes or No

County ESF 8 All-Hazard Assessment

Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

1. Please refer the [ADPH SNS](#) folder located in ALERT for more information.
2. Note: There was a mandated CDC Countermeasure Administration exercise in the fall of 2007 designed to test Public Health's ability to data enter and transmit data to CDC and CDC's ability to capture and aggregate data. This was based upon seasonal flu clinics held in two counties in Alabama. The Fall 2008 exercise will cover a four week period of at least 8 seasonal flu clinics held by Public Health. Do not know whether you wish to include this anywhere or if it fits anywhere in particular.

3. State Guidance

ADPH Program	Name	Phone	Email
Strategic National Stockpile (SNS)	DeeAnn White	334-206-3802	Deeann.white@adph.state.al.us
Pandemic Influenza (PI)		334-206-3394	
Immunization Division (IMM)	Winkler Sims	334-206-5023	winkler.sims@adph.state.al.us

Goal 7 - Objective 7: Antiviral Exercise

The county SNS Plan provisions distribution and use of antiviral drugs during a pandemic should be exercised. These exercises should incorporate improvements to the county SNS Plan from lessons learned. County staff participation in the EMA Antiviral Distribution Exercise or [PI POD and Medical Surge Exercise](#) (this link is located in ALERT), would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county staff and tests the county SNS Plan provisions for distribution and use of antiviral drugs during a pandemic
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 126 – Has the county exercised the county SNS Plan of the provisions for distribution and use of antiviral drugs during a pandemic?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was CRA utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the county SNS Plan?

Yes or No

County ESF 8 All-Hazard Assessment

Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

1. Please refer to the [ADPH SNS](#) folder located in ALERT for more information.
2. The AAR for the [SNS Transportation AAR 2007](#) is located in the [Exercise After Action Reports](#) folder in ALERT.
3. [The Final Med Surge After Action Report](#) is located in [PI POD and Medical Surge Exercise](#) folder in ALERT.
4. State Guidance

ADPH Program	Name	Phone	Email
Strategic National Stockpile (SNS)	DeeAnn White	334-206-3802	Deeann.white@adph.state.al.us
Pandemic Influenza (PI)		334-206-3394	
Pharmacy Unit (RX)	Charlie Thomas	334-206-5226	charlie.thomas@adph.state.al.us

Goal 7 - Objective 8: Investigation Procedures Exercise

The county ESF 8 portion provisions for **investigation procedures** for “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases (i.e. CBRNE, CDC Category A, B, and C agents, chemical agents, radiological, or potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain) should be exercised. These exercises should incorporate improvements to the ESF 8 portion from lessons learned. County staff participation with an actual outbreak or the “A Series of Unfortunate Events” (UAB Bus Exercise) would fulfill this objective.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county provisions for **investigation procedures** “cases of public health importance – as determined by the reporting healthcare provider” and other Notifiable Diseases.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 127 – Has the county exercised the county ESF 8 portion of provisions for **investigation procedures**?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Best Practices/Planning Tools:

1. Refer to the "[A Series of Unfortunate Events](#)" (UAB Bus Exercise) for more information on these exercises.
2. The AARs for the "A Series of Unfortunate Events" (UAB Bus Exercise) are located in the [Exercise After Action Reports](#) folder in ALERT.
3. Refer to the [Alabama Notifiable Diseases/Conditions](#) webpage.
4. Refer to the CDC's [Bioterrorism Agents/Diseases](#).
5. Refer to the CDC's [Chemical Categories](#).
6. Refer to the CDC's [Radiation Emergencies](#).

7. State Guidance

ADPH Program	Contact	Phone	Email
Epidemiology	Kelly Stevens	334-206-7934	Kelly.stevens@adph.state.al.us

Goal 7 - Objective 9: COOP Exercise

Each county should exercise the **Continuity of Operations Plan (COOP) specific for the county operations**. The County COOP should be exercised in conjunction with the county EMA and key stakeholders/sector representatives.

ADPH CEP & EP Team Responsibilities:

- Conduct or participate in an exercise that includes the county provisions for **County COOP**.
- Develop or review an After Action Report (AAR) that is compliant with the Homeland Security Exercise and Evaluation Program (HSEEP) requirements.

LCMS Question 128 – Has the county exercised **County COOP**?

Yes or No

If yes, were county staff utilized in the exercise?

Yes or No

Was an AAR completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Was an Improvement Plan (IP) completed?

Yes or No

If yes, is it HSEEP compliant?

Yes or No

Have lessons learned from the exercise been incorporated into the ESF 8 portion?

Yes or No

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Exercise Information

Date Exercised	Date of AAR/IP	Type of Exercise (i.e. Tabletop, Drill, Full Scale)
Exercise Manager Name (i.e. Agency Lead, contractor, etc.)	Exercise Manager Agency	Phone and Email

Exercise Participants

Organization	Number of participants from the organization	Organization's role in the exercise (i.e. player, evaluator, observer, support, etc.)

Acronyms

AAR – After Action Report
ARRL – Alabama Amateur Radio Relay League
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
ALNBS – Alabama’s National Electronic Disease Surveillance System
AMDP – ADPH Mobile Disaster Pharmacy
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
ATS - Alabama Trauma System
BCL – ADPH Bureau of Clinical Laboratories
BREMSS - Birmingham Regional Emergency Medical Services System
BP – Budget Period
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
CHD – County Health Department
COOP - Continuity of Operations Plan
COG - Continuity of Government
CRA - Countermeasure Response Administration
CRI – Cities Readiness Initiative
CSC – ADPH Computer Systems Center
DID – Disease Intervention Director
DIS – Disease Intervention Specialist
DMAT - U.S. Disaster Medical Assistance Teams
DHR - Department of Human Resources
DNHPP - Division of National Healthcare Preparedness Programs
DOE - Department of Education

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DOE – Department of Energy
DOT – Department of Transportation
EAP - Employee Assistance Program
EAPC - East Alabama Planning Commission
EMA - Emergency Management Agency
EMAC – Emergency Management Assistance Compact
EMOC - Emergency Medical Operations Center
EMS - Emergency Medical Services
EMT – Emergency Medical Technician
EOC - Emergency Operations Center
EOP - Emergency Operations Plan
EP - Emergency Preparedness
EPI – Division of Epidemiology
EpiX - Epidemic Information Exchange
EPZ - Emergency Planning Zone
ERERT – Expanded Radiological Emergency Response Team
ESAR-VHP - Emergency System for Advance Registration of Volunteer Health Professionals
ESF - Emergency Support Function
EUA - Emergency Use Authorization
HAM – Amateur radio
HAN - Health Alert Network
HCS – ADPH Home and Community Services
HEPA - high efficiency particulate air
HHS - U.S. Department of Health and Human Services
HRSA - Health Resources and Services Administration
HSEEP – Homeland Security Exercise and Evaluation Program
FBI – Federal Bureau of Investigation
FEMA - Federal Emergency Management Agency
IATA – International Air Transport Association
ICRC - International Committee of the Red Cross
ICS - Incident Command System
ILI - Influenza Like Illness
ILINet - Influenza-like Illness Network
IMM – ADPH Division of Immunization
IND – Investigational New Drug
IP – Improvement Plan
LRN - Laboratory Response Network
JCHD - Jefferson County Health Department
LCMS - Learning Content Management System
LE - Law Enforcement
LEPC - Local Emergency Planning Committee
LIS - Lab Information System

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MCHD - Mobile County Health Department
MCS – Mass Care Shelter
MD – Medical Doctor
MERRTT - Modular Emergency Radiological Response Transportation Training
MH – ADPH Division of Minority Health
MMRS - Metropolitan Medical Response System
MNS - Medical Needs Shelter
MOA – Memorandum of Agreement
MOU - Memorandum of Understanding
MPTS – Mass Prophylactic Treatment Site
MSA - Metropolitan Statistical Area
MVC - Mass Vaccination Clinic
NCEH - National Center for Environmental Health
NDMS - National Disaster Medical System
NEDSS - National Electronic Disease Surveillance System
NIMS - National Incident Management System
NPI – Nonpharmaceutical interventions
OP - Operational
OPEO - Office of Preparedness and Emergency Operations
ORC – ADPH Office of Radiation Control
OSHA - U.S. Department of Labor, Occupational Safety & Health Administration
PCR - Polymerase Chain Reaction
PDA - personal digital assistant
PH - Public Health
PI - Pandemic Influenza
PID – ADPH Public Information Division
PIO - Public Information Officer
PHA – Public Health Area
PHE – Public Health Environmentalist
PHIN - Public Health Information Network
POD - Point of Dispensing
PPE - Personal Protective Equipment
PSA - Public Service Announcement
PSI – Pandemic Severity Index
PWD - Persons with Disability
RC – ADPH Risk Communication or risk communication
RCA – State Radiation Control Agency
RDD - radiological dispersion device
RDS – Regional Distribution Sites
REP - Radiological Emergency Plan
RN – ADPH Division of Nursing or registered nurse

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Ro - The average number of secondary infections caused by a single typical infected individual among a completely susceptible population.

RSS - Receiving, Staging, and Storage

RX – ADPH Division of Pharmacy or prescription

SCPAS - Sample Collection, Packaging and Shipping

SCCPHP – UAB South Central Center for Public Health Preparedness

SDN – Secure Data Network

SEOC – State Emergency Operations Center

SNS - Strategic National Stockpile

SOG - Standard Operating Guideline

SRN – Surveillance Reporting Network

SW – ADPH Division of Social Work, Social Work, or Social Worker

TARU - Technical Advisory Response Unit

TJC - The Joint Commission

UAB - University of Alabama at Birmingham

UPC - Unified Planning Coalition

USAMRIID - United States Army Research Institute of Infectious Diseases

USB - Universal Serial Bus

USDA - United States Department of Agriculture

USG – United States Government

VC – ADPH Video Communication

ViSION - Vital Statistics Image Oriented Network

VMI - Vendor Managed Inventory

VOAD - Volunteers Organized and Active in Disasters

WHO - World Health Organization

WIPP – Waste Isolation Pilot Plant

WIC - Women Infants and Children

WMD - Weapon of Mass Destruction