Alabama's Pandemic Influenza Operational Plan

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Contributing Agencies

Agency	Abbreviation	Representative	Signature
Governor's Office	GO	Margaret McKenzie	
Department of Public Health	ADPH	Don Williamson, M.D.	
Alabama Development Office	ADO	Mark Yarbrough	
Alabama Military Department	ALNG	David M. Edwards for John McGuinness, M.D.	
Alcohol Beverage Control	ABC	Stan Goolsby for Andy Knight	
Banking Department	ABD	Nelson Cook	
Department of Agriculture and Industries*	ADAI	Ron Sparks	
Department of Conservation and Natural Resources	ADCNR	Donald Brooks	
Department of Corrections	ADOC	Laura Ferrell Glen Casey	
Department of Economic and Community Affairs	ADECA	Jessica Dent	
Department of Education	ADOE	Sue Adams	
Public Television	APTV	Charles Grantham	
Department of Finance	ADOF	Jeff Samuel	
State Personnel Department	SPD	Doug Lunsford	
Department of Homeland Security	ADHS	Shirrell Roberts	

Department of Human Resources	ADHR	James Slaughter Charles H. Johnson	Charles H. Johnson
Department of Industrial Relations	ADIR	Vivian Handy	Vivian Handy
Department of Insurance	ADOI	Belinda Johnson	Belinda Johnson
Department of Labor	ADL	Ralph Pate	Ralph Pate
Department of Mental Health and Mental Retardation	DMH-MR	Acquanetta Knight	A Knight
Department of Postsecondary Education	ADPE	Don Edwards Linda Cater	Linda Cater
Department of Public Safety	ADPS	Gerone Grant	Gerone Grant
Department of Revenue	ADOR	Clint Baggott	Not available for signature
Department of Senior Services	ADSS	Russ Black	
Department of Transportation	ALDOT	D.J. McInnes for Ellis Paulk	
Emergency Management Agency	AEMA	Stanley Batchelor	
Medicaid Agency	AMA	Robert Moon	Not available for signature
State Employee Insurance Board	SEIB	Gary Matthews for Debbie Unger	Gary A Matthews
Public Service Commission	PSC	Jim Sullivan	

Generic Planning Principles and Assumptions

The overarching principles and assumptions that guide the State's planning to counter pandemic influenza (PI)

- The Governor's Office appointed a senior government official, Margaret McKenzie, HHS Policy Analyst, to coordinate the PI Op Plan with ADPH
- All cabinet-level state agencies and six additional state agencies have a role in responding to a pandemic influenza
- Primary response agencies are responsible for collaborating with smaller state agencies and private organizations to develop their operational plan
- Each state agency was asked to plan as "Affected State" at the 2-week peak of a outbreak wave, corresponding to the World Health Organization's (WHO) Phase 6, United States Government (USG) Stage 5, and CDC Peak Transmission Interval, to ensure they plan for the worst and hope for the best.
-

HHS PI Planning Assumptions

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic.
- The clinical disease attack rate will likely be 30% or higher in the overall population during the pandemic. Illness rates will be highest among school-aged children (about 40%) and decline with age. Among working adults, an average of 20% will become ill during a community outbreak.
- Some persons will become infected but not develop clinically significant symptoms. Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Of those who become ill with influenza, 50% will seek outpatient medical care.
- With the availability of effective antiviral drugs for treatment, this proportion may be higher in the next pandemic.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus. Estimates differ about 10-fold between more and less severe scenarios. Two scenarios are presented based on extrapolation of past pandemic experience. Planning should include the more severe scenario.
- Risk groups for severe and fatal infection cannot be predicted with certainty but are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Rates of absenteeism will depend on the severity of the pandemic.
    - In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40% during the peak weeks of a community outbreak, with lower rates of absenteeism during the weeks before and after the peak.
    - Certain public health measures (dismissing students from schools, quarantining household contacts of infected individuals, "snow days") are likely to increase rates of absenteeism.
- The typical incubation period (interval between infection and onset of symptoms) for influenza is approximately 2 days.

- Persons may shed virus and transmit infection for up to one day before, and typically for 3-5 days after, the onset of illness. Viral shedding and the risk of transmission will be greatest during the first 2 days of illness. Children usually shed the greatest amount of virus and, therefore, are likely to pose the greatest risk for transmission.
- On average, each infected person will transmit infection to approximately two people.
- In an affected community, a pandemic outbreak will last about 6 to 8 weeks.
- Multiple waves (periods during which community outbreaks occur across the country) of illness could occur with each wave lasting 2-3 months. Historically, the largest waves have occurred in the fall and winter, but the seasonality of a pandemic cannot be predicted with certainty.

Number of Episodes of Illness, Healthcare Utilization, and Death Associated with Moderate and Severe Pandemic Influenza Scenarios*

Characteristic	Moderate (1958/68-like)	Alabama's Data Based on Population	Severe (1918-like)	Alabama's Data Based on Population
Illness	90 million (30%)	1,350,000	90 million (30%)	1,350,000
Outpatient medical care	45 million (50%)	675,000	45 million (50%)	675,000
Hospitalization	865,000	12,975	9,900,000	148,500
ICU care	128,750	1,931	1,485,000	22,275
Mechanical ventilation	64,875	973	745,500	11,183
Deaths	209,000	3,135	1,903,000	28,545

Pandemic Influenza Plan Documentation

The Alabama Pandemic Influenza Operational Plan submitted is a composite of many different plans, but most free standing plans do not address the operating objectives. For example, primary Emergency Service Function (ESF) state agencies have a continuity of operations plan (COOP) filed with the AEMA. But these COOPs do not address Human Capital; therefore each agency is answering the requested sub-objectives separately. Agencies have been asked to update their COOP with the PI considerations and resubmit to AEMA. Supporting state agencies have not been asked by AEMA to write a COOP, so they are answering the sub-objectives for this submission and continuing work on their agency's overall COOP.

Plan for Conformance with all NRF/NIMS Principles and Guidelines

The State of Alabama met FY07 NIMS Compliance Objectives and documented compliance through the FEMA web-based program, NIMSCAST. The State of Alabama will use NIMSCAST to document FY08 NIMS compliance activities. Conformance with NRF/NIMS principles and guidelines will be met by an affirmative answer to all appropriate compliance objectives by account holders. NRF/NIMS principles and guidelines are incorporated in training and exercises. After action reports and corrective action plans address deficiencies and opportunities for improvement. In addition, state response and recovery plans (Emergency Operation Procedure, Continuity of Operations, and Continuity of Government, and Recovery) have incorporated NRF/NIMS principles and guidelines. These response and recovery plans are updated annually or as needed.

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State Training Officer Alabama Emergency Management Agency Kyle Eskridge 205-280-2221 888-373-4554 kyle.eskridge@ema.alabama.gov	Preparedness Section Chief Alabama Emergency Management Agency Charles Williams 205-280-2222 888-326-3124 charles.williams@ema.alabama.gov
State Exercise Officer Alabama Emergency Management Agency Sam Guerrera 205-280-2474 205-351-1630 sam.guererra@ema.alabama.gov	

Plan for Relating to the Joint Field Office Principal Federal Official during a Pandemic

The State of Alabama would use a Unified Coordination Group to manage the response to a pandemic incident. The Unified Coordination Group would consist of the Principal Federal Official (PFO), the Federal Coordinating Officer (FCO), the State Coordinating Officer (SCO), and senior officials from other federal and state entities with primary statutory or jurisdictional responsibility and significant operational responsibility for the incident. The PCO provides a primary point of contact and local situational awareness for the Secretary of Homeland Security. The FCO coordinates federal response activities. The SCO coordinates the state response to an incident. The Unified Coordination Group develops joint incident action plans and coordinates federal/state response activities, and maintains situational awareness.

Director Alabama Emergency Management Agency Brock Long 205-280-2201	Operations Section Chief Alabama Emergency Management Agency Bill Filter 205-280-2212

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Strategic Goal A : Ensure Continuity of Operations of State Agencies and Continuity of State Government

Appendix A.1: Sustain Operations of State Agencies & Support and Protect Government Workers

Lead Individual name: Brock Long

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The Alabama Department of Agriculture and Industries (ADAI), Alabama Department of Finance, and Alabama Department of Insurance (ADOI) submitted their traditional COOP Plans, which did not match the sub-objectives below. Their COOPs can be seen on the Alabama's PI Op Plan CD-ROM under Support Documents. The Alabama Department of Children Affairs (ADCA), Alabama Department of Economic and Community Affairs (ADECA), Public Service Commission, and Alabama Department of Homeland Security (ADHS) did not submit a plan to address sub-objectives below.

Supporting Activity

Sub-objective A.1.1 – Ensure continuity of government in face of significantly increased absenteeism

Prepare

Assess potential employee absences/ determine potential impact of a pandemic on the agencies' workforce

The Alabama Banking Department (ABD) realizes that absenteeism could be as high as 40% during the peak periods of a pandemic, and 25% for a few weeks on either side of the peak. The Department is confident we can weather this rate of absenteeism due to prior planning for management succession and personnel adjustments. The Department has cross-trained employees, established procedures for essential functions, and established (and at times exercised) the ability to hire contract employees in the event additional workforce is needed. In addition, since the on-site examination of banks and loan companies by the Department's examining staff will probably be suspended for non-problem banks during a pandemic, staffing requirements will not be as high as normal.

The Alabama Department of Conservation and Natural Resources (ADCNR) maintain a staff in excess of 1200 employees, employee availability and absences will be monitored by Information Technology in a COOP data base. Documentation will include employee's name, position, date, cross training employee has, absent, and reason for absence. Personnel policies may be relaxed during a pandemic to allow working from home, teleconferencing, and hiring contract workers.

The Alabama Department of Conservation and Natural Resources (ADCNR)

- Social distancing strategies will be considered, and implemented as necessary, including limited travel, teleconferencing, working from home, and other measures

recommended by planning to reduce person to person transmission

- Alternate facilities may be activated to increase social distances, alternate work hours may also be recommended by planning
- Absenteeism rates will be higher than normal and could exceed 40% , planning will be constantly monitoring this data working through Personnel and Information Technology.
- Each manager has identified a complete order of succession for their leadership positions and key personnel in order to ensure essential functions are performed
- Each ICS position has identified adequate staff to perform the command and general staff functions during a pandemic influenza emergency, these functions will be conducted by, radio ,email, and teleconference, and telephone

The Alabama Department of Mental Health and Mental Retardation (DMH-MR) operates seven mental illness facilities and one mental retardation facility, which provided inpatient treatment to some 4,500 individuals last year. Five of these eight facilities are located in Tuscaloosa, AL. Of the five, one is a nursing home; another is a geriatric psychiatric facility; and a third is a maximum security forensic facility. The remaining three state facilities are located in Decatur, Montgomery, and Mt. Vernon, AL.

Additionally, DMH-MR contracts with some 385 community providers to serve 129,000 individuals with mental illness, mental retardation, and with substance abuse annually. Over 2,000 are served in over 1,000 community locations by residential providers with 24/7 care. There is a high incidence of co-occurring chronic medical conditions such as diabetes, and hypertension among individuals with mental illness, and a 40% rate of seizure disorder among individuals with mental retardation. The vast majority of individuals served by facilities and community providers require ongoing medication, psychiatric treatment and support services to achieve and maintain psychiatric and medical stability.

Alabama ranks as the sixth lowest state in the nation for per capita psychiatric staff resources. The potential disruption of treatment during a pandemic would have drastic and far reaching results. Facilities and community providers struggle to maintain adequate psychiatric staff during normal operations, so DMH-MR will need to continue dialogue with Public Health and other organizations regarding operational treatment procedures and resources during a pandemic.

DMH-MR currently employs 2,838 staff members throughout the state, exclusive of community providers. With an anticipated 40% reduction in staff for between 2-6 weeks or more, only 1,703 employees at best would be available to provide services. Only essential treatment services (residential, inpatient, pharmaceutical) would be able to be sustained. Administrative services would be limited to only those necessary to sustain the Dept's operation including limited staff in Finance, Personnel, Data Management, Public Information, and Purchasing. As much as possible, services would need to be coordinated from staff members' homes or via telephone and conference calls. Inpatient and residential facility staff members would be required to work extended shifts and emergency hiring procedures to augment staff would need to be implemented. Telemedicine services would also need to be utilized.

The Alabama Department of Corrections (ADOC) has a total workforce of approximately 3,700 people. 2,900 are classified as security personnel, while 800 work in administrative positions both within correctional facilities and administrative divisions of the central office. Additionally, approximately 500 contract health provider

employees provide medical services for the inmates. It is estimated that during a pandemic event, absenteeism due to personal and/or family illness will escalate to a peak rate of 40% by the fourth week of the event. Based on this absenteeism rate, 1,160 security officers, 320 administrative employees, and 200 contract health provider employees would be absent at a peak.

ADOC is already functioning with a critical shortage of security officers, resulting in excessive and continuous overtime schedules. While efforts would be made to maximize critical security post coverage through the implementation of 12-hour shifts and utilization of non-security personnel for certain facility functions, ADOC would be forced to request outside assistance from other state law enforcement agencies, as well as the Alabama National Guard to ensure facility security and public safety are maintained. ADOC requests that such additional resources be pre-identified and included in statewide pandemic planning and preparation documents as a viable source of security during such an event. Administrative personnel within all divisions receive cross-training to ensure mission essential functions are performed during peaks of employee absenteeism. Medical operations will focus on critical care issues. The opportunity to meet all routine health needs of the inmates will be severely compromised.

In addition to the dramatic impact of excessive absenteeism upon the currently understaffed operation of the ADOC, it must be noted that the primary mission of this Agency involves the management of some 25,000 incarcerated felons housed within 30 correctional facilities across the state. ADOC is operating with an inmate population that exceeds the designed capacity of our facilities by 200%. It is expected that the overcrowded conditions within our prison system, which typically relies upon open-bay, double-bunk dormitories housing 300 to 400 inmates each, will accelerate the transmission of influenza among the inmate population, as well as the ADOC staff.

The Alabama Department of Public Safety (ADPS) is currently assessing staffing needs as related to a pandemic event/outbreak beginning with a workforce reduction of 10% up to 40%; the department currently has an existing emergency plan (All Hazard Response Plan) implemented and exercised for response to emergency operations (i.e. hurricanes, tornadoes, civil disturbances & special events requiring large amount of resources and personnel). This plan will be expanded upon to develop the COOP plan for the department.

The department's current All Hazard Response Plan has contingencies for operations with a reduced workforce ranging from 10 to 50 percent; however the plan does not currently contain specific timelines for up to 30 days for sustained operations. Plans are being developed within the COOP to properly address and include this specific operational task.

The department has begun to identify alternate facilities for essential operational purposes for police services. The plan includes sites that will allow the department (6 divisions) and its total operations to be located within the same building, along with adjacent sites/buildings within 300 to 500 feet/distance of the alternate location(s).

Note: Additional plans are being suggested for consideration via ADPS of including building special amenities to the newly developed State Trooper academy to sustain departmental operations during an all hazard/pandemic event.

The Alabama Department of Transportation (ALDOT) Personnel and Compliance Bureau Chief, Mr. Ron Green, through the division engineers and bureau chiefs (see Table 1: ALDOT Administrative Personnel) will:

- Coordinate with all bureaus/divisions to ensure that a mission essential list of employees is developed that would maintain ALDOT essential functions with alternates to utilize during a pandemic up to twelve (12) weeks.
- Coordinate with the bureaus/divisions to report manpower availability to ALDOT Emergency Management Coordinator, as required, for the Alabama Emergency Management Agency (EMA).

The Alcohol Beverage Control (ABC) essential functions are those that ABC Board staff must perform as required to regulate and control the importation, manufacture, and sale of alcoholic beverages within the State and to promote temperance in its possession and consumption. Each division has defined the essential functions within their respective unit and identified the position responsible for each function along with the primary and alternative back-ups (see Table 2: ABC Board Essential Functions – Points of Contact).

In order for the ABC Board to perform essential functions and continue operations during a pandemic, information technology plays a vital role. Accordingly, each division head has identified technological dependencies and Information Technology has identified a restoration time chart for associated software/hardware.

During a pandemic, the ABC Board will maintain store operations on a modified basis with the intent to limit social contact to the greatest extent feasible. The ABC Board Enforcement Division will assign all authorized/available personnel to provide moving patrols for ABC Store and Warehouse locations. Supporting divisions will maintain essential functions utilizing a variety of social distancing measures (e.g., telecommuting, modified work schedules, alternate facilities).

The Alabama Department of Post-secondary Education (ADPE)

Priority Essential Functions

- Determine the needs of Colleges at the beginning of the incident.
- Designate one member from each division to work with the colleges to meet the determined needs on a daily basis due to absenteeism.
- Finance and Payroll functions will continue.
- Determine the number of employees within the Department and in the colleges that may be of assistance to other State Agencies. This will be done on a daily basis by the Director of Personnel and reported to the designated person at the Department of Public Health.
- Determine when distance learning classes may be implemented during the occurrence and have each college implement as planned.

The Emergency/Pandemic Team Members

Name	Position
• Don Edwards	Vice-Chancellor for Operations & Planning
• LaTonya Dupree	Personnel
• Jeff Jones	Information Technology
• Martha Simmons	Public Relations
• Trish Jones	Instructional and Student Services
• Paula Thompson	Adult Education
• Robin Head	Payroll
• Joan Davis	Vice-Chancellor/General Counsel

Social distancing is the preferred method of operation for the Department. This may

be done with telework, distance education, or by telephone. The colleges will be given the same directives as the department and these instructions will come from the Chancellor.
The Alabama Public Television (APTV) has assumed a 40-50 per cent absentee rate on any given day. During the high absentee days only the essential functions will be addressed.
The Alabama National Guard (ALNG) A pandemic differs from most natural or manmade disasters in nearly every respect. The impact of a severe pandemic may be more comparable to that of global war than an isolated disaster such as a hurricane, earthquake or an act of terrorism, affecting communities of all sizes and compositions. Consequences are impossible to predict in advance because the biological characteristics of the virus are not known. Similarly, the role of the federal government in a pandemic response will differ based on the pandemic's scope.
The Alabama Department of Human Resources (ADHR) during a pandemic will establish a Command Center at the Alabama DHR State Office in Montgomery, Alabama. The Command Center should initially have access to communications equipment including: internet, intranet, telephone, Southern Linc, video conferencing, TTY, and facsimile. The Command Center will be staffed at the direction of the Commissioner. The Commissioner's designees will convene and continue to address ongoing concerns at the direction of the Commissioner. The DHR Emergency Management Coordinator will be available for immediate consultation with the AL Emergency Management Agency (AEMA); The DHR Management Team; County DHR Offices; and external agencies. The Emergency Management Coordinator or the Commissioner's designee will represent the Department at the AEMA Emergency Operations Center while establishing and maintaining consultation with local county offices. The DHR Commissioner will provide a toll free line to allow staff to check in if they are unable to access their local county office. During a pandemic, social distancing will be utilized to slow the spread of the pandemic; therefore, only staff that is needed to continue essential services will report to work. The essential staff is listed in the DHR COOP. Telework will be used to extent possible to assist in these ongoing services.
The Alabama Department of Human Resources (ADHR) plan details are listed, see Table 3: ADHR Essential Functions, Positions and Locations.
The Alabama Department of Revenue (ADOR) current work force of approximately 1300 employees, the Revenue Department could see an absentee rate of 35% (455 employees), lasting up to six months on a rotating basis.
The Alabama Department of Labor (ADOL) COOP plan is an important planning tool to allow proper organizational flow of responsibilities as well as necessary services this department is expected to perform in a limited capacity. It is following federal guidelines established by the Department of Homeland Security, to better insure the continuity of mission essential functions. Due to today's changing threat environment, this COOP is designed to address the all hazard threat.
The Alabama Medicaid Agency (AMA) has a Central Office and 9 Outstation District Offices and a number of SOBRA sites, approximately 60% of our employees could be available for the workforce. A PI outbreak would be detrimental to the agency and would negatively impact the mission of the agency.
The State Employee Insurance Board (SEIB) is currently located in the RSA Tower,

201 Monroe Street, Montgomery, Alabama. There are 72 Staff members divided into 8 departments. This Agency administers Health Insurance Plans for State and Local government employees, the Alabama Health Insurance Plan, and the Wellness Program. With an anticipated 40% reduction in staff for between 2-6 weeks or more, there would be 40-41 staff members available to provider services. Administrative services would be limited in each department by the number of employees' absence in the department. Cross over coverage between departments, to augment staff coverage, would be implemented as needed and determined by the Management Team. Due to the nature of the Agency's operations, remote work functions would be limited to phone conferencing and very minimal computer operations.
The Alabama Department of Education (ADOE) will be able to continue essential functions with the limited work-force due to cross-training and collaboration between sections regarding federal and state requirements and regulations.
The Alabama Emergency Management Agency (AEMA) workforce absenteeism might rise as high as 40 percent at the height of a given pandemic wave for periods of about two weeks.

Determine essential functions and which employees have unique credentials

The Alabama Banking Department's (ABD) Strategic Plan states that our mission is to "charter, license, and regulate Alabama banks and other financial services providers in an efficient and effective manner that will foster stability, instill public confidence, and promote economic development in a competitive environment." By doing so, the Department will "protect the interests of depositors, customers, shareholders, consumers, and the public.[Vision Statement]" During normal business conditions, our essential functions would include a plethora of activities (e.g., chartering new banks, conducting safety and soundness examinations of banks, compliance examinations of licensees, etc.). However, during an emergency situation the definition of "essential functions" would change, although the mission and vision would not. The Department's main objectives during an emergency would be to ensure that banks remain open; there is some type of payment mechanism for citizens to obtain cash; and communication with the public, industry, individual banks/loan companies, and Federal stakeholders. The Department determined that on-site examination of banks and loan companies could be suspended if necessary during a pandemic. Since on-site examinations require travel, continuing this normally essential function would expose our employees, bank/loan company employees, and local citizens to unnecessary risk. An off-site monitoring program of banks has already been established and is currently used to monitor banks in-between actual on-site examinations. This program can be easily modified to accommodate the monitoring of all banks in lieu of examinations on a temporary basis. Essential personnel during a pandemic would include the Superintendent of Banks, Deputy Superintendent, all Division Managers, General Counsel, the IT Services Group, and Examiners in grades of "4" or above.
The Alabama Department of Conservation and Natural Resources (ADCNR) is a support agency, with two exceptions: • Alabama Department of Public Health (ADPH) has listed ADCNR law enforcement as a primary responder during a pandemic influenza emergency. ADCNR will

provide security and transportation for the Strategic National Stockpile (SNS) of antivirals to be distributed throughout the state.

- Marine Police has been listed as a primary agency for water safety and security by EMA for nuclear power plants in Alabama
- Accounting, Legal, Personnel, engineering and Information Technology form the ICS Administrative Branch structure and will work with the Incident Commander (Commissioner of Conservation) to review and redefine departmental essential functions.

The ADCNR COOP will be accessible on disk, on the departmental public data base and in limited numbers to directors and section chiefs in hard copy. This ensures that each director or section chief can access the departmental plan at any time.

These plans also identify key personnel, outline courses of action, primary worksites, alternate facilities, and personnel designated to work from home.

The Alabama Department of Mental Health and Mental Retardation (DMH-MR) essential functions are residential and inpatient treatment, pharmaceutical services, fiscal operations including purchasing, data management, personnel, public information and administration. Services would be provided by a limited number of staff and incorporate emergency hiring procedures, as needed. Psychiatrists have unique credentials and telemedicine would be utilized as much as possible to provide these services.

Additionally, DMH-MR may establish a Command Center (CC) in the Central Office of Montgomery, Alabama or an alternate location depending upon the severity of the pandemic and the availability of resources. The Command Center would require access to communications equipment including: internet, intranet, telephone, Southern Linc, video conferencing, TTY, and facsimile. The Command Center would be staffed at the direction of the Commissioner and would include essential and disaster response staff members. The Commissioner's designees would convene and continue to address ongoing concerns at the direction of the Commissioner.

The DMH-MR Disaster Response Coordinator and the Emergency Management Coordinator would be available for immediate consultation with the AL Emergency Management Agency (AEMA), the AL Dept of Public Health (ADPH) and other state agencies as needed. Consultation would also include communication with DMH-MR facilities; Associate Commissioners; designated staff; Regional MR Offices; and local providers of the Mental Illness, Mental Retardation, and Substance Abuse Divisions regarding staffing, service provision and needs. The Emergency Management Coordinator or the Commissioner's designee would represent the DMH-MR at the AEMA bunker as needed while establishing and maintaining consultation with DMH-MR facilities

The DMH-MR Commissioner would establish at least one toll free crisis line with daily 24 hour coverage as resources allowed. The crisis line would have the capacity to be mobilized and expanded rapidly in the event of disaster. Information technology and staff resources to continue operations would be secured for essential functions of the DMH-MR.

The DMH-MR ensures mental health, mental retardation, and substance abuse services and secures the resources that will be needed in affected areas based upon its statutory authority. This is accomplished through coordination with agencies that are funded or certified by the DMH-MR and with other state Agencies (e.g., Emergency Management, Human Resources, Senior Services, Public Health, etc.), and non-

governmental organizations (e.g., American Red Cross, Alabama Psychological Association, Alabama Medical Association, etc.).
The Alabama Development Office (ADO) the essential functions are the management of technology, personnel and fiscal operations. The ADO employees responsible for performing these essential functions (see Table 4: ADO Essential Functions and Responsible Parties).
The Alabama Department of Correction (ADOC) goal of the during a pandemic emergency event will be to ensure that public protection is maintained, staff and inmates are prepared for such event, and response is appropriate to protect life and property in a manner consistent with the ADOC mission statement. Even under emergency conditions, staff will attempt to maintain and/or restore humane conditions of incarceration. Standard operating procedures are currently developed for mission essential functions relative to security, maintenance, and operations of all ADOC correctional facilities. In addition to the preservation of security and basic facility operations, the provision of inmate health services deemed critical under pandemic conditions will remain a mission essential function. Within the administrative divisions, mission essential functions would include sustainment of information processing and communication systems, processing of inmate releases, and Institutional Services operations. Security personnel working in correctional facilities are certified by the Alabama Peace Officers Standards Training Commission (APOSTC). All personnel responsible for security mission essential functions would need acceptable training and credentials. Physicians, Physician Assistants, Certified Registered Nurse Practitioners, and Nursing staff are licensed by state licensing boards. All personnel responsible for medical essential functions would need acceptable training and credentials.
The Alabama Department of Public Safety (ADPS) has identified and is compiling through the COOP plan appropriate personnel/staff to conduct essential functions during an all hazard/pandemic event. ADPS does require certain/unique credentials for its employees. The department has a comprehensive list of vendors to assist with supporting essential functions during a hazardous event. However, additional procedures such as Memorandum of Understanding/Agreements are needed to insure specific services are to be delivered and/or rendered during an event. Social distancing policies will be written and directed via the Alabama State of Public Health's office and implemented to ADPS personnel as mandated. An educational program will be developed for the department's command staff, arresting officers and non-sworn personnel as the COOP plan develops.
The Alabama Department of Senior Services (ADSS) has identified two (2) services deemed mission essential – Nutrition and Medicaid Waiver.
The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will: • Develop a mission essential list of employees, three deep, to maintain ALDOT essential functions with alternates to utilize during a pandemic up to twelve (12) weeks. • Develop non-essential support personnel lists that are trained for duty to replace mission essential employees unable to report. • Identify alternates for each staff member as contingency measure. • Prioritize requirement, identify essential functions, of the division/bureau to maintain

the transportation grids (required maintenance for safe travel) during a pandemic with up to forty (40) % absenteeism for twelve (12) weeks.

- Determine essential functions and which employees have unique credentials.
- Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials.
- Identify personnel who the ability to perform their essential functions, from their residences/off site locations, utilizing a Tele-work plan.

The Alcohol Beverage Control (ABC) divisions within the ABC Board has identified and listed essential functions and completed a PI-COOP plan. This plan clearly identifies employees responsible for performing essential tasks as well as the primary and secondary alternates. To account for both essential and non-essential staff during a pandemic, an electronic file has been created to track employee availability and identify the necessity to replace essential personnel.

The Alabama Department of Post-secondary Education (ADPE) essential services will include payroll, and financing to colleges. The Department will follow the State Personnel Department, Guidelines for State Agencies for Pandemic Flu.

The Alabama Public Television (APTV) has a list of essential operations that must be carried on during an emergency such as a Flu Pandemic. The primary mission of The Alabama Public Television (APTV) will be to keep our transmitters on the air and broadcasting information to the people in Alabama.

The Alabama National Guard (ALNG) potential (Tasks) in support of (ISO) Pandemic Influenza Response Operations:

(1) The Alabama Army National Guard can offer a number of special capabilities to the state's pandemic influenza response plan. The ALNG has a well established command structure with assets across Alabama. The ALNG has experience in large scale disaster response and special skills in planning and implementation. The ALNG has an extensive inventory of vehicles as well as a number of aircraft. However, the ALNG will likely be impacted the same as the civilian population as a whole as our Guardsmen are citizen soldiers and live and work with the public at large. Therefore, capabilities as described below can be provided in a limited capacity. The state should NOT count on the ALNG to be able to provide the level of response it has done so in the past for natural disaster responses.

(2) Given the special capabilities of the ALNG, there are a number of potential roles for our Soldiers and Airmen:

(a) The ALNG has extensive experience in large scale mission driven planning.

(b) The ALNG can assist or oversee the distribution of critical supplies to include tracking selected pacing items (food items, gasoline, natural gas, propane, butane, coal for electrical generation, medical supplies such as oxygen, ventilators, antiviral meds, etc).

(c) The ALNG is able to supplement first responders (police, fire and EMS) and corrections officers.

(d) The ALNG is capable of conducting a portion of potential drug distribution or mass immunization when available.

(e) The ALNG has Geospatial Information Systems (GIS) and topographical mapping assets capable of the development of specialized maps (hospital utilization, distribution sites, etc.)

(f) The ALNG has the capability of providing security for selected Critical

Infrastructure (CI)/Key Resource (KR) sites.

(3) In each of the above and below listed capacities, the ALNG can provide limited support. This is due to the fact that the ALNG is not the primary ESF to perform the mission, and that specific support requirements have not yet been identified by the state. Listed below is our concept at this time of possible areas where RFAs will be submitted. This list of RFAs could grow as other agencies determine their needs. It is also important to remember that some Alabama National Guardsmen will not be available for ALNG duty due to the fact that they have a critical civilian skill and there will be a greater need for them in their civilian role. Such roles are law enforcement, fire fighting, medical, etc.

(a) In terms of the recognized Emergency Support Functions (ESF) the ALNG can potentially assist in the following general areas:

i. ESF 1: Transportation, Manage ALNG aviation operations , Augment FAA Air Traffic Control (ATC), Provide limited ground/surface support, Assist AEMA and Law Enforcement Agencies (LEA) with interstate travel restriction requirements

ii. ESF 2: Communications, Assist with civil infrastructure functions, Command, control, communications, and computers (C4) for NG forces, Interoperability between ALNG and civilian responders, Improved communications with T10 forces as needed

iii. ESF 3: Public works and Engineering, Assist utility agencies as required, Augment transportation, Food distribution, Limited trash removal

iv. ESF 4: Firefighting, Personnel augmentation, Limited aviation fire suppression

v. ESF 5: Emergency Management, Liaison officers with state operations centers, FHQ-AL, AL-EMA EOC, ADPH

vi. ESF 6: Mass Care, Housing, and Human Services, Staff distribution sites, Food distribution

vii. ESF 8: Public Health and Medical Services, Immunization or antiviral distribution, Stockpile security, Limited vaccine administration, Limited facility space

viii. ESF 11: Agriculture and Natural Resources , Assist with emergency animal eradication and disposal

ix. ESF 13: Public Safety and Security, Augment quarantine enforcement, Augment security of health care facilities, Limited LEA personnel backfill, Augment public health screening, Rules for Use of force (RUF) for NG, Limited Non-Lethal Weapons (NLW) support

x. ESF 15: External Affairs, Public affairs, Limited community relations, Limited International affairs, Liaison officers for state and local coordination

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The Alabama Department of Human Resources (ADHR) plan details are listed, see Table 3: ADHR Essential Functions, Positions and Locations.

The Alabama Department of Revenue would continue to operate normally, reducing non-critical operations as workforce levels dictate, until such time that available staff could only perform critical functions. The critical functions as defined in the Revenue Continuity of Operations (COOP) plan are:

- depositing money in the bank and certifying funds
- distributing money to the localities
- paying employees

The Alabama Department of Labor (ADOL) table below indicates priorities in a

limited outbreak or event. It is most likely that from the point the Governor's Office declares an emergency, all the department of labors functions will cease, because none are considered essential "under any and all circumstances". All the department automobiles and any other assets deemed usable would be at the disposal of Governor's Office.

Priority Level – Essential Functions

- Administer Child Labor Program, Elevator Safety Program, and Boiler Safety Program
- Ensure that all safety issues that are reported are investigated.
- Provide technical support and information.

The Alabama Medicaid Agency (AMA) will provide a system of financing health care for eligible Alabamians in accordance with established statutes and Executive Orders.

Name	**Title**
Carol H. Steckel	Commissioner
Bill Butler	Office of General Counsel
Georgette Harvest	Human Resources
Henry Davis	Governmental Affairs
Gladys Gray	Internal Audit
Mattie Jackson	Executive Assistant
Lee Rawlinson	Beneficiary Services Deputy Commissioner
Lee Maddox	Administrative Services Deputy Commissioner
Dr. Mary McIntyre	Clinical Standards & Quality Medical Director
Dr. Robert H. Moon	Health Policy Medical Director
Terry Bryant	Chief Financial Officer
Kathy Hall	Program Administration Deputy Commissioner
Luann McQueen	Elderly/Disabled Certification Director
Sharon Parker	Family Certification Director
Gretel Felton	Certification Support Director
Diane McCall	Administrative Services Director
Jacqueline Thomas	Program Integrity Director
Susan Jones	Fiscal Agent Liaison Director
Terrell Flowers	Information Systems Director
Theresa Richburg	Quality Improvement & Standards Director
Karen Wainwright	Finance Director
Keith Thompson	Third Party Director
Keith Boswell	Provider Audit/ Reimbursement Director
Kim Davis-Allen	Medical Services Director
Marilyn Chappelle	Long Term Care Director
Dr. Kelli Littlejohn	Pharmacy Services Director

Robin Rawls	Communications and Health Promotion Director
Charles Terry	Health Management Support Director

The State Employee Insurance Board (SEIB) serves a vital and ongoing crucial function for covered members, most functions would be considered non-essential in a state of emergency or pandemic Influenza outbreak. Existing cross trained staff would be able to provide immediate services or take information via phone for later determination. Input, via phone contact, from incapacitated personnel would bridge any imperative decisions for immediate action.

The Alabama Department of Education (ADOE) will be able to continue predetermined essential functions in support of LEAs and the SDE by limited facility use and personnel contact as well as by implementing teleworking.

The Alabama Emergency Management Agency (AEMA) (see Table 5: AEMA Daily Operations Mission Essential Functions).

Cross-train to provide 3-deep back-ups for the employees performing essential functions or who have unique credentials

The Alabama Banking Department's (ABD) essential personnel mentioned in A.1.1.2 above each have back-up personnel that can continue their essential services and functions should anyone become unavailable. These persons live in various areas of the State, including Montgomery, Birmingham, Mobile, Andalusia, etc., which provides geographic diversification. In addition, as part of the Department's regular Business Continuity Plan, the Department has established back-up sites in-state at our Hoover office and out-of-state at the Federal Deposit Insurance Corporation in Atlanta, Georgia, and the Tennessee Department of Financial Institutions in Nashville, Tennessee to continue operations if necessary.

The Alabama Department of Conservation and Natural Resources (ADCNR) is not a primary response agency, but is a support agency with a large contingent of law enforcement agents including: Wildlife and Freshwater Fisheries, Marine Police, Marine Resources, State Parks, and State Lands with an Administrative division comprised of Legal, Personnel, Engineering, Accounting, Diversity & Recruiting, and the Commissioners office. Within the five operating divisions each has similar but different missions or essential functions. Each division has identified their essential functions and cross trained their employees to continue to function during an emergency.

The Alabama Department of Mental Health and Mental Retardation (DMHMR) cross trains continuously, with staff being apprised of pertinent information relative to the ongoing operations of the Dept. Additionally, the Dept employs numerous individuals with experience across multiple mental health settings. Telemedicine would be utilized as much as possible for psychiatric services.

Additionally, DMH-MR developed a Disaster Response Organization chart as a component of its draft Pandemic Influenza Plan. The plan includes Orders of Succession designating a Chain of Command with 3-deep back ups for the Commissioner, and 2-deep back ups for Associate Commissioners that will need to be reviewed, expanded and updated.

The Alabama Development Office (ADO) cross-training is underway to ensure the continuation of essential ADO functions. A chain of command and line of succession listing (see Table 4: ADO Essential Functions and Responsible Parties).

The Alabama Department of Corrections (ADOC) utilizes extensive and comprehensive training regiments to ensure that all employed correctional officers are fully capable of manning multiple security posts within any correctional institution of the State. Details of the various training programs are noted below. These programs equip our staff with the knowledge and skills to be backups for any essential function of a prison. However, it must be noted that the scale of the prison system, which is functioning in a state of excessive crowding and critically understaffed operations, makes it impossible to train enough ADOC employed personnel to ensure 3-deep support for performance of mission essential functions during a pandemic. ADOC will be forced to rely upon outside assistance from other state government agencies, and outside law enforcement entities, including the Alabama National Guard, to ensure facility security and public safety are maintained. ADOC requests that such additional resources be pre-identified and included in statewide pandemic security training programs to ensure an adequate and viable source of security personnel is available for essential functions during such an event.

Basic Training through the Alabama Corrections Academy for all security personnel are required to complete a 12 week training program at the Alabama Corrections Academy, which leads to APOSTC certification. The Academy's "Basic Training" curriculum includes a residential, APOSTC accredited program with 480 instruction hours. The Training Academy staff includes 10 APOSTC certified instructors. Completion of this program provides the knowledge, skills, and ability to serve as backups for any security post within a correctional facility

Regional Training consists of nine separate Training Centers located around the state designed to accomplish all annual in-service training for ADOC employees. All locations have training classrooms, staff offices, and a firing range.

Regional Training's curriculum usually consists of 40 hours of in-service training for law enforcement personnel and 8-16 hours of in-service training for support personnel. Topics of training range from security related subjects to basic administrative responsibilities. Exposure to these topics facilitates acquisition of knowledge and development of skills enabling utilization of non-security personnel for certain limited-contact security positions within a correctional facility.

Doctors/Mid-levels: Area sister unit facility providers cover for area sister unit facility providers. Contracted Central Office regional doctors would provide back-up coverage via phone for facility providers.

Nurses: Shifts 1, 2, and 3 would become shifts 1 and 2. Shift 3 would technically dissipate based on a 33% absenteeism rate.

We are currently unable to plan three deep training and thus back-up. Additionally a severe nursing shortage currently exists. We could potentially be forced to rely upon outside assistance from other state government or healthcare agencies to ensure health services are maintained to meet critical needs within the institutions.

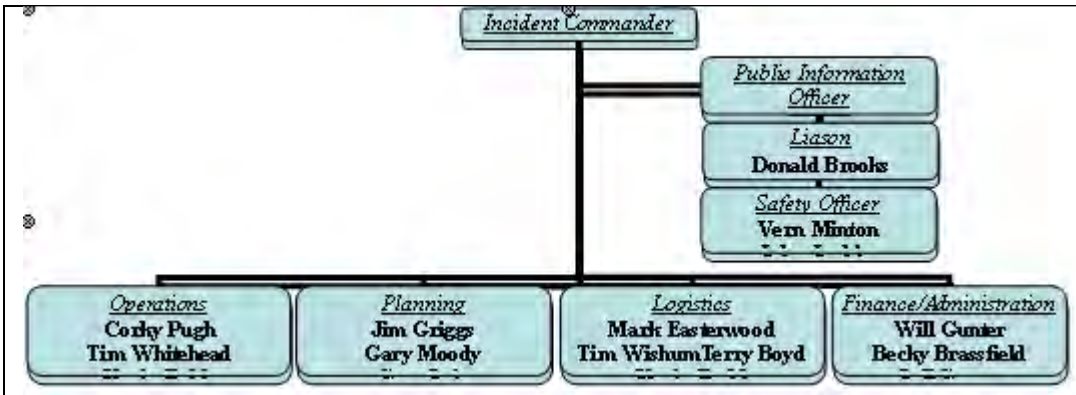
The Alabama Department of Public Safety (ADPS) has identified key personnel for back-ups for essential functions during an event. An order of succession (from the Director's office to other key personnel) includes personnel located strategically throughout the State which contains a minimum of 3-levels of succession. Training has not begun specifically for a pandemic response in the reduction of the workforce; however, ADPS' All Hazard Plan makes concessions for this process, and the department has responded to other hazards within the State requiring a limited

workforce. The COOP plan will include specialized training for response to a pandemic and the expectation of a reduced workforce in operational planning. Vital records have been identified and compiled for the agency's COOP plan. Additional discussions are scheduled to insure appropriate and secure measures are addressed to assist information technology personnel in essential/vital records' storage, retrieval, and restoration during a pandemic event.
The Alabama Department of Senior Services (ADSS) will cross-train some non-essential staff unaffected by the pandemic to serve as back up to other positions to ensure adequate staffing. ADSS policy when implemented take into consideration that absenteeism may exist due to a majority of personnel having young children, who may be ill or out of school; individual needing to care for elder parents; or even personal illness. Agency personnel with essential mission requirements have been identified for working from their homes. While essential staff will have access to required automated resources, non-essential staff will be identified for use of home computer which can be link to necessary websites in support of Alabama's aging communities.
The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will: • Determine essential functions and which employees have unique credentials. • Cross-train to provide three deep back-ups for the employees performing essential functions or who have unique credentials (administrative, professional, or require specialized training/certification).
The Alcohol Beverage Control (ABC) ensures rapid response to a pandemic situation where the PI-COOP plan is implemented; each division has established a leadership succession plan. This listing will be utilized to identify an administrative personnel hierarchy and to expedite the time required to establish, modify, and/or implement operational policies and procedures.
The Alabama Public Television (APTV) current field staff at the transmitters, along with engineering management, is trained to cover for each other during absences. All personnel in other departments, accounting, programming, F & A and others, have done cross training so the necessary day to day operations can continue.
The Alabama National Guard (ALNG) cross-train capability is inherent in all Guard Units in accomplishing their mission. If a unit is unable to accomplish its mission, the ALNG JOC will assign another unit to replace that unit/capability. Each Directorate and Major Command (MACOM) will identify the minimum essential key personnel that must perform their duties in order to ensure the ALNG can maintain COOP. Personnel operating in non or less essential functions will be cross-leveled into essential operations. Personnel will be trained to at least 3-deep to ensure COOP throughout all shifts. Other means of conducting operations when possible as outlined in base plan paragraph 3.c above will be utilized.
The Alabama Department Human Resources (ADHR) will change in leadership; the successor will have the ability to act upon behalf of the person they succeed. The primary and four alternates are listed. For each essential function the essential personnel required to perform the function are detailed in the COOP plan. The chain of command for DHR leadership will revert as follows: • Commissioner: • Deputy Commissioner for Field Administration

• Deputy Commissioner for Fiscal and Administrative Services • Deputy Commissioner for Family Resources • Deputy Commissioner for Children & Family Services See Table 3: ADHR Essential Functions, Positions and Locations
The Alabama Department of Revenue (ADOR) currently has approximately 1,300 employees located throughout the state and has a small force of Foreign Auditors located in other states. Critical sections within the department have multiple employees trained in the same function(s).
The Alabama Medicaid Agency (AMA) is in process of implementing 3-deep backups for employees performing essential functions.
The State Employees Insurance Board (SEIB) cross trains continuously, with staff being apprised of pertinent information relative to the ongoing operation of the Agency.
The Alabama Department of Education (ADOE) will be able to continue essential functions with the limited work-force due to cross-training and collaboration between sections regarding federal and state requirements and regulations.
The Alabama Department of Emergency Management (AEMA), internal professional development training currently underway.

Establish standard operating procedures for essential functions

The Alabama Banking Department's (ABD) essential personnel have back-up personnel who fully understand their roles and can continue such during an emergency. In addition, the Bureau of Loans section of the Department that regulates loan companies has purchased and is using a database that has as a key element a "work process flow" that monitors the flow of work and what next step is necessary. This database has been so successful, that the Bureau of Banking section that regulates banks is in the process of designing and purchasing a similar database.
The Alabama Department of Conservation understands that Pandemic Influenza planning requires more comprehensive planning and cross training because of the uncertain nature of who will, and will not be infected. Each division and section have developed a comprehensive continuity of operations pandemic influenza plan that has been prepared to ensure essential operations, and functions can be performed during a pandemic. This document does not contain each divisions COOP plan in entirety, but is a summary of the departmental plan. ADCNR has developed an order of succession, a call down list, and talk groups that will be initiated by the Commissioner of conservation, in case of any emergency. The commissioner or his designee may activate the departmental influenza coop, ICS e used as a tool to plan and perform essential functions. The commissioner or his designee nction as incident commander. The diagram shows incident commander, command staff, neral staff personnel:



The Alabama Department of Mental Health and Mental Retardation (DMH-MR) draft Pandemic Influenza Plan incorporates plans and procedures for pandemic influenza and it reflects guidance from ADPH. During a pandemic, DMH-MR would establish expectations of the roles that its facilities; Regional MR Offices; and local providers would play prior to, during, and in the aftermath of pandemic influenza in collaboration with facilities; Regional MR Offices; and local providers of the Mental Illness, Mental Retardation, and Substance Abuse Divisions.

Preparation may include the development of standards/amendments to the Administrative Code; the expansion/development of provider contract language regarding disaster/pandemic preparedness and response to include the development of mutual aid agreements; and the development of additional DMH-MR disaster related policies and procedures.

The final authority for coordination, approval of policies and procedures, and assignment and delivery of disaster/pandemic related services rests with the DMH-MR Commissioner. The DMH-MR Commissioner has the responsibility to preserve the Administration's resources (personnel and property); supervise DMH-MR staff; direct interventions pertaining to disaster/pandemic related mental health, mental retardation, and substance abuse services.

The DMH-MR Commissioner or representative may designate emergency relocation plans with the expectation that facilities and community providers would "treat in place" in the absence of additional resources. The DMH-MR Commissioner may also take measures to secure other vacant state facilities as needed. His may include the development of Memoranda of Understanding.

Additionally, DMH-MR will incorporate guidance into its draft Pandemic Influenza Plan consistent with the Occupational Safety and Health Administration's (OSHA's) guidance.

The Alabama Development Office (ADO) ensures the continuation of the essential functions of ADO and, if necessary, to be prepared to assist other government agencies (federal, state or local) in the performance of their essential functions, the following standard operating procedures shall be followed in the event of a pandemic:

Essential Personnel – All essential ADO staff will follow the rotation schedule established by the lead supervisor within their functional area (see Table 4: ADO Essential Functions and Responsible Parties).

Non-essential Personnel – All non-essential ADO staff will be instructed by the ADO Director (or designee) to stay home until notified to do otherwise. Instructions to report to work at the ADO office or other locations as deemed appropriate, will be issued only

by the authority of the ADO Director (or designee). All ADO staff instructed to remain at home will be required to contact ADO by telephone, email, or fax, no later than 10 am Monday through Friday. Since the Admin Division will be occupied most workdays, please use telephone number 242-0448, email address ado.info@ado.alabama.gov, or fax number 353-1212. Call-in messages must include (1) the name of the employee, (2) whether the employee is healthy and available to work, ill with the flu, providing care for others who are ill with the flu, or is unable to work for some other specified reason and, (3) how they can be contacted later that day, if necessary. ADO personnel who comply with these instructions shall be considered "at work" and no leave (annual, sick or other) will be charged. Additionally, this information shall be reported to the designated authority within the Alabama Department of Public Health for work assignments if the need arises. Failure to report to a reassignment without justification shall constitute job abandonment.
The Alabama Department of Corrections' (ADOC) correctional facility and administrative division currently has standard operating procedures established for mission essential functions.
The Alabama Department of Public Safety (ADPS) has begun discussions on standardization of operational functions during a pandemic event. The department will formalize its roles, responsibilities, actions and priorities to fulfill safety and public security with a potential for a decreased workforce and to establish clear steps for working with federal and local counterparts in a changing environment during a pandemic.
The Alabama Department of Senior Services (ADSS) Nutrition Services will be met by: ADSS and Area Agencies on Aging (AAAs): • Provide all clients with emergency preparedness information that will include (1) emergency food and medical supplies to stockpile in the home and (2) suggestions for minimizing spread of flu and treating flu at home. • Identify high risk clients in both congregate and home delivered meals programs. Primary criteria will be frail seniors having little or no family support in the local community and/or frail seniors living alone. • Work with clients, families and other community programs including faith based to ensure that high-risk clients have emergency supplies in home. • Work with clients and community leaders to identify persons/agencies that can provide support to high risk clients. • Establish calling trees through senior centers for monitoring and supporting clients. ADSS Vendors must: • Develop emergency food kits for in-home use by elderly clients. • Said kits will provide 7 meals/pack. Will have both breakfast and lunch/dinner meal options. Preferred pack will be frozen meals but will utilize shelf-stable meals for clients that cannot manage frozen meals. All meal packs will have minimum of 1 year shelf life. • Include educational materials in meal packs. • Develop a marketing and distribution plan that will provide for purchase of kits by both agencies and private individuals. • Identify at least three sources of each food item in emergency food kits. As feasible, identify appropriate substitutes.

- Locate alternative sources of food supplies. Currently, all frozen and shelf stable meals come from Traditions in Jackson, MS and majority of hot food supplies come from Sysco in Calera, AL. Dairy products purchased from Barber's Dairy in Alabama.
- Develop an emergency plan that will allow each production unit to continue to meet contractual obligations but work independently of other units and the corporate office, especially with respect to computer operations and purchase of supplies. Identify at least 7 hot meal menus that can be produced with minimal effort using canned and frozen foods exclusively. Provide for designated alternate for all key personnel positions at each production unit.

ADSS must:

- Develop emergency plans that allow agencies/clients to use vouchers for purchasing meals at the local level under Elderly Nutrition Program. Meal sources will include restaurants, school cafeterias, nursing homes, and hospitals.
- Develop emergency plans that allow agencies/clients to use vouchers for purchase of frozen and breakfast meal components at local groceries and supermarkets under Elder Nutrition Program and Medicaid Waiver.
- Work with other state agencies and vendor to locate alternative sources of food supplies. Currently, all frozen and shelf stable meals come from Traditions in Jackson, MS and majority of hot food supplies come from Sysco in Calera. Dairy products purchased from Barber's Dairy.
- Provide State Nutritionists with cell phones, software and computer access as required to permit employees to work from home if needed.

Nutritionist are:

- Mary Ann Ostrey, RD, (334) 850-3047
- Mary Anne Porzig, RD, (334) 850-2326
- Bobbie Morris, RD, (334) 328-4123
- Obtain legal authority for implementing emergency measures outside of foodservice contract. This will include use of vouchers and possibly service contracts with other food suppliers (school cafeterias, nursing homes, hospitals, etc). May also need to waive some requirements in nutrient planning standard.
- Establish decision tree with designated alternates at each level.
- Explore feasibility of purchasing emergency kits under existing contract versus bidding a separate contract that will allow provision of additional supplies.
- Medicaid Waiver Programs essential services are meals, respite, personal care, and homemaker. These services are identified as essential in order to maintain the health and safety of clients living at home. Case management services could potentially be done via phone.
- An identifier has been established for high risk clients who may require critical assistance during a pandemic related threat which may facilitate loss of power, water, transportation and emergency medical assistance. Fox example, some of our clients may be totally reliant upon the medical services provided through the Medicaid Waiver Program, as they could be bedridden with no primary caregiver residing n the home. The local EMA will have access to this list of high risk clients in the event of an emergency. The AAAs' plans would outline lines of communication with local authorities and ADSS as to how they would handle the clients identified as extremely

high risk. Individualized plans will be required for those high risk clients without caregivers, receiving case management services such as Medicaid Waiver.

Implementation of the pandemic plan would account for varying scenarios. For example:

- Initial plan - increased threat of pandemic might include ADSS offering technical assistance to AAA's in implementing local pandemic plans and individual client plans. ADSS planning and communication with Food Service Vendor and relaying information to local AAA's and Public Health Home Care Division. AAA's would assist with collaboration on local level, development of individual client plans, communication with external caregivers, stockpiling of shelf stable meals, helping client obtain extra medications, etc.
- Intermediate plan - starting to have fewer workers would move to fewer scheduled deliveries of food, other services reduced to essential services to clients with the most critical need and communication with all clients to reduce anxiety and prevent potential medical emergencies. Ongoing daily assessment of service availability and needs through communications with local AAA's and Vendor.
- Crisis planning – ADSS would be available for consultation and technical assistance to AAA's, Vendor and any other entity or agency seeking advice relating to the elderly population. All AAA's will be encouraged to have a local designee assigned to facilitate communication with each individual county in region as at this stage all crisis will be handled on the local government level.

The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:
Establish standard operating procedures for essential functions (utilize state of Alabama form 40).

The Alabama Public Television (APTV) essential functions are to be carried out in the following order: maintain operation and programming of transmitters, assist other agencies in getting information out to the public, maintain accounting functions so employees are paid, pay outstanding bills, and change focus of production to information programs about the situation.

The Alabama National Guard (ALNG) addresses standard operating procedures in all appendices in the National Guard's Concept Plan

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The Alabama Department of Revenue's (ADOR) COOP plan documents the operational procedures for performing those critical functions manually for a minimum of 30 days. As long as the technical infrastructure is intact and adequate staff is available, the critical functions could be performed beyond the 30-day timeframe. The department has tested and will continue to regularly test the COOP plan.

In addition to the COOP plan, the department's Information Technology Division has an operational Business Recovery Plan that can be activated to facilitate recovery of computer systems and network resources should the infrastructure deteriorate over time due to non-availability of agency and vendor technical support personnel.

The Alabama Medicaid Agency (AMA) is in process of documenting standard operation procedures for essential functions.

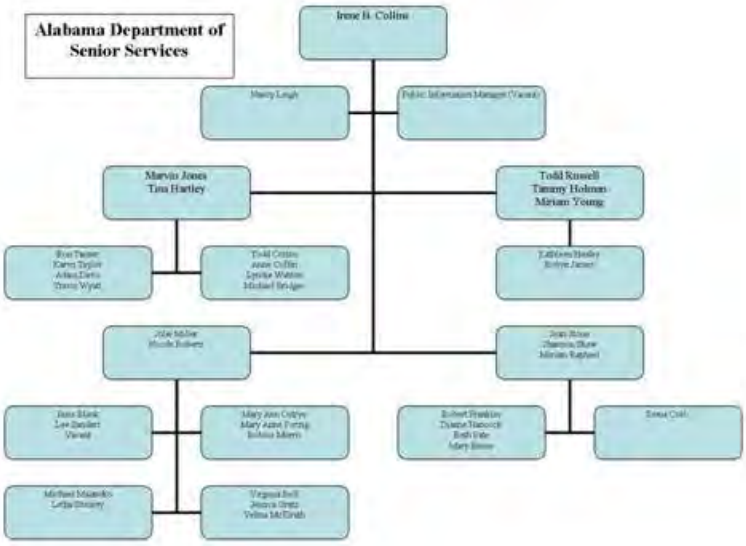
The State Employees Insurance Board (SEIB) draft Pandemic Influenza Plan incorporates plans and procedures for pandemic influenza state of urgency. Preparation may include the development of standards/amendments to the existing policies and procedures. The final authority for coordination, approval of policies and procedures,

and assignment and delivery of disaster/pandemic stage services, rest with the Executive Director.
The Alabama Department of Human Resources (ADHR) as a primary agency will respond to disasters in accordance with the Continuity of Operations Plan (COOP). Each division or office will ensure that essential functions will continue in accordance to the State Plan.
The Alabama Department of Education (ADOE) has a PI Preparedness Plan designating essential functions of each section and protocol for continued support for SDE and LEA essential functions.
The Alabama Department of Emergency Management (AEMA), see State Emergency Plan (EOP)

Create telework plans

The Alabama Banking Department's (ABD) IT System Specialist, Frank Ander, has been designated as telework coordinator and has initiated steps to enable teleworking through various telecommunication venues. Computer and Internet Access: Examiners normally travel with their jobs and each has been issued a laptop computer equipped with various means of gaining access to the internet and to the Department's network. The laptops have wireless capability, as well as Bellsouth internet service available. Examiners also have access to an "air card" that allows internet access through cell towers, when more conventional means are not available. Each examiner has VPN (Virtual Private Network) installed on their laptop to ensure secured access to the Banking Department's network server. Therefore, examiners have the ability to access the network and the internet from home, a bank, a hotel room, or anywhere they may travel. Older laptops are being issued to office personnel that do not normally travel so that they may also have access to these services away from the office during an emergency. Telecommunications: Key personnel, including the essential personnel designated in A.1.1.2 above, are being issued Blackberrys to ensure access to communication at all times in any location. The Blackberrys also have email capabilities, enhancing communication among key personnel wherever they are based. The Department has also secured Government Emergency Telecommunications Service (GETS) Cards for key personnel, which allows users a high probability of completion for their phone calls when normal calling methods are unsuccessful. It is designed for periods of severe network congestion or disruption and gives priority to its users.
The Alabama Department of Industrial Relations (ADIR) will use the Birmingham Call Center building as an alternate facility for COOP. During a pandemic, the Birmingham Call Center will be used for social distancing. The alternate facility will accommodate essential personnel (see Table 6: ADIR Essential Personnel). The essential personnel designated to work at the alternate facility will be notified by the Director. The alternate facility will be wired to support computers, printers, facsimile machines, phones, and copy machines. ADIR personnel may be asked to work from home during a pandemic (see Table 6: ADIR Essential Personnel). Remote desktop software will be used by personnel working from home.
The Alabama Department of Mental Health and Mental Retardation (DMH-MR) increasingly provides staff with the technological capability to perform work outside of

traditional work settings. Additionally, it employs telemedicine as service option, and select community providers currently utilize this technology with plans for expansion.
The Alabama Development Office has measures underway to convert the ADO IT system to wireless network connections, including desktop and laptop computers, and printers. This will facilitate the relocation of office computers to offsite locations in the event of a pandemic. Many ADO employees may be asked to work from home during a pandemic. To facilitate communications to/between ADO personnel, all forms of voice and data transmissions (Blackberry, Treo, cell phone, landline telephones, internet access through laptop and desktop computers, and fax machines will be utilized. A complete listing of contact data for all ADO personnel has been compiled (see Table 7: ADO Employee Emergency Preparedness Contact List). In the event normal communication channels are disrupted, ADO employees and other interested parties are encouraged to refer to the ADO website (www.ado.alabama.gov) which will contain pertinent information related to agency operations and possible re-assignment of ADO staff during the pandemic. Announcements may be made through the area news media (TV, radio, and/or newspaper).
The Alabama Department of Corrections (ADOC) mission essential functions for ADOC during a pandemic typically do not lend themselves to telework procedures. However, some clerical aspects of facility mission essential functions can be carried out via scan devices, email, and web mail. Providers may order care and treatment via phone or internet modes. Nurses will receive, record, and carry out such orders. Providers will sign verbal orders upon return to the facility. Out of unit clerical/support staff will work off-site via internet/phone access when conducting administrative/clerical support duties.
The Alabama Department of Public Safety's (ADPS) services all consist of direct public interaction. In the event of a pandemic, services will be very limited, with payroll and analytical operations perhaps being the only services that can be accomplished from home. Technological support and infrastructure are being discussed (i.e. who will be allowed to work from home or other specified location(s) and determine whether or not the department have the means to implement and sustain a telework system) during COOP planning meetings. Additional discussions are essential to determine the methodologies for teleworking for employees during a pandemic event.
The Alabama Department of Senior Services (ADSS) has already made available access to its network for individuals via Virtual Private Network (VPN) connections. Key individuals respond to inquiries from the Executive Director from their home or other remote sites by interfacing with information which resides on the mainframe. ADSS personnel are already equipped individuals with cell phones, personal digital assistants (PDAs), and wireless laptops for working away from the main office. As conditions may dictate, ADSS would be able to provide other key individuals with similar remote access, e.g., performance of payroll activities. Through existing technologies, ADSS will be able to maintain daily operations through teleconferences and telework. Personnel policies will address conditions when this may occur. ADSS Call Tree:



The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:

- Identify personnel who the ability to perform their essential functions, from their residences/alternate locations, utilizing a Tele-work plan.
- The ALDOT Computer Services Bureau Chief, Mr. Michael Stokes; Ms. Princess Harper, will:
    - Construct/utilize/provide access to a telework plan for personnel in the divisions/bureaus who possess the ability to perform their essential functions, from their residences/alternate locations, during a pandemic.

The Alcohol Beverage Control (ABC) Board's primary objective is to regulate and control the importation, manufacture, and sale of alcoholic beverages within the State and to promote temperance in its possession and consumption. Accordingly, social distancing measures for essential personnel allocated to the Enforcement Division and Product Management Bureau are limited. Essential support personnel within other divisions may be asked to work from home during a pandemic.

Work rules and procedures as defined by operating manuals and ABC Personnel Policies and Procedures will remain intact but will be relaxed to account for unique circumstances.

The Alabama Department of Post-secondary Education (ADPE) will send employees home during the pandemic event to promote health at work. Telecommuting will be used by all employees that are not ill, caring for an ill family member, or caring for a child out of school because of closing. Telework policies are now being written as well as assessing the system for telework capability. All employees will have the ability to use equipment as needed for telework.

The Alabama Public Television (APTV) currently has a plan in place where key personnel can work from home using the internet to access their office computers. This

is currently being done at various times by the staff to ensure familiarity with the system and look for improvements.

The Alabama Department of Revenue (ADOR) Integrated Tax System (RITS) and the legacy mainframe Automated Revenue Information System (ARIS) are the primary tax processing applications utilized by the Department. During an influenza pandemic those systems should remain operational until such time that the available Data Center and technical support staff can no longer operate and maintain the systems. The Department has approximately 450 laptop computers, most of which are assigned to auditors and have remote access capability. Those laptops could be redistributed to central office employees and permit access to Revenue systems from individual homes. Revenue has a policy which prohibits employees from using their personal computers for Revenue business and this policy would remain in place due to the unacceptable high risks affecting data security and network functionality.

The Alabama Department of Labor (ADOL) has no other facilities in which it could relocate. Inspectors will be working from home and all other staff will be expected to report to the Labor Department at RSA Union Building 100 North Union Street, Montgomery if possible. If not, they would remain at home.

Mission Critical Systems

System Name	Current Location	Other Location
Praeses Corporation Internet access for on line database program	RSA Union Bldg 100 N. Union St. Montgomery	Inspectors office located in their home(s)
Internet access for finance officer and payroll clerk	RSA Union Bldg 100 N. Union St. Montgomery	At home

The Alabama Medicaid Agency (AMA) will be addressing telework plans in the Alabama Medicaid Agency's COOP plan.

The State Employees Insurance Board (SEIB) telework capabilities are limited to individual worksheets and files. Access to mainframe data bases from remote locations, are non-existent.

The Alabama Department of Human Resources (ADHR) social distancing as a strategy will be utilized as necessary to reduce the risk of person to person transmission. Essential functions to the extent possible will be conducted by email, teleconferencing and telephone. Each unit has developed specific plans to be utilized during a pandemic.

The Alabama Department of Education (ADOE), Prevention and Support Services Section, conducted a pilot teleworking test which provided guidance for state issued equipment and supplies needed to work at home. The outcome provided recommendations as to what worked or did not work, as well as additional needs to facilitate personnel working from home in order to meet predetermined ADOE and LEA essential functions.

The Alabama Department of Emergency Management (AEMA) has blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus.

Assess changes in demands on State agencies' services

The Alabama Banking Department's (ABD) on-site examination of banks and loan companies could be suspended if necessary during a pandemic. The essential functions, as defined during a pandemic, could be performed by the "essential personnel" designated in A.1.1.2, including the Superintendent of Banks, Deputy Superintendent, all Division Managers, General Counsel, and Examiners in grades of "4" or above.
The Alabama Department of Industrial Relations (ADIR) maintains a staff of approximately 900 employees statewide. ADIR divisions will identify essential personnel in the COOP. The severity of the pandemic will dictate the location to which personnel will be assigned. Employee availability and absences will be monitored by individual divisions. Human Resource and Personnel Policies already in place will apply. Policies may be relaxed during an event such as working from home, teleconferencing, and hiring contract workers. ADIR will adhere to such policies as they are adjusted and directives will be issued by the Director. ADIR personnel understand that responding to disasters is a responsibility of employment with the department. ADIR personnel have been educated on infection control measures and methods of self-sustainment during a pandemic. Educational brochures and infection control supplies, including masks and hand gel, will be purchased for each employee. ADIR personnel will be pre-trained in alternate roles and crossed trained for essential functions as necessary. The order of succession for each essential function and for each division will be recorded in the COOP.
The Alabama Department of Mental Health and Mental Retardation (DMH-MR) inpatient facilities operate with an ongoing demand for services, and a typical waiting list for admission. As such, DMH-MR has no surge capacity. Additionally, involuntary commitment to mental illness facilities occurs at the discretion of the county judicial system. DMH-MR will need to dialogue with this system relative to pandemic operational procedures regarding capacity issues. Community providers also experience demands for services. It is anticipated that during a pandemic, services would be limited to residential, emergency, and pharmaceutical services. As much as possible, telemedicine would be utilized. A toll free crisis line could be designated for response to crisis counseling requests from the general public and Public Information Staff could work with ADPH and the media to disseminate crisis counseling information.
The Alabama Development Office (ADO) Director (or designee) will notify the economic development community throughout the state (ADO's primary stakeholders) that normal operations have been suspended until further notice. This notification will be transmitted by means of a mass email. All needed email addresses have been compiled in the ADO email address book. The ADO website will also contain this announcement.
The Alabama Department of Corrections (ADOC) processes approximately 1,000 inmates from county jails into the State Prison System on a monthly basis, via intake at Kilby Correctional Facility and Tutwiler Prison for Women. After intake processing, these inmates are dispersed across the entire state and would therefore be an accelerated source of infection spread during a pandemic. As a result, the ADOC, at the discretion of the Commissioner after consultation with the State Health Officer, will suspend all inmate admissions to State custody from Alabama county jails in the event of an influenza pandemic.

Inmates will experience a reduction of routine daily medical operational procedures; i.e. scheduling routine visit with health staff, and referrals for health consults off-site. There will be a noted increase in urgent care intervention for the inmate population. Crisis mode triage and intervention will be implemented. Competition will increase for medical resources and supplies that are already in short supply, including health care personnel and medication. There will be a decrease in health services currently provided at satellite camps. There will be an extreme demand for inmate infirmary beds and appropriate bed space.
The Alabama Department of Transportation (ALDOT) Division Engineers/Bureau Chiefs, (see Table 1: ALDOT Administrative Personnel) will: • Prioritize requirement, identify essential functions, of the Division/Bureau to maintain the transportation grids (required maintenance for safe travel) during a pandemic with up to forty (40) % absenteeism for twelve (12) weeks. • Identify personnel from Division/Bureau who can respond to alternate locations in the State to assist in continuation of mission activities in the event of localized pandemic crisis.
The Alabama Public Television (APTV) main change in our services will be from the type of information programming we are providing. The shift will be toward more programs dealing with what to do during the pandemic.
The Alabama National Guard (ALNG) significant portions of the ALNG population may contract influenza over the lifespan of the pandemic. Due to the nature of PI, personnel will not be as readily available to support civil agency requests as they would in a geographically contained disaster. NG capabilities may be stressed to ensure the effective accomplishment of Force Health Protection (FHP). Demands for low-density units (e.g. medical, mortuary) will increase while the availability of personnel will be diminished. Limited medical care options for military forces and their dependents may also increase the stress on ALNG forces. In addition, normally available NG assets through State Emergency Management Assistance Compacts (EMAC) may be limited in application due to widespread pandemic environment across many states. Moreover, activation of NG forces, usually relied upon to augment capabilities, must be balanced with the potential that recalling critically skilled civilians will undermine private health care, critical infrastructure capacity, and the ability to provide law enforcement support. Identification of Alabama National Guardsmen with critical civilian skills such as medical, law enforcement, fire fighting, and Emergency Medical Technicians (EMT) should be identified and the Standard Installation and Division Personnel Reporting System (SIDPERS) civilian occupation data fields updated.
The Alabama Department of Revenue (ADOR) will make every effort to continue to function in a reduced capacity until enough Revenue employees and/or other necessary technical and business resources are available to begin to return to normal operations.
The Alabama Medicaid Agency (AMA) will be determining changes in demands on the agencies services.
The State Employees Insurance Board (SEIB) anticipates that during a pandemic, services would be limited to immediate requirements for health coverage verifications, invoice production and urgent technological request.
The Alabama Department of Public Health's (ADHR) has determined that increased demands will be made upon the Department. To offset these demands, DHR Will initiate three pre-identified disaster response teams to augment staff affected by an anticipated

40% or higher absenteeism rate.
The Alabama Department of Education (ADOE) does not predict additional demands on the department due to school closures during a PI outbreak based upon cross-training and collaboration between department section personnel.

Identify specific hiring needs and determine needed hiring flexibilities

All Alabama State Agencies must follow the State Personnel Department's (SPD) personnel practices, including but not limited to hiring, leave policies, developing the work force, management, training and communication. As many personnel transactions as possible should be handled normally through the processes outlined in the Personnel Procedures Manual. This comprehensive document is available on the SPD website, http://www.financepersonnel.alabama.gov/.
The Alabama State Personnel Department (SPD) during an influenza pandemic, if necessary will suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire. Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions. SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form. SPD will make available contact names and information from the various employment registers upon request.
The Alabama Department of Corrections (ADOC) is currently experiencing a critical shortage of correctional facility security personnel, specifically Correctional Officers. The ADOC is authorized 3,672 correctional personnel in eight classifications, ranging from Correctional Officer Trainee through Warden III in order to efficiently carry out the mission of the Agency. At the end of Fiscal Year 2007, 2,675 of those positions were filled, for an employment rate of 72.8% - leaving a shortage of 997 unfilled security positions. The impact of this shortage is that 1 of every 4 authorized positions are vacant, leaving the remaining 3 Officers to work overtime to fill the 40-hour void left by the unfilled position. As previously noted, the ADOC would not be able to hire enough security personnel to adequately ensure the primary mission essential functions relative to facility security and public safety are performed during a pandemic. ADOC would need supplemental security resources from outside governmental or law enforcement agencies during a pandemic emergency. Flexibility to hire personnel with military or law enforcement qualifications, not currently APOSTC certified, on a temporary, emergency contract basis during a pandemic event would be beneficial. Health services that are currently out-sourced to private vendors may become compromised. Additional financial burdens to those vendors who provide the personnel, medications, and material resources in-house should be expected to return to the ADOC for supplementary funding. ADOC will need the emergency funding to obtain the

necessary resources from current vendors (or other vendors) to maintain necessary medical services. ADOC will need the ability to by-pass routine request for proposal processes, bid proposal, contract review, contract for services award approval by other governmental agencies.
The Alabama Public Television (APTV) would possibly need to hire some part time employees mainly in the field of accounting.
The Alabama Department of Revenue (ADOR) has a policy in place that specifies that employees who are not coming to work will call their immediate supervisor (E-Mail will be acceptable) or designated person(s). This information will be compiled by the Human Resources Director and conveyed to the Commissioner's Office in order to correct staffing problem resulting from the influenza threat. ADOR will be able to establish the percentage of the employee pool that will be available each day by division. ADOR will be able to forecast the employees that will be available for work by requiring that the employees state the reason they are out and when they think that they might return to work. This would allow ADOR to use the reporting structure to provide a knowledge base of how, the course that the pandemic is preceding and how it will affect the Departments ability to function efficiently.

If needed, train and/or prepare ancillary workforce or create alternative plans for staffing of essential functions

The Alabama State Personnel Department (SPD) during an influenza pandemic, if necessary will suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire. Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions. SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form. SPD will make available contact names and information from the various employment registers upon request.
The Alabama Department of Industrial Relations (ADIR) training of personnel is essential to improving the capability of the department to execute their COOP plans and familiarize their personnel with the essential functions that they might have to perform in an emergency. The continued viability of a COOP is largely dependent on training and the evaluation of the results of the training programs. Major topics to be considered that will identify the issues and resources to implement an effective COOP education program include: • Orientation/Initial training programs • Enrichment courses/Refresher classes • Frequency and methods • Funding requirements There are several different categories of stakeholders in an organization. Included are the:

- COOP development team
- Executive leadership, managers
- Key Personnel
- Personnel and volunteers
- Successors and support organizations

The COOP Development and Review Team in coordination with the Center for Emergency Preparedness (CEP) and Bureau of Professional and Support Services (BPSS) will develop, implement and institutionalize a comprehensive training program to improve the ability of ADIR to effectively respond to an emergency including a pandemic. The key objectives of the training program are to:

- Train staff on COOP plans, policies and procedures.
- Train staff on emergency response matters.
- Document training given
- Document staff training received

Regularly scheduled training must be conducted at the division level to maintain the readiness of all emergency, essential, and non-essential personnel. The training will encompass a blend of hands-on activities, seminars, orientation, workshops, online or interactive programs, briefings and lecture table tops, and functional exercises.

The Alabama Department of Mental Health and Mental Retardation (DMH-MR) psychiatric facilities recently adopted policy permitting disaster privileging of volunteer healthcare providers. Additionally, existing policies and procedures will need to be reviewed and incorporate OSHA guidance regarding the following:

- Employee-Labor Relations
- Pay and Leave Policy
- Telework and Information Technology Capability
- Safety and Health for Consumers, Employees and Their Families,
- Hiring Practices to Include Temporary Emergency Hiring Authority and Procedures

The Alabama Department of Corrections (ADOC) also has a current agreement in place with Alabama National Guard to support perimeter security posts during emergencies. The ADOC requests that pre-identified government and law enforcement personnel participate in security training programs that would provide the knowledge and skills necessary to effectively perform essential security functions within the perimeter fences of correctional facilities and agreements be established that would provide for manning of all posts as necessary to ensure facility security.

The Alabama Department of Transportation (ALDOT) Division Engineers/Bureau Chiefs, (see Table 1: ALDOT Administrative Personnel) will:

- Develop a mission essential list of employees, three deep, to maintain ALDOT essential functions with alternates to utilize during a pandemic up to twelve (12) weeks.
- Develop non-essential support personnel lists that are trained for duty to replace mission essential employees unable to report.
- Identify alternates for each staff member as contingency measure.

The Alcohol Beverage Control (ABC) PI-COOP plan suggests that up to 40 percent of departmental staff will be absent from work for extended periods of time. To account for this high rate of absenteeism and to maintain operations, plans have been devised to alter ABC Store operations. Specifically, a listing of all ABC Stores ranked by sales

volume has been created for each of the 16 operational districts. As employees become infected and are unable to work, the low performing stores will be closed and the remaining staff will be used where needed. Additionally, safety equipment will be issued (e.g., gloves, masks, sanitizer), store hours will be reduced, the number of customers allowed in store simultaneously will be limited, and law enforcement personnel will be on site.
The Alabama Public Television (APTV) determined accounting practices are basically standard, little training would be needed to get temporary employees to function for basic needs. Some use of retired employees, especially in engineering, would be a primary source of people. The use of retired employees would be primarily due to little or no training needed.
The Alabama Department of Revenue (ADOR) has a policy in place that specifies that employees who are not coming to work will call their immediate supervisor (E-Mail will be acceptable) or designated person(s). This information will be compiled by the Human Resources Director and conveyed to the Commissioner's Office in order to correct staffing problem resulting from the influenza threat. ADOR will be able to establish the percentage of the employee pool that will be available each day by division. ADOR will be able to forecast the employees that will be available for work by requiring that the employees state the reason they are out and when they think that they might return to work. This would allow ADOR to use the reporting structure to provide a knowledge base of how the course that the pandemic is preceding and how it will affect the Department's ability to function efficiently.
The Alabama Department of Labor (ADOL) normal services will proceed in a regular manner. Those who can report to work at the primary facility will do so. Those inspectors in the field would gather information pertinent to their geographical location and plan work accordingly, keeping in close contact with supervisors. All personnel would be briefed as to the work force status and expected work flow changes if any. A complete review of the COOP Plan and how it did or didn't function will be performed. Any changes to improve it will be initiated as soon as possible.
The Alabama Medicaid Agency (AMA) will be addressing training/preparation of ancillary work force plans in the Alabama Medicaid Agency's COOP plan.

Consult with procurement staff and major contractors re HR issues

The Alabama Department of Corrections (ADOC) in house personnel are cross-trained to accommodate procurement items. Meetings will be scheduled with major suppliers to determine their ability to maintain inventory and transport operational supplies in event of excessive absenteeism. Similar meetings will be held with contractors that provide essential services relevant to correctional facility operations.
The Alabama Public Television (APTV) internal HR staff would work through the State Personnel Department to fill vacancies. In addition there would be posting on our website and ads placed in local publications.
The Alabama Department of Revenue (ADOR) has nine Taxpayer Service Centers located in various cities in Alabama and a Records Management Center that are connected to the State and Revenue networks. In addition, there are several satellite offices that could house a small number of employees utilizing remote access capabilities to connect to Revenue systems. The Department has a contract with vendor who provides the front end processing such as opening mail. This vendor has a COOP plan

and has alternate site(s) which could be used when necessary. This vendor has sites in state and multiple sites out of state. It may become necessary to temporarily move employees to a less contagious area to work, but any facility with internet access could serve as a temporary work site

Review relationships with suppliers/ shippers/other businesses that support States' essential functions; as necessary, implement backup plans

The Alabama Department of Corrections (ADOC) maintains sufficient warehousing and other storage to accommodate food, and clothing, and basic needs for a couple of weeks. ADOC will attempt to establish Memos of Understanding with major suppliers and providers of essential operating materials / equipment / supplies / services to ensure agency's ability to function during event. Backup plans will include the procurement and storage of critical operating and health services supplies for deployment as necessary when / if other source's inventories are exhausted or cannot be transported.
The Alabama Public Television (APTV) already uses numerous different vendors to obtain parts and supplies when needed. We attempt to maintain a limited amount of critical repair items for transmitter and interconnection equipment. In most cases we have a backup system already in place for the delivery of our programming to the transmitters.

Respond and Recover
Implement telework and other HR flexible work schedules as per plan

The State Personnel Department (SPD) recommends employees sent home from their place of work as non-essential will be paid for this time provided they remain available for other duty assignments. All efforts will be made to reassign such employees to other work in another agency. It is the responsibility of each agency to notify the SPD of the name, job classification, location, and contact information for each such person on a weekly basis, removing names of those who have been recalled or who now have the flu themselves. This information should be furnished in a simple Excel spreadsheet and can be emailed as a file attachment either through our web site or directly to personnel@personnel.alabama.gov. SPD will compile this information and make it available to agencies needing employees to perform necessary functions. State agencies have blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus. State agency grievance procedures and disciplinary processes, including those governing dismissals, will be suspended during this emergency. Agencies will have the responsibility of ensuring that disciplinary actions, including dismissals, are documented. Notice of actions affecting an employee's pay should be sent to the SPD by completing the forms as shown in the Personnel Procedures Manual.
The Alabama Department of Corrections (ADOC) Wardens and Division Directors will implement telework described in "Create telework plans." Flexible work schedules relative to shift start/end times and shift lengths will be available to non-security personnel. Flexible work schedules relative to shift lengths (4/8/12 hrs) will be considered for security and health services personnel at the discretion of the facility Warden and Health Services Administrator.

The Alabama Department of Revenue (ADOR) Integrated Tax System (RITS) and the legacy mainframe Automated Revenue Information System (ARIS) are the primary tax processing applications utilized by the Department. During an influenza pandemic those systems should remain operational until such time that the available Data Center and technical support staff can no longer operate and maintain the systems. The Department has approximately 450 laptop computers, most of which are assigned to auditors and have remote access capability. Those laptops could be redistributed to central office employees and permit access to Revenue systems from individual's homes. Revenue has a policy which prohibits employees from using their personal computers for Revenue business and this policy would remain in place due to the unacceptable high risks affecting data security and network functionality.

Employ pre-identified plans to maintain sufficient staffing (FTE and contractor) for essential functions and high-demand services

The State Personnel Department (SPD) recommends employees sent home from their place of work as non-essential will be paid for this time provided they remain available for other duty assignments. All efforts will be made to reassign such employees to other work in another agency.

It is the responsibility of each agency to notify the SPD of the name, job classification, location, and contact information for each such person on a weekly basis, removing names of those who have been recalled or who now have the flu themselves. This information should be furnished in a simple Excel spreadsheet and can be emailed as a file attachment either through our web site or directly to personnel@personnel.alabama.gov.

SPD will compile this information and make it available to agencies needing employees to perform necessary functions.

State agencies have blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus.

State agency grievance procedures and disciplinary processes, including those governing dismissals, will be suspended during this emergency. Agencies will have the responsibility of ensuring that disciplinary actions, including dismissals, are documented. Notice of actions affecting an employee's pay should be sent to the SPD by completing the forms as shown in the Personnel Procedures Manual.

Overtime worked by eligible employees will be paid rather than granted as compensatory time. All timesheet information should be entered it as such through your normal payroll process.

The Alabama Department of Corrections (ADOC) pre-determined 12-hour shift schedules will be implemented within correctional facilities to maximize ADOC ability to staff essential security posts. Absentee rates for all facility personnel will be evaluated on a daily basis to determine if re-assignment of security personnel is feasible to ensure adequate staffing throughout prison system.

The Commissioner of the ADOC has contacted the Alabama National Guard in an attempt to establish an agreement to acquire the necessary security personnel during a pandemic. Referral was made to the ADPH for information and response to this request. ADOC requests that pre-identified governmental and outside law enforcement personnel resources be selected for correctional facility security training as part of statewide

pandemic preparation and training plans, and agreements be established that will ensure deployment of these resources as necessary during a pandemic.
The Alabama Public Television (APTV) current staffing levels in engineering and accounting are such that for short periods of time, two weeks or less, these departments could continue to operate even at staffing levels near one- half. During these periods, only essential functions would be performed.
The Alabama Department of Revenue (ADOR) has a policy in place that specifies that employees who are not coming to work will call their immediate supervisor (E-Mail will be acceptable) or designated person(s). This information will be compiled by the Human Resources Director and conveyed to the Commissioner's Office in order to correct staffing problem resulting from the influenza threat. ADOR will be able to establish the percentage of the employee pool that will be available each day by division. ADOR will be able to forecast the employees that will be available for work by requiring that the employees state the reason they are out and when they think that they might return to work. This would allow ADOR to use the reporting structure to provide a knowledge base of how the course that the pandemic is preceding and how it will affect the Department's ability to function efficiently.

Collect data and report the status of employees for the purpose of monitoring agency workforce levels and reporting such information to appropriate agencies (This includes a plan for accountability of personnel and their status and a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work)

The State Personnel Department (SPD) recommends employees sent home from their place of work as non-essential will be paid for this time provided they remain available for other duty assignments. All efforts will be made to reassign such employees to other work in another agency. It is the responsibility of each agency to notify the SPD of the name, job classification, location, and contact information for each such person on a weekly basis, removing names of those who have been recalled or who now have the flu themselves. This information should be furnished in a simple Excel spreadsheet and can be emailed as a file attachment either through our web site or directly to personnel@personnel.alabama.gov. SPD will compile this information and make it available to agencies needing employees to perform necessary functions. State agencies have blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus. State agency grievance procedures and disciplinary processes, including those governing dismissals, will be suspended during this emergency. Agencies will have the responsibility of ensuring that disciplinary actions, including dismissals, are documented. Notice of actions affecting an employee's pay should be sent to the SPD by completing the forms as shown in the Personnel Procedures Manual. State employees with the pandemic flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's

statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate. State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it. State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.
The Alabama State Personnel Department (SPD) during an influenza pandemic, if necessary will suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire. Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions. SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form. SPD will make available contact names and information from the various employment registers upon request.
The Alabama Department of Correction (ADOC) Wardens/designees and Division Directors/designees and Health Service Administrator will compile daily staffing rosters, detailing current status relative to post / position assignments.
The Alabama Public Television (APTV) human resources handle the normal status of employees in conjunction with supervisors. Other management personnel would assist in keeping up with the status of employees. Once out sick with the flu, employees would have to follow ADPH guidelines before returning to the workplace.
The Alabama Department of Revenue (ADOR) has a policy in place that specifies that employees who are not coming to work will call their immediate supervisor (E-Mail will be acceptable) or designated person(s). This information will be compiled by the Human Resources Director and conveyed to the Commissioner's Office in order to correct staffing problem resulting from the influenza threat. ADOR will be able to establish the percentage of the employee pool that will be available each day by division. ADOR will be able to forecast the employees that will be available for work by requiring that the employees state the reason they are out and when they think that they might return to work. This would allow ADOR to use the reporting structure to provide a knowledge base of how the course that the pandemic is preceding and how it will affect the Department's ability to function efficiently.

Use pre-identified hiring/contracting flexibilities to replace employees/ contractors unable to work (or return to work)

The State Personnel Department (SDP) during a pandemic emergency, it is necessary to suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this

epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire. Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions. SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form. SPD will make available contact names and information from the various employment registers upon request.
The Alabama Department of Corrections (ADOC) flexibility to hire personnel with military or law enforcement qualifications, not currently APOSTC certified, on a temporary, emergency contract basis during a pandemic event would be beneficial.
The Alabama Department of Post-secondary Education (ADPE) will work with the Alabama Education Association would be the only entity involved in labor relations. Very few employees are members. The Department will follow the Guidelines for State Agencies for Pandemic Flu as published by the State Personnel Department.
The Alabama Public Television (APTV) would follow the current State Personnel guidelines if necessary to replace employees. At the time of the pandemic, we would then follow any flexible plans allowed by State Personnel.

Implement previously developed employee-labor relations plan

The State Personnel Department (SPD) recommends employees sent home from their place of work as non-essential will be paid for this time provided they remain available for other duty assignments. All efforts will be made to reassign such employees to other work in another agency. It is the responsibility of each agency to notify the SPD of the name, job classification, location, and contact information for each such person on a weekly basis, removing names of those who have been recalled or who now have the flu themselves. This information should be furnished in a simple Excel spreadsheet and can be emailed as a file attachment either through SPD website or directly to personnel@personnel.alabama.gov. SPD will compile this information and make it available to agencies needing employees to perform necessary functions. State agencies have blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus. State agency grievance procedures and disciplinary processes, including those governing dismissals, will be suspended during this emergency. Agencies will have the responsibility of ensuring that disciplinary actions, including dismissals, are documented. Notice of actions affecting an employee's pay should be sent to the SPD by completing the forms as shown in the Personnel Procedures Manual. Overtime worked by eligible employees will be paid rather than granted as compensatory time. All timesheet information should be entered it as such through your normal payroll process.
The Alabama Public Television (APTV) current employee-labor plan, employees

contact either their supervisor or HR depending on the nature of the matter needing to be addressed. In the event of supervisor outages, employees would be directed to consult Division Directors outside their normal division for guidance.

The Alabama Department of Revenue (ADOR) will disseminate any information from the Governor's Office or Health Department through the Commissioner's Office. Revenue has a policy that any information distributed to the media will be handled by the Media Affairs section of the Commissioner's Office. If the Department is required to execute its Continuity of Operations Plan, it will remain in that mode until it is able to resume normal operations or has to shut down. In the event that the Department has to shut down a skeleton crew will remain in place, in order to make and receive calls from employees. The Revenue Web Site will also be available to provide Department's status to the employees and to taxpayers. The division call lists are available in the COOP Plan for communication with employees during off-duty hours. The Department is committed to keeping its employees informed in order to remove any stress due to misinformation or lack of information.

Monitor effectiveness and consistency of application of HR flexibilities by agencies

The State Personnel Department (SDP) during a pandemic emergency, it is necessary to suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire.

Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions.

SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form.

SPD will make available contact names and information from the various employment registers upon request.

The State Personnel Department (SPD) recommends employees sent home from their place of work as non-essential will be paid for this time provided they remain available for other duty assignments. All efforts will be made to reassign such employees to other work in another agency.

It is the responsibility of each agency to notify the SPD of the name, job classification, location, and contact information for each such person on a weekly basis, removing names of those who have been recalled or who now have the flu themselves. This information should be furnished in a simple Excel spreadsheet and can be emailed as a file attachment either through SPD website or directly to personnel@personnel.alabama.gov.

SPD will compile this information and make it available to agencies needing employees to perform necessary functions.

State agencies have blanket permission to implement telework, flexible work schedules, and other techniques for accomplishing necessary functions while minimizing employee exposure to the flu virus.

State agency grievance procedures and disciplinary processes, including those

governing dismissals, will be suspended during this emergency. Agencies will have the responsibility of ensuring that disciplinary actions, including dismissals, are documented. Notice of actions affecting an employee's pay should be sent to the SPD by completing the forms as shown in the Personnel Procedures Manual.
The Alabama Department of Corrections (ADOC) Personnel Division will monitor and evaluate HR emergency hiring procedures and revisions of policy and practice as the situation evolves.
The Alabama Public Television (APTV) upper level management will be daily evaluating the effectiveness of operations using available staff. Changes in the methods being used can be made quickly in order to obtain the results needed for continued operation.

Sub-objective A.1.2 - Assist employees of State agencies unable to work for a significant time period
Prepare
Assess flexible work schedules (can include cross reference to telework plans from A.1.1.e.) (States should assess current policies and then report on decisions)

The State Personnel Department (SPD) establishes policy. But the Alabama Department of Corrections (ADOC) is currently conducting analysis of staffing plans to include 12 hour shifts for maximum efficiency. During a pandemic influenza wave the ADOC may provide for a flexible shift start / end time, or flexible shift length, to attempt to facilitate sufficient staffing of essential security posts by personnel on leave due to family illness, or in a period of recovery from personal illness. The ADOC Associate Commissioner of Health Services will request that the contracted vendor for the inmate medical services utilizes all available staffing to cover institutions, including re-assignment to accommodate a region undergoing a pandemic wave.
The Alabama Public Television (APTV) currently has in place a system where some key employees can work from home and access their office computers. We have certain employees who have a flexible work schedule. In the event of a pandemic, flexible work schedules and/or work from home would be available to a greater number of employees. Each function would be handled on the basis of could work be done from home and would the flexible schedule allow for continued operation of essential functions.

Review and revise, as necessary, policies and/or guidance on leave and benefits (States should assess current policies and then report on decisions)

The State Personnel Department will (SPD) require state employees with the pandemic flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate. State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it. State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or

transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.
The Alabama Public Television (APTV) as the need might arise due to extended absences; the ability of advance leave might become an option. This would be on a case by case basis as employees exhaust their leave balances either through personal illness or needing to care for family members.

Ensure managers/supervisors are familiar with various leave options

The State Personnel Department (SPD) promotes as many personnel transactions as possible should be handled normally through the processes outlined in the SPD Procedures Manual. This comprehensive document is available on the SPD website, http://www.financepersonnel.alabama.gov/. Agency personnel offices should make the information for signing into the restricted area of the site available to their agency staff as needed to ensure functioning of their department.
The Alabama Department of Corrections (ADOC) Personnel Division to develop and distribute memorandum on types of leave / benefits, and criteria for utilization. Payroll clerks and administrative personnel responsible for processing of leave and benefit requests via the Labor Management System will review system guidelines and procedures for input.
The Alabama Public Television (APTV) weekly division director's meetings, discussions would be held concerning the status of workers in each division. Decisions could then be made concerning workloads, projects, and staffing and the need to offer alternative methods of achieving continued necessary functions.

Consult with procurement staff/major contractors regarding pandemic plans for the contract workforce

The Alabama Department of Corrections (ADOC) Associate Commissioner of Health Services will request that such plan is in place. Under the current contract, the contracted vendor for the inmate medical services contract will utilize all available staffing to cover institutions, including re-assignment to accommodate a region undergoing a pandemic influenza wave.
The Alabama Public Television (APTV) internal HR staff and management would stay in contact with State Personnel to comply with methods available to supplement staffing needs.

Respond and Recover

Implement telework and other flexible work schedules as per plan. Refer to the first Respond and Recover requirement under Sub-Objective A.1.1 - Ensure continuity of government in face of significantly increased absenteeism

The Alabama Department of Corrections (ADOC) will respond to revisions of policy from the State Personnel Department and implement accordingly. Wardens and Division Directors will implement telework described in "Create telework plans.". Flexible work schedules relative to shift start/end times and shift lengths will be available to non-security personnel. Flexible work schedules relative to shift lengths (4/8/12 hrs) will be considered for security and health services personnel at the discretion of the facility Warden and Health Services Administrator

The Alabama Public Television (APTV) is currently utilizing some telework and flex work schedules for certain employees and this would be extended to other staff who might qualify.

Implement any special pandemic compensation/ leave/benefit policies

The State Personnel Department (SDP) during a pandemic emergency, it is necessary to suspend the ten day time limitation for emergency appointments stipulated in Section 36-26-18(c) Code of Alabama. This will allow for the hiring of needed staff during this epidemic. After the expiration of the Governor's proclamation which allows the above, these appointments shall expire.

Emergency Appointment employees still needed to perform necessary State work shall be converted to Provisional appointments, if minimum qualifications are met, until such time as testing is possible to allow competition for the positions.

SPD will process these appointments to add them to your agency payroll at the pay rate you specify. Please see Section V, Other Appointments, page 49, of the Personnel Procedures Manual for the process to follow. If the appointment is to replace an employee with the flu, then the name of the employee should be noted on the form.

SPD will make available contact names and information from the various employment registers upon request.

Overtime worked by eligible employees will be paid rather than granted as compensatory time. All timesheet information should be entered it as such through your normal payroll process.

The State Personnel Department will (SPD) require state employees with the pandemic flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate.

State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it.

State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.

The Alabama Public Television (APTV) would follow the guidelines set forth by State Personnel concerning any special pandemic polices available to employees.

Sub-objective A.1.3 - Communicate with employees of State agencies
Prepare
Develop a communications plan

The Alabama Department of Corrections (ADOC) facilities and Administrative Division emergency communication information has been compiled and is periodically reviewed / updated. Emergency management plans and procedures relative to employee shift schedules and absenteeism are in place to ensure mission essential functions are maintained. Public Information Officer is responsible for communication of information

to all employees in the event of emergency. National Incident Management System includes process for acquisition and dissemination of information to ADOC personnel and general public.
The Alabama Public Television (APTV) has a communications plan in effect by which division directors convey information to managers and supervisors who relay the information on to other employees. We are currently finalizing an employee Intranet site which employees will be able to access from any computer. This site would be the primary mode of getting information out to employees on a timely basis. Also IT has the ability to send mass emails to either all employees or separate divisions.
The Alabama Department of Revenue (ADOR) will disseminate any information from the Governor's Office or Health Department through the Commissioner's Office. Revenue has a policy that any information distributed to the media will be handled by the Media Affairs section of the Commissioner's Office. If the Department is required to execute its Continuity of Operations Plan, it will remain in that mode until it is able to resume normal operations or has to shut down. In the event that the Department has to shut down a skeleton crew will remain in place, in order to make and receive calls from employees. The Revenue Web Site will also be available to provide Department's status to the employees and to taxpayers. The division call lists are available in the COOP Plan for communication with employees during off-duty hours. The Department is committed to keeping its employees informed in order to remove any stress due to misinformation or lack of information.

Convey to all employees the State's pandemic plan

The Alabama Department of Public Health (ADPH) has been educating state agency staff when invited. To date ADPH has educated Alabama Department staff from: Senate, Environmental Management, Educational Television, Parks and Recreation, Conservation and Natural Resources, Public Safety, Emergency Management, and Building Commission. ADPH has extended the PI education to all 114 state agencies through a mailings signed by Dr Don Williamson, State Health Officer.
The Alabama Public Television (APTV) would distribute ADPH materials to all employees. In addition, the Alabama Pandemic Influenza (PI) Operational Plan (Op Plan) would be posted on the agency's Internet site and thus could be updated quickly as needed.
The Alabama Department of Revenue (ADOR) will provide training for the employees, annually by Alabama Department of Public Health (ADPH), during employee orientation, on health information, and procedures to follow during a pandemic which will be provided to the ADOR by the ADPH.

Provide reliable pandemic influenza information to employees

The Alabama Department of Corrections (ADOC) has acquired Alabama Department of Public Health's (ADPH) Pandemic Planning booklets and will be distributed to all personnel during annual training at regional training locations. Pandemic Planning & Response will also be a topic on the agenda for the annual ADOC Executive Leadership Conference.
The Alabama Department of Revenue (ADOE) will give each employee an Individual and Family Handbook on "How You Can Prepare for a Flu Pandemic". The Department will appropriately display the materials provided by ADPH which include proper

covering of coughs and sneezing.

Respond and Recover
Update information for employees on State's operating status and latest pandemic influenza information; continue to advise employees concerning HR policies, workplace flexibilities, pay and benefits, etc.

The Alabama Department of Corrections (ADOC) will receive latest pandemic influenza information from the ADPH. The ADOC will be in communication with the SPD concerning flexibility of HR policy and any revisions thereof. ADOC Public Information Officer will coordinate all communication. National Incident Management System includes process for acquisition and dissemination of information to ADOC personnel and general public, and the ADOC complies with this requirement. All external communications are routed through the ADOC Public Information Office.
The Alabama Public Television (APTV) Intranet site would be the primary tool used to keep all employees up to date on the latest official information concerning the pandemic. By utilizing the Intranet site, we could relay information that would be or should be available only to staff.

Sub-objective A.1.4 - Consult with bargaining units (if the State has bargaining unit employees)
Prepare
Consult with bargaining units (if the State has bargaining unit employees)

N/A. Alabama does not have bargaining units in the primary or supporting state agencies.

Respond and Recover
Implement previously developed employee-labor relations plan

N/A. Alabama does not have bargaining units in the primary or supporting state agencies.

Sub-objective A.1.5 - Make State agency workplaces safe places
Prepare
Establish policies and practices for preventing influenza spread at the worksite; implement those that can be done in advance of a pandemic (e.g., providing infection control supplies)

The Alabama Banking Department (ABD) is in the process of establishing policies and practices for preventing the spread of influenza at work. It has been determined that training regarding employee health and safety, including proper hygiene practices and the use of any personal protective equipment will be initiated. Training may be in the form of an instructor in a classroom setting and/or printed materials that are distributed throughout the Department. Supplies such as soap, hand sanitizers, tissues, cleaning supplies, and personal protection equipment such as gloves and surgical masks should be purchased in advance. Social distancing policies (e.g., telework plans) have been initiated and will continue to evolve. The Department will continue to develop these policies and implement those that can be done in advance of a pandemic.

The Alabama Department of Conservation and Natural Resources (ADCNR) field personnel understand that responding to disasters is a responsibility of employment with the department. ADCNR employees have been trained by Alabama Department of Public Health on pandemic influenza, and measures to limit exposure to the virus. District field offices will stock PPE'S for their field officers who may be at risk by interacting with the public.
The Alabama Department of Industrial Relations (ADIR)'s divisions has listed essential Operations and Functions in the COOP. Critical responsibilities and positions that must continue are detailed (see Table 6: ADIR Essential Personnel). Essential personnel and their positions are listed along with any alternates in the COOP plan for each essential function. Employee availability will be monitored by the individual division so that essential positions can be filled. To ensure rapid response to a pandemic situation requiring COOP plan implementation, ADIR has established pre-delegated authorities for making policy determinations and decisions at the state level as appropriate. Each division has determined the Delegation of Authority and Succession. The division authorities will work under the command of the Director.
The Alabama Department of Mental Health and Mental Retardation (DMH-MR) psychiatric facilities are Joint Commission accredited and have stringent infection control policies that are implemented under the direction of an Infection Control Officer/Nurse. Psychiatric community providers also have infection control policies, with individuals assigned the responsibility of infection control. Some community providers also hold Joint Commission Accreditation. Infection control includes regular staff and consumer training within facilities and community settings. A review of existing infection control policies could be conducted to ensure consistency with recommendations from OSHA. Additionally, in 2006, the DMH-MR Disaster Response Coordinator provided a statewide presentation on Pandemic Influenza at the AL Council for Community Mental Health Boards' Annual meeting in conjunction with ADPH staff and a nationally recognized consultant in disaster response and preparedness, Ms. April Naturale. Since that time, community providers have been encouraged to visit the ADPH and other websites to obtain additional planning guidance and access to training and resources available through ADPH, AEMA, FEMA, OSHA, and the Centers for Disease Control (CDC). Community providers have also been encouraged to become active in County EMA training exercises, meetings and joint ADPH regional team meetings. Last year, DMH-MR provided ADPH with a system wide (facility and community provider) assessment of Personal Protective Equipment (PPE) needs. Additionally, DMH-MR maintains active participation in ADPH's Pandemic Influenza Advisory Committee, Sub-Committees, Special Populations Task Force Emergency Preparedness Meetings, tabletops and AEMA exercises. Select DMH-MR and community provider staff members have also completed basic requirements for National Incident Management System (NIMS) Training. Additionally, DMH-MR staff and advocates partnered with the AL Dept of Rehabilitation Services (ADRS) this year to provide emergency preparedness training to consumers of mental illness, mental retardation and deaf services. The Alabama Development Office (ADO) will coordinate onsite employee education training with the Alabama Department of Public Health in an effort to disseminate

information related to infection control and self-sustainment methods. Additionally, educational brochures will be issued to every ADO employee.

Infection Control Supplies – A supply of gloves, hand sanitizer, N95 masks, antiseptic spray, and tissues will be procured for office use only. Supplies will be secured in a locked storage room and issued to employees performing essential functions when appropriate. Procurement is ongoing at this time.

Employee Safety Practices – In the event of a pandemic, the following precautionary measures strongly recommended. Failure to follow these measures may result in the infection of employees and others. Since the flu virus can survive for days on hard surfaces and can be transmitted by airborne particulates, the following safety measures will be implemented for the safety and well-being of those ADO employees who are required to report to the ADO offices to perform essential functions. Adherence to these recommendations will not only minimize the spread of infection but will increase employee confidence that work can be performed in a reasonably safe environment.

- Employees reporting to the ADO offices, or other individuals who are onsite during a pandemic, are encouraged to make every effort to maintain a distance of six (6) feet between each other. This precaution should be taken in every environment, including offices, corridors, elevators, restrooms or elsewhere.
- Prop open all corridor and office doors as they are used.
- N95 masks are recommended for use whenever others are present.
- Office lighting shall remain "on" to avoid unnecessary contact with light switches.
- Essential personnel are to be issued hand sanitizer to be kept in their vehicle and used prior to exiting their vehicle upon arrival at work each day.
- Upon entering their office each day, employees should immediately use hand sanitizer.
- Additionally, upon arrival at the office each day, employees will also use antiseptic spray on doorknobs, telephones, desktops, and other hard surfaces in their working area.
- Whenever possible, cell phone use is encouraged since it is a personal use device.
- When it is necessary to use desk telephones, they are to be used in "hands-free" mode to eliminate the need to touch the handset. Additionally, the handset should be taped down to encourage use of the "hands-free" mode.
- Gloves should be worn, or hand sanitizer used, prior to handling documents that will be forwarded to others.
- Gloves should be disposed of, or hand sanitizer used, before exiting one area and entering another, e.g., leaving one office to enter another, or leaving the office to go home.

The Alabama Department of Corrections (ADOC) Administrative Divisions and correctional facilities will develop policies and procedures for screening staff / inmates for sickness. Sick inmates will be quarantined in isolated areas to minimize spread of disease. Flyers will be printed that describe common methods to prevent spread of disease (cough etiquette, social distancing, hand washing, etc.) and distributed in preparation for pandemic.

Infection control policies and practices have been established at facilities. Private healthcare provider maintains a current on-site infection control manual which includes the use of PPE and the recommended isolation practices. Hygiene training classes are

provided for staff and to inmates. This includes: proper hand washing technique, and the proper covering of mouth/nose when sneezing or coughing. Inmate access to sick-call for illness or injury assessment will be maintained. Infection control supplies for normal PPE use are maintained in the health units. However, inventories of these supplies would not be available at levels required to address inmate needs during a pandemic influenza. Hand washing items are maintained in the facilities which include the availability of water, soap, and paper towels. Disinfectants are maintained in the facilities which include; liquid bleach, disinfectant wipes, and sprays.
The Alabama Department of Senior Services (ADSS), as necessary, the lead contact for pandemic related activities will continually ensure the availability of appropriate materials, conduct training on the essential of proper hygiene during the threat period, and work to ensure the availability of proper safety and hygiene aids, if fiscally feasible. All employees have been provided initial training and are encouraged to establish their own Family Emergency Plan. Emergency Preparedness publications were obtained from Alabama Department of Public Health and distributed to all agency staff.
The Alabama Department of Transportation (ALDOT) Director, Mr. Joe McInnes, has approved The Alabama Department of Transportation (ALDOT) Pandemic Influenza Operating Plan that establishes practices for preventing the spread of influenza at the ALDOT Worksites. ALDOT shall implement the Pandemic Influenzas Operating Plan within the suggested time frame set by the Alabama Department of Public Health (ADPH).
The Alcohol Beverage Control (ABC) Board staff understands that their job, for the most part, requires incessant contact with the public. To continue government operations and continue to fulfill departmental budgetary requirements as well as those of other agencies, contact with the public will be required during a pandemic. Educational brochures and infection control supplies, including masks and hand gel, will be purchased for each employee.
The Alabama Department of Post-education (ADPE) will be establish a program for education of the personnel related to the flu, infection control, proper ways to cover a cough, etc. and discussed once per year. Written information will also be posted on our website.
The Alabama Public Television (APTV) has distributed ADPH information about the flu and methods to keep from spreading the germs in the workplace. In the event of an outbreak, additional postings of prevention practices will be posted through the facilities. Also additional sanitizing and hand washing materials will be made available to employees.
The Alabama Department of Revenue (ADOR) will designate a separate area for working with taxpayers and masks, hand sanitizer and disinfect spray will be provided for Revenue employees. A second and, if necessary third work shift could be utilized in order to reduce the face to face contact with the public.
The Alabama Department of Labor (ADOL) has in place a random Test, Training, and Exercise (TT&E) Plan. It is intended to familiarize staff members with their rolls and responsibilities during an emergency, and validate certain aspects of the COOP Plan. Inspectors are tested from their homes to determine the effectiveness of their designated duties.
The Alabama Medicaid Agency (AMA) will be addressing policies and practices for preventing influenza in the Alabama Medicaid Agency's COOP plan.

The State Employees Insurance Board in a pandemic influenza will implement and encourage infection control policies and procedures for all employees, based on the OSHA Guidelines.
The Alabama Department of Public Health (ADPH) has in place the cover your cough campaign; hand washing signs, yearly, and as needed infection control training for all employees and volunteers is presented by the Infection Control Officer; social distancing strategies are utilized and public health employees are encouraged to stay home if ill.
The Alabama Department of Human Resources (ADHR) will implement social distancing, travel restrictions, telework, use of alternate work facilities, and use of personal protection equipment will be utilized. Staff will be encouraged to continue embellishing plans to ensure readiness in the event of a pandemic.
The Alabama Department of Education (ADOE) personnel meet the federal criteria (OSHA) Lower exposure risk (caution) category. The ADOE Pandemic Plan provides guidance as to limited working hours, staffing, and social distancing to decrease contamination.
The Alabama Department of Emergency Management (AEMA) Agency will implement the following strategies to support social distancing: • Avoid face-to-face meetings if possible. Meet via phone, internet, or some combination of the two; • Train employees on cough etiquette and proper hand washing techniques; • Implement alternate work schedules; • Implement pre-established telecommuting agreements; and • Provide sanitation supplies so employees can clean frequently touched surfaces such as phones and computers, and be able to appropriately wash hands. • Telephone calls and emails will replace office visits. Office doors will be propped open to reduce contact with hard surfaces and increase ventilation. Tape will be placed every six feet to maintain safe distance if an emergency office visit is necessary • Only one employee will be allowed in a cubicle at any one time. • Two persons maximum will be allowed per elevator ride standing diagonally at opposite corners. Stair use will be encouraged and steps and hallways will be marked with tape every 6' for employees to keep safe distance. Stairwell doors will be propped open to reduce contact with hard surfaces and increase ventilation. • Alternate restroom stalls will be locked so that every other stall can be used to maintain a 6' distance. Restroom sinks at opposite ends of the counter will be utilized with the middle sink(s) turned off. Only two employees will be allowed in the restroom at one time. • Break rooms will only be used to prepare food one person at a time. The floor will be marked every six feet so that an employee can easily keep safe distance. Break room doors will be propped open to reduce contact with hard surfaces and to keep a safe distance.

Complete a risk assessment for all jobs (see OSHA guidance at www.osha.gov/Publications/ influenza_pandemic.html)

The Alabama Banking Department (ABD) assessed the risk of employees due to occupational exposure to influenza during a pandemic varies from very high to high,

medium, or lower risk. The definition of a "Lower Exposure Risk" occupation is one that does not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. Since the Banking Department would temporarily suspend on-site examinations during a pandemic, and face-to-face contact with the general public would be limited, Department personnel would be classified as "Lower Exposure Risk" during a pandemic.
The Alabama Department of Mental Health and Mental Retardation information regarding risk assessment could be distributed system wide, as needed, to include DMH-MR facilities and community providers based upon OSHA's guidance.
All Alabama Development Office (ADO) personnel involved in essential functions have been determined to be in the low risk category. All other ADO personnel, in the event of a pandemic, will be directed to remain at home until notified by the ADO Director (or designee) to do otherwise.
The Alabama Department of Corrections assessed employees based on current OSHA guidance: Very High Exposure Risk: Facility healthcare staff performing aerosol generating procedures on known or suspected pandemic patients; dental staff, lab staff. High Exposure Risk: healthcare staff, security staff, or support staff who must enter known or suspect patient rooms, security and transport staff who transport known or suspected pandemic patients, staff moving the deceased; Medium Exposure Risk: All security staff, and healthcare administrative staff; Lower Exposure Risk: Facility administrative and support office staff located in external areas/buildings. It should also be noted that the 25,000 inmates being housed in excessively crowded dormitories create a Very High Exposure Risk situation relative to spread of infection among the offender population, as well as the security and health services staff of the ADOC.
The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will: Complete a Risk Assessment to determine pandemic exposure risk level and Personal Protective Equipment (PPE) requirements for job classifications/locations (offices, rest areas, roadside worksites etc.).
The Alcohol Beverage Control (ABC) Board employees assigned to work at the central office do not require extensive social contact and are considered to be low risk exposure employees. Employees assigned to the Enforcement Division or an ABC Store have high risk exposure ratings. All employees will be provided with masks and hand gels. Employees outside the central office will also receive gloves and face shields. ABC Board intends to stock N95 masks, surgical masks, face shields, gloves, hand gel and surface disinfectant for employees to use in case of a pandemic. These supplies will be purchased and issued to employees at Government Response Stage 4 – First human case in North America.
The Alabama Public Television (APTV) will conduct a risk assessment for all jobs at The Alabama Public Television (APTV) facilities utilizing the OSHA standards. Results of the assessment will be used by management to develop a plan to minimize risk.
The Alabama Department of Revenue (ADOR) will notify employees of the availability of flu shots that may be administered by the ADPH.
The Alabama Medicaid Agency (AMA) will be performing a risk assessment while developing the Alabama Medicaid Agency's COOP plan.

The State Employees Insurance Board (SEIB) assessed most members meeting the risk classification of "Lower Exposure Risk (Caution)" based upon OSHA'S guidance.
The Alabama Department of Public Health (ADPH) has assessed high risk public health employees are the nurses, aides and assistants. Medium risk public health employees include clerical personnel, social workers, environmentalists and administrators. Low risk public health workers include office staff with very little contact with the general public.
The Alabama Department of Human Resources (ADHR) business is conducted at the DHR State and county offices, most employees of the Department are at risk because of the need for face to face contact. Every effort will be made to reduce the incidences of these contacts. Each manger has a complete order of succession for leadership and key positions to ensure that essential functions are continued during a pandemic.
The Alabama Department of Education (ADOE) Pandemic Plan provides guidance on topics covered in OSHA's risk assessment publication.

Develop plans to protect those employees in the very high, high, or medium risk categories including stockpiling PPE (if PPE is needed); provided needed training and if respiratory protection is indicated, establish a respiratory protection program and fit-test those employees who will be provided with respirators.

The Alabama Banking Department (ABD) personnel have been assessed to be at lower risk
The Alabama Department of Mental and Mental Retardation (DMH-MR) plans could be developed for employees in the very high, high or medium risk.
No Alabama Development Office (ADO) personnel will be working in positions that are classified as higher risk categories unless re-assigned duties in support of other government agencies (federal, state, or local) in the performance of their essential functions. Responsibility for the protection of re-assigned ADO personnel will reside with the recipient agency.
The Alabama Department of Corrections (ADOC) emergency plan (given adequate funding support) includes pre-event preparation to procure and store PPE for ADOC staff, as well as various sanitizing supplies for personal health and cleanliness of work environment. Supplies will be stored centrally and deployed as necessary during event. Stockpile PPE for use by: Very High Exposure Risk: Provide PPE and pre-fit test prior to entering health unit or designated treatment/containment areas. High Exposure Risk; Provide PPE and pre-fit test prior to entering health unit or designated treatment/containment areas. Transportation staff: Provide PPE and conduct fit-test prior to entering health unit or designated treatment/containment areas. Medium Exposure Risk: Provide PPE and pre-fit test prior to entering facility. Lower Exposure Risk: Provide PPE and conduct fit-test prior to staff entering facility. The ADOC does not plan to acquire PPE (masks, glove, goggles, etc.) for the inmate population during a pandemic unless directed by the ADPH State Health Officer.
The Alabama Department of Transportation (ALDOT) does not have any job descriptions that fall in the very high, high categories. Most jobs will be classified as Lower Exposure Risk (Caution) with a minimal number, at rest area locations, being classified as Medium Exposure Risk for which PPE will be made available as recommended by the Alabama Department of Public Health (ADPH).

The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will: • Identify job classification/locations that require PPE based on Risk Assessment to ensure appropriated training is provided/recommendations of the Alabama Department of Public Health (ADPH). • Ensure only Surgical/Medical/Procedure Masks, which have ties or single elastic band or ear loops that are designed to prevent the wearer fro spreading germs to others through sneezing and coughing; to protect the wearer's mucous membranes of the nose and mouth against infections spread by large respiratory droplets, generated by actions such as coughing, sneezing and talking ,will be provided by ALDOT for respiratory protection utilizing Manufacturer's Donning Procedure and User Instructions.
The Alcohol Beverage Control (ABC) social distancing strategies will be implemented during a pandemic. The following are strategies which will be implemented at applicable departmental locations: • Telecommuting will be allowed wherever possible. • Shift work will be implemented to reduce the number of people in the building at one time. • Travel will be limited. • Teleconferences and web conferences will replace face to face meetings. • Telephone calls and emails will replace office visits. Office doors will be propped open to reduce contact with hard surfaces and increase ventilation. Tape will be placed every six feet to maintain safe distance if an emergency office visit is necessary. • Alternate restroom stalls will be locked so that every other stall can be used to maintain a 6' distance. Restroom sinks at opposite ends of the counter will be utilized with the middle sink(s) turned off. Only two employees will be allowed in the restroom at one time. • Break rooms will only be used to prepare food one person at a time.
The Alabama Public Television (APTV) will utilize procedures approved by ADPH and others to identify and assist employees in the higher risk categories in order to minimize their risks and exposures.
The Alabama Medicaid Agency (AMA) will be addressing plans to protect in the Alabama Medicaid Agency's COOP plan
The State Employees Insurance Board (SEIB) staff is considered Lower Exposure Risk; limited personnel are exposed to the general public and would be considered Medium Exposure Risk (i.e. Wellness Coaches, Marketing Representative, etc). Plans could be developed for employees in both the Lower Risk and Medium Risk categories consistent with OSHA Guidelines.
The Alabama Department of Public Health (ADPH) Center for Emergency Preparedness has stockpiles of PPEs and plans to distribute them to the public health employees at risk. PPE training is included in the yearly training done by the Infection Control Officer. The fit test protocol is still being developed.
The Alabama Department of Human Resources (ADHR) employees will be provided training in use and benefits of personal protection equipment and other strategies needed to reduce person to person transmission. The General Services Division will stockpile

needed equipment. Refresher training will be provided on a regular basis to ensure that staff remains proficient in the use of the equipment and techniques needed to remain healthy and maintain the ability to perform essential functions.

The Alabama Department of Education (ADOE) will comply with ADPH guidance for stockpiling of and training for PPE usage.

Respond and Recover
Implement infection control policies and practices (see OSHA guidance at www.osha.gov/Publications/ influenza_pandemic.html)

The Alabama Banking Department (ABD) plans to use "social distancing" as one primary means to control infection. Social distancing means reducing the frequency, proximity, and duration of contact between persons to reduce the chances of spreading pandemic influenza from person-to-person. As mentioned in A.1.1.5 above, the Department has initiated steps to enable teleworking, which will be allowed wherever possible. In addition, shift work will be utilized to reduce the number of employees at work at any given time or location. Travel will be limited to extreme cases, as on-site examinations of non-problem institutions will be suspended. Email, telephone calls, and teleconferences will be used to minimize face-to-face contact between employees, bankers, Federal counterparts, and the general public.

Another primary method to control infection would be to provide access to soap, hand sanitizers, tissues, and cleaning supplies. Personal protection equipment such as gloves and surgical masks will also limit the spread of germs.

The Alabama Development Office (ADO) policies and practices contained in the A.1.5.1 section shall be implemented in the event of a pandemic

The Alabama Department of Corrections (ADOC) enforces proper and frequent hand washing with soap, water, and the use of disposable paper towels; use of N-95 mask by appropriately identified persons, isolate infectious persons, decrease facility movement, increase social distancing, use disposable items when and where appropriate, destroy contaminated items appropriately. Launder linens in facility laundries at mandated temperatures, for appropriate length of time, and with appropriate cleaners.

The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:
Require periodic sanitizing in critical areas such as restrooms, gym locker rooms, crew quarters, break rooms.

- Provide sanitizing agent dispensers in critical areas.

Implement immediate mandatory employee segregation for known exposure.

- Issue PPE
- Identify affected employees.
- Identify at risk essential employees for antiviral medication or vaccinations.
- Coordinate with State Employee Insurance Compensation Trust Fund (SEICTF), Alabama Department of Emergency Management, Alabama Department of Public Health, Centers for Disease Control and local health care providers for evaluation, treatment, prevention of cross-contamination, prevention of cross-contamination to outside population centers, etc.
- If necessary, identify and prepare segregation location for infected employees (NOTE: Wide-spread pandemic crisis will overwhelm response capacity of local

health care facilities).
The Alabama Public Television (APTV) will work with building cleaning crews to ensure additional control policies are in place during an outbreak. All employees will be required to use approved methods and practices to minimize the potential spread of germs.
The Alabama Medicaid Agency (AMA) will be addressing infection control policies and practices for preventing influenza in the Alabama Medicaid Agency's COOP plan.
The Alabama Department of Public Health (ADPH), Infection Control Unit has an infection control/blood borne pathogen manual that includes isolation guidelines, hand washing protocol and PPE information. The manual is located in each county and area health department.
The Alabama Department of Human Resources (ADHR) infection control policies and practices will be implemented in accordance with OSHA guidance and assistance from the Alabama Department of Public Health.
The Alabama Department of Education (ADOE) Pandemic Plan sets forth guidance for limiting personal contact and exposure as per guidance listed in the federal (OSHA) PI publication.

For those state departments that did not update their COOP plan to include PI Op Plan sub-objectives and submitted their AEMA COOP their plan for social distancing is:
As a pandemic influenza spreads just as a normal flu virus spreads, people will be encouraged to take steps to reduce their interaction with others. The Department will modify its operation procedures to increase the physical distance between co-workers and clients.
• Social distancing within the workplace will be promoted to the extent feasible by:
  o Staggering shifts to reduce the amount of time employees share common spaces
  o Rearranging schedules to provide consecutive days off for the incubation time interval of the disease
  o Rearranging furniture to reduce the spread of germs
  o Placing portable hand-sanitizers at entry ways and other locations where equipment and items are touched by many people (e.g. copy machines)
• Consider promoting clientele distancing by developing creative avenues (including barriers as appropriate) to reduce contact with clients while continuing the provision of essential functions.
Maximize working from remote locations.

Institute protection plans; if in plan, provide PPE to employees in very high, high, or medium risk categories

The Alabama Banking Department (ABD) personnel have been assessed to be at lower risk.
The Alabama Department of Mental Health and Mental Retardation (DMH-MR) will work to develop protection plans, as needed, consistent with ADPH.
The Alabama Development Office (ADO) will issue infection prevention supplies to employees performing essential functions as needed.
The Alabama Department of Corrections (ADOC) stockpile PPE for use by: Very High Exposure Risk: Provide PPE (gown, gloves, mask, face shield or goggles) and pre-

fit (N-95) test prior to entering health unit or treatment/containment areas. High Exposure Risk: Provide PPE and pre-fit test prior to entering health unit or treatment/containment areas. Transportation staff: Provide PPE and conduct fit-test prior to entering health unit or treatment/containment areas. Medium Exposure Risk: Provide PPE and pre-fit test prior to entering facility. Appropriately dispose of PPE prior to exiting area(s) of entry. The ADOC does not plan to provide PPE (masks, glove, goggles, etc.) to the inmate population during a pandemic unless directed by the ADPH State Health Officer.
The Alabama Department of Senior Services' (ADSS) employee, in general, risks of occupational exposure to influenza during a pandemic may vary from very high to high, medium, or lower (caution) risk. The level of risk depends in part on whether or not jobs require close proximity to people potentially infected with the pandemic influenza virus, or whether they are required to have either repeated or extended contact with known or suspected sources of pandemic influenza virus. ADSS employees' exposure should be considered in the lower risk category which evolves around coworkers and families. Although a few positions involve working with the general public, consumers, caregivers, nursing home patients, and other such individuals or groups, this exposure should be considered in the medium exposure risk category. Medium exposure risk occupations include jobs that require frequent, close contact (within 6 feet) exposures to known or suspected sources of pandemic influenza virus such as coworkers, the general public, outpatients, school children or other such individuals or groups. Lower exposure risk (caution) occupations are those that do not require contact with people known to be infected with the pandemic virus, nor frequent close contact (within 6 feet) with the public. Even at lower risk levels, however, employers should be cautious and develop preparedness plans to minimize employee infections.
The Alabama Department of Transportation (ALDOT) does not have any job descriptions that fall in the very high, high categories. Most jobs will be classified as Lower Exposure Risk (Caution) with a minimal number, at rest area(etc.) locations, being classified as Medium Exposure Risk for which PPE will be made available as recommended by the Alabama Department of Public Health (ADPH).
The Alabama Public Television (APTV) during a flu pandemic, will work with ADPH and other authorities to insure compliance with prescribed protection plans and when necessary will provide PPE to employees especially in high risk categories.
The Alabama Medicaid Agency (AMA) will be addressing protection plans in the Alabama Medicaid Agency's COOP plan.
The State Employees Insurance Board (SEIB) will develop protection plans, as a need to bases, consistent with ADPH guidance and will continue to work cooperatively with ADPH, AEMA and other appropriate agencies to acquire PPE and other resources for employees that fall within the medium risk category.
The Alabama Department of Public Health (ADPH) in the event of a pandemic, the public health employees that are at very high risk will receive N95 masks, gowns, gloves and face shields. The public health employees at high risk will receive N95 masks, gowns, gloves, and face shields to be used dependent on task performed. All public health e3mployees will be given hand sanitizers. Surface wipes, cleansers and tissues will be available in convenient locations for all employees. The Infection Control Officer is in the process of reviewing APIC's publication

regarding Infection Control in shelters to see what is applicable.
The Alabama Department of Human Resources (ADHR) essential staff will be provided plans, training and personal equipment needed to perform tasks during a pandemic. Specific details will be provided and updated the Department's management team.
The Alabama Department of Education (ADOE) personnel meet the federal criteria (OSHA) Lower exposure risk (caution) category, therefore not requiring a protection plan. ADOE personnel will follow prescribed appropriate hygiene procedures in an effort to decrease contamination.

If part of pandemic plan, distribute antiviral drugs

By the nature and risk of Alabama state employees, only a limited number of employees will receive antivirals based on Health and Human Services (HHS) Priority Group List.
The Alabama Public Television (APTV) if asked by ADPH to assist in distributing antiviral drugs, the staff will follow the plan set forth by ADPH.

Sub-objective A.1.6 - Revise human resource and other workplace policies affecting the safety of State government workers
Prepare
Review and revise policies on leave, as needed; consider new policies for employee compensation and sick-leave absences unique to a pandemic to encourage ill employees or those exposed to ill persons to stay home (States should assess current policies and then report on decisions)

The State Personnel Department (SPD) will require state employees with the pandemic flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate. State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it. State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.
The Alabama Public Television (APTV) will be very lenient on absentee policies and require ill and exposed employees to stay home. Additional measures will be implemented to restrict contact between employees during working hours to help control the spread of germs.

Establish guidelines on when a previously ill person is no longer infectious and can return to work

The State Personnel Department (SPD will require state employees with the pandemic

flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate. State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it. State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.
The Alabama Public Television (APTV) will utilize ADPH guidelines and recommendations to determine infectious periods and when employees can return to work following an infection.

Consider establishing policies for restricting travel (States should assess current policies and then report on decision)

The Alabama Department of Corrections (ADOC), at the discretion of the Commissioner after consultation with the State Health Officer, will suspend all inmate admissions to State custody from Alabama county jails in the event of an influenza pandemic. ADOC personnel will be encouraged to limit travel during event. ADOC business travel will be limited only to complete tasks relative to mission essential functions. Routine transfers of inmates between institutions will be limited or suspended. Transfers of inmates to job sites may be suspended.
The Alabama Public Television (APTV) in the event of an area of the state or other areas of the country having a flu epidemic will restrict travel by employees into the affected area. During the outbreak, only emergency and required travel will be approved for employees into those areas on work related travel and personal travel will be discouraged.
The Alabama Department of Revenue (ADOR) will implement policy upon incident for travel, on-site visits, meetings, training and other social gatherings. The Department will promote social distancing and encourage the use of teleconferencing and email communication when and where possible.

Collaborate with insurers, health plans, and local healthcare facilities on pandemic planning; evaluate government employee access to and availability of healthcare services

The State Employees Insurance Board (SEIB) will work collaboratively with AEMA, ADPH, Blue Cross and Blue Shield and local healthcare providers to coordinate benefits, process authorization and meet the healthcare needs of our members during a pandemic. Constant monitoring of healthcare availability will be implemented as needed.

Evaluate government employee access to and availability of mental health and social services; develop workforce resilience programs

The Alabama Department of Mental Health and Mental Retardation (DMH-MR) will work collaboratively with AEMA, ADPH and the State Employees Insurance Board (SEIB) to create access to mental health and case management services as resources allow during a pandemic. This may include crisis counseling, telephone counseling and dissemination of mass media crisis counseling information. As conditions permit, and as appropriate, over time, DMH-MR may provide/coordinate group crisis counseling services as part of a workforce resilience program.
The Alabama Public Television (APTV) will inform its workforce on various methods to minimize exposure along with methods to help build immunity. Work place conditions will be changed to help eliminate personal contact between employees as much as possible.
The State Employees Insurance Board (SEIB) will work collaborative with AEMA, and ADPH to create access to mental health and case management services during a pandemic. Constant monitoring of mental healthcare availability will be implemented as needed.

Respond and Recover
Implement policies/guidance developed to assist employees to stay home when exposed to the influenza or if ill

The State Personnel Department (SPD) will require state employees with the pandemic flu virus, or functioning as the caregiver for a family member with the flu, should be allowed to take their accumulated leave. Should that leave become exhausted, they may be granted donated leave. Regular donated leave forms should be submitted through normal channels. Rules requiring a doctor's statement may be waived by your agency provided you note this on the appropriate form. Recertification requirements will be waived for the pandemic flu virus. It will be your agency's responsibility to assure that donated leave usage is appropriate. State employees exposed to the flu should be granted leave until it is determined whether or not they contracted it. State employees returning to work after having had the flu, or not having gotten it after exposure, should be noted on the Excel spreadsheet used for monitoring sick or transferred employees, as should any non-essential staff sent back home after return of other staff members or due to rotation of employees working.
The Alabama Public Television (APTV) during an outbreak, will utilize ADPH guidelines to ensure employees do not return to work during a time period when they are contagious.

Implement return to work guidelines

The Alabama Public Television (APTV) will be required employees feel they are ready to return to work, they to conform to ADPH standards to ensure it is safe for them to return.

Implement any travel policies; issue instructions for employees in high-risk situations

The Alabama Department of Corrections (ADOC) upon direction from the ADOC Commissioner who will consult with the State Health Officer, all inmate admissions to

State custody from Alabama county jails will be suspended in the event of an influenza pandemic. Monitor ADPH notifications. ADOC personnel will be encouraged to limit travel during event. ADOC business travel will be limited only to complete tasks relative to mission essential functions. Routine transfers of inmates between institutions will be limited or suspended. Transfers of inmates to job sites may be suspended. Implementation of travel policies will be at discretion of ADOC Commissioner.
The Alabama Public Television (APTV) during an outbreak, employee travel will be restricted. Only required emergency and necessary travel will be allowed by the agency.

Activate programs to address the psychological and social needs of government employees

The Alabama Department of Mental Health and Mental Retardation (ADMH-MR), in the event of a presidential declared disaster, may partner with AEMA to apply for additional crisis counseling services through FEMA grants. If awarded, and conditions permitting, a crisis counseling workforce could be trained, hired and deployed to provide services on an outreach basis where need exists. Additionally, ADPH has partnered with DMH-MR to train volunteer crisis counselors throughout the state over the past few years. The volunteer crisis counselor database, which is maintained by ADPH's Emergency Preparedness Social Worker, could also be accessed for services in the aftermath of a pandemic.
The Alabama Department of Corrections (ADOC) has a policy relative to critical incident stress management teams. Critical incident management teams will be activated and deployed as necessary at the discretion of the ADOC Commissioner.
The Alabama Public Television (APTV) will work with ADHR and DMH-MR to assist employees to obtain help from these and other agencies for assistance in coping with the psychological and social stresses caused by extended absences from work. During an outbreak, The Alabama Public Television (APTV) will closely work with each employee to identify problem areas and assist employees in obtaining help.

Appendix A.2: Ensure Public Health COOP During Each Phase of a Pandemic

Lead Individual name: Kelly Stevens

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Supporting Activity

Sub-objective A.2.1 - *Maintain Essential Public Health Functions*

Does the plan include definitions and identification of essential services and functions needed to sustain agency mission and operations

The Alabama Department of Public Health (ADPH) essential functions are those functions stated or implied, that are required to be performed by ADPH to provide vital public health services, or other functions deemed essential by the State Health Officer or Governor. Each director has defined the essential functions of his/her budget unit in the COOP database (see Table 8: ADPH Essential Functions and Positions). Essential services that must continue and functions that can be suspended have been determined. The position responsible for each function and the names of primary and alternate personnel are listed. Attachments with detailed instructions, forms, spreadsheets,

documents, charts, call lists, etc. are written and accessible through the Lotus Notes database, but are not included in this submission. Each director has listed Information Technology (IT) requirements needed to fulfill essential functions. The Center for Computer Services (CSC) has determined the critical restoral time for each system (see Table 9: ADPH Critical Restoral Time – Vital Records and Databases) and each unit has identified its IT and resource needs (see Table 10: ADPH IT and Resources).

During a pandemic, essential functions will include responding to health and medical needs of the community. ADPH Incident Command System (ICS) (see Table 11: ADPH Incident Command System Chart) will be activated to maintain Emergency Support Functions #8 (ESF #8): Health and Medical Response. Public Health ESF#8 response activities include the following:

- Manage and staff medical needs shelters
- Pre-pandemic and pandemic vaccine clinics
- Antiviral distribution
- Surveillance and outbreak containment
- Laboratory testing
- Countermeasure data entry
- Deployment of volunteers through ESRVIP
- Medical supply distribution
- Fatality reporting
- Communications to public on status of pandemic
- 24 hr hotline to answer general questions pertaining to public health and the pandemic

Coordination with essential health care facilities throughout the state

Does the plan include a determination of which, if any, essential services and functions, or non-essential operating support functions can be suspended temporarily and for what duration before adversely impacting the States public health mission

ADPH divisions have listed essential operations and functions in the COOP database. Mission critical responsibilities and positions that must continue are detailed (see Table 8: ADPH Essential Functions and Positions). Essential personnel and their positions are listed along with any alternates in the COOP plan for each essential function. Employee availability will be monitored using a Lotus Notes database and daily reports will be generated for the ICS so that essential positions can be filled.

ADPH divisions have listed the operations that can temporarily be suspended to assist with the pandemic response (see Table 8: ADPH Essential Functions and Positions). ADPH plans to suspend activities a minimum of 8 weeks or the first wave of the pandemic. Then, ADPH will use a tiered approach to bring suspended programs back online. Suspended activities within Home & Community Services and Family Health Services will be brought on-line first until fully operational. ADPH then will focus on Laboratory, Environmental and Communicable Disease programs. Education based programs including those based in Health Promotion and Chronic Disease will be last to be brought back into operation.

Response teams have been developed and a response team database has been created in Lotus Notes. Response teams will be deployed as needed to work in medical needs

shelters or other medical sites as warranted. The ICS Human Resource Unit will work with the Medical Needs Shelter Unit and Logistics when teams are deployed.

Is there a plan to sustain essential services and functions during a pandemic influenza outbreak include the following scenarios:
Work force reduction up to 40%

ADPH divisions have listed essential operations and functions in the COOP database. Mission critical responsibilities and positions that must continue are detailed (see Table 8: ADPH Essential Functions and Positions). Essential personnel and their positions are listed along with any alternates in the COOP plan for each essential function. Employee availability will be monitored using a Lotus Notes database and daily reports will be generated for the ICS so that essential positions can be filled.

Response teams have been developed and a response team database has been created in Lotus Notes. Response teams will be deployed as needed to work in medical needs shelters or other medical sites as warranted. The ICS Human Resource Unit will work with the Medical Needs Shelter Unit and Logistics when teams are deployed.

The plan pre-identifies primary and secondary individuals and provides contact information for core functional roles per the Incident Command System (see Table 12: ADPH Primary and Secondary Individuals for Core Functional Roles per the ICS).

ADPH maintains a staff of approximately 4,000 employees statewide. ADPH bureau/division budget units have identified human capital needs in the COOP database (see Table 8: ADPH Essential Functions and Positions). All essential functions have been defined with a primary and two alternate key personnel to perform in the work. Seventy-nine public health response teams have been developed and trained to respond for deployment to field sites including vaccination clinics, antiviral distribution centers, and medical needs shelters. These teams are designated in the Lotus Notes Response Team Database. All team members can be notified of deployment using the ALERT system. ICS will manage events and personnel will be re-assigned to essential functions including ESF #8 operations.

Limited access to facilities (social distancing, staffing or security concerns)

ADPH will use the Alternate EOC warehouse building as an alternate facility for COOP. During a pandemic, the Alternate Emergency Operations Center (EOC) will be used for social distancing. The alternate facility will accommodate ICS personnel and key personnel (see Table 8: ADPH Essential Functions and Positions). ICS personnel and key personnel designated to work at the alternate facility will be notified through the COOP alert procedure. The alternate facility will be wired to support computers, printers, facsimile machines, phones, and copy machines.

ADPH personnel may be asked to work from home during a pandemic (see Table 8: ADPH Essential Functions and Positions). Each bureau/division budget unit has performed a resource survey and results are attached in the COOP database. Remote desktop software will be used by personnel working from home. Certain bureau/divisions have made agreements with cooperating agencies to share office space and equipment when COOP is implemented. These agreements are designated in the COOP database for the bureau/division.

All security issues will be addressed by ICS Safety and Security Officer (see Table 11: ADPH Incident Command System Position Chart).

Broad-based implementation of social distancing policies

ADPH social distancing strategies will be implemented during a pandemic. The following are strategies which will be implemented in the Central Office building. These strategies will be adopted at each local county health department building as it pertains to their facility and essential functions.

- Telework will be allowed wherever possible.
- Shift work will be implemented to reduce the number of people in the building at one time.
- The Mitchell Young Warehouse facility will be utilized to reduce the number of people in the Central Office building.
- Travel will be limited to deployment and logistic tasking.
- Teleconferences, video conferences, and web conferences will replace face to face meetings.
- Telephone calls and emails will replace office visits. Office doors will be propped open to reduce contact with hard surfaces and increase ventilation. Tape will be placed every six feet to maintain safe distance if an emergency office visit is necessary.
- Cubicles will be re-arranged where necessary to maintain a 6' minimum distance between employees. Only one employee will be allowed in a cubicle at any one time.
- Two persons maximum will be allowed per elevator ride standing diagonally at opposite corners. Stair use will be encouraged and steps and hallways will be marked with tape every 6' for employees to keep safe distance. Stairwell doors will be propped open to reduce contact with hard surfaces and increase ventilation.
- Alternate restroom stalls will be locked so that every other stall can be used to maintain a 6' distance. Restroom sinks at opposite ends of the counter will be utilized with the middle sink(s) turned off. Only two employees will be allowed in the restroom at one time.
- Break rooms will only be used to prepare food one person at a time. The floor will be marked every six feet so that an employee can easily keep safe distance. Break room doors will be propped open to reduce contact with hard surfaces and to keep a safe distance.

Does the plan ensure and consider the following:
Appropriate level of staffing (to include contractors) to continue essential functions

ADPH maintains a staff of approximately 4,000 employees statewide. ADPH bureau/division budget units have identified human capital needs in the COOP database (see Table 8: ADPH Essential Functions and Positions). All essential functions have been defined with a primary and two alternate key personnel to perform the work. Seventy-nine public health response teams have been developed and trained to respond for deployment to field sites including vaccination clinics, antiviral distribution centers, and medical needs shelters. These teams are designated in the Lotus Notes Response Team Database. All team members can be notified of deployment using the ALERT system. ICS will manage events and personnel will be re-assigned to essential functions including ESF #8 operations.

Thomas White, Chief Accountant and Director, and several finance program

managers including Joseph Ostenton and Robert Brantley (Grants and Contracts), and Allen Rowe, Karole Baugh, and Angie Tolbert (Procurement) have access to the contract and vendor data. ADPH Finance in cooperation with ADPH Information Services - Logistics Section (Mike Hassell, Alfreda Arrington, Genevieve Moore, and Jerry Young) have secured shipping contracts and arrangements. Additionally, training has been scheduled with DBA Engineering at Auburn University in Montgomery for several ADPH employees to earn their Commercial Driver's License (CDL) in the event that transporters are unavailable.

Coordination of planning with contractors, suppliers, shippers, State agencies and other businesses that support or are supported by your essential functions

ADPH, Bureau of Finances, Tom White, Chief Accountant and Director currently has an extensive portfolio of contracts with a wide range of vendors for virtually anything that is required for public health operations.

As appropriate, initiation of pre-solicited, signed and standing agreements with contractors and other third parties to ensure fulfillment of mission essential requirements, including contingencies for backup should primary supplies or contractor be unable to provide required personnel, services, or supplies.

If those vendors are unwilling or unable to supply necessary materials in a public health emergency, normal state purchasing rules would be waived and such materials acquired from any vendor. The purchases may be made by any means required including purchase order, credit card, check or even cash. In other words, if needed supplies/materials are available anywhere from any vendor, ADPH can procure them on the spot in an emergency.

Sub-objective A.2.2 - *Pre-Identify Personnel, Equipment and Resource to Support Sustained Response/Survivability and Recovery*

Does the plan identify positions, skills and personnel needed to continue essential services and functions?

ADPH divisions have listed essential Operations and Functions in the COOP database. Mission critical responsibilities and positions that must continue are detailed (see Table 8: ADPH Essential Functions and Positions). Essential personnel and their positions are listed along with any alternates in the COOP plan for each essential function. Employee availability will be monitored using a Lotus Notes database and daily reports will be generated for the ICS so that essential positions can be filled.

Response teams have been developed and a response team database has been created in Lotus Notes. Response teams will be deployed as needed to work in medical needs shelters or other medical sites as warranted. The ICS Human Resource Unit will work with the Medical Needs Shelter Unit and Logistics when teams are deployed.

Does the plan include a roster of identified personnel and back-up personnel, by position, needed to continue essential services and functions?

ADPH divisions have listed essential Operations and Functions in the COOP database. Mission critical responsibilities and positions that must continue are detailed (see Table 8: ADPH Essential Functions and Positions). Essential personnel and their positions are listed along with any alternates in the COOP plan for each essential

function. Employee availability will be monitored using a Lotus Notes database and daily reports will be generated for the ICS so that essential positions can be filled.

Response teams have been developed and a response team database has been created in Lotus Notes. Response teams will be deployed as needed to work in medical needs shelters or other medical sites as warranted. The ICS Human Resource Unit will work with the Medical Needs Shelter Unit and Logistics when teams are deployed.

Does the plan include identification and training of approximately two to three back-up personnel to continue essential services and functions?

ADPH in the event of a pandemic, the designated successors will be given the authority to act on behalf of the person they succeed. The designator listings can be found in the ADPH Lotus Notes Address Book under "other" tab, COOP. The primary and two alternates are listed. For each essential function the essential personnel required to perform the function are detailed in the COOP database (see Table 8: ADPH Essential Functions and Positions, where second and third alternates are also listed.)

The COOP Team, CEP, and BPSS will continue to develop its training and exercise program, to include tests and exercises of varying types and scope, to improve the overall ADPH response capabilities at the department and the bureau/division levels. All bureau/divisions must evaluate their plan after every test and exercise.

The key objectives of the Training and Exercising Program are to:

- Maintain department readiness.
- Execute procedures by deploying designated personnel and equipment to an alternate facility to perform essential functions and operations during an emergency.
- Cross train and test staff re-assigned to essential functions during an emergency.
- Test and validate equipment as to its operability and capability with other agencies.
- Familiarize personnel with the issues encountered during a major emergency or threat and possible lessons learned.
- Validate emergency communications contacts.
- Validate plans, policies, procedures, and systems to identify and perform corrective actions.

Exercises will be used, under simulated but realistic conditions, to validate policies and procedures for responding to specific emergency situations and to identify deficiencies that need to be corrected. Personnel participating in these exercises will include those who will make policy decisions or perform the operational procedures during an actual event, (i.e., critical personnel).

Tests will be used to determine the correct operation of equipment and systems that support the organizational infrastructure. The testing process will ensure that equipment and systems 1) conform to specifications, 2) closely approximate the operations of the primary equipment and systems, and 3) work in the required environments.

The State Health Officer will ensure that tests and exercises will be conducted to prepare all associates to perform assigned functions during an emergency. These tests and exercises will be designed to validate the effectiveness of the plan, familiarize associates with the plan implementation process and identify and correct weaknesses in the plan.

The COOP exercise series are planned June - December 2008 and consist of monthly exercises to test the elements of COOP including Delegation of Authority, Order of Succession, Essential Functions, Key personnel, Resource Requirements, Inoperable

Communications, and Alternate facilities.

The ADPH Center for Emergency Preparedness in cooperation with the Bureau of Professional Support Services have begun creating video training modules to include COOP planning, personal preparedness, and social distancing strategies. These modules will be made available to all ADPH employees and archived on the ADPH website. Using information presented in these training modules, employees will be asked to participate in a series of drills to practice social distancing strategies during the normal seasonal flu period.

An After Action Report is a very effective tool for personnel to utilize and assess the overall capabilities of personnel and resources following an exercise. When an exercise is completed, the facilitators or exercise controllers will bring the exercise personnel together at an After Action Review meeting to discuss activities during the course of the exercise and identify key issues and areas that need to be improved, modified or maintained.

Once the review meeting has been completed, information from the exercise and the meeting itself will be integrated into a formal After Action Report, and will be provided to all those who assisted and participated in the exercise for reference and a tool to improve future exercises. All exercises will follow Homeland Security Exercise Evaluation Program (HSEEP guidelines).

Does the plan include delegations of authority to take into account the expected rate of absenteeism?

ADPH ensures rapid response to a pandemic situation requiring COOP plan implementation; ADPH has established pre-delegated authorities for making policy determinations and decisions at the state level as appropriate. Each bureau/division unit has determined the Delegation of Authority and Succession. The Delegation of Authority is designated in the Lotus Notes COOP database for each unit. The bureau/division authorities will work under the command of the Incident Commander and ICS (see Table 8: ADPH Essential Functions and Positions).

Does the plan include orders of succession that are at least three deep per responsibility to take into account the expected rate of absenteeism?

ADPH in the event of a pandemic, the designated successors will be given the authority to act on behalf of the person they succeed. The designator listings can be found in the ADPH Lotus Notes Address Book under "other" tab, COOP. The primary and two alternates are listed. For each essential function the essential personnel required to perform the function are detailed in the COOP database (see Table 8: ADPH Essential Functions and Positions, where second and third alternates are also listed).

ADPH ensures rapid response to a pandemic situation requiring COOP plan implementation; ADPH has established pre-delegated authorities for making policy determinations and decisions at the state level as appropriate. Each bureau/division unit has determined the Delegation of Authority and Succession. The Delegation of Authority is designated in the Lotus Notes COOP database for each unit. The bureau/division authorities will work under the command of the Incident Commander and ICS.

ADPH has fully staffed, trained, and exercised its Incident Command System (ICS) to support local emergency events (see Table 11: ADPH Incident Command System

Positions Chart). Personnel include a primary, secondary, and tertiary alternate for each position. Subject matter experts for Biological, Zoonotic, Chemical, Radiological, and Infection Control have been identified. The Medical Care Branch will support ESF #8 Health and Medical emergency response operations. The ICS Social Services Branch will assist with coordination of mental health care. The ICS Environmental Group will coordinate necessary public health vector surveillance and control, potable water/wastewater and solid waste activities.

Does the plan identify adequate alternate worksites (e.g. home or other adequate alternate worksites that maintain social distancing measures), as appropriate, to assure capability to maintain essential services for the duration of a pandemic wave?

ADPH will use the Alternate EOC warehouse building as an alternate facility for COOP. During a pandemic, the Alternate Emergency Operations Center (EOC) will be used for social distancing. The alternate facility will accommodate ICS personnel and key personnel (see Table 8: ADPH Essential Functions and Positions). ICS personnel and key personnel designated to work at the alternate facility will be notified through the COOP alert procedure. The alternate facility will be wired to support computers, printers, facsimile machines, phones, and copy machines.

ADPH personnel may be asked to work from home during a pandemic (see Table 8: ADPH Essential Functions and Positions). Each bureau/division budget unit has performed a resource survey and results are attached in the COOP database. Remote desktop software will be used by personnel working from home. Certain bureau/divisions have made agreements with cooperating agencies to share office space and equipment when COOP is implemented. These agreements are designated in the COOP database for the bureau/division.

Does the plan identify which essential services and functions can be continued from designated operating facilities or alternative operating facilities (e.g., home or other adequate alternate worksites) and those that need to be performed at a designated department or agency operating facility (A designated operating facility is an existing agency facility that may remain open during a pandemic with appropriate social distancing for staff that cannot perform their functions remotely and are needed to support the continuation of essential services and functions)?

ADPH will use the Alternate EOC warehouse building as an alternate facility for COOP. During a pandemic, the Alternate Emergency Operations Center (EOC) will be used for social distancing. The alternate facility will accommodate ICS personnel and key personnel (see Table 8: ADPH Essential Functions and Positions). ICS personnel and key personnel designated to work at the alternate facility will be notified through the COOP alert procedure. The alternate facility will be wired to support computers, printers, facsimile machines, phones, and copy machines.

ADPH personnel may be asked to work from home during a pandemic (see Table 8: ADPH Essential Functions and Positions). Each bureau/division budget unit has performed a resource survey and results are attached in the COOP database. Remote desktop software will be used by personnel working from home. Certain bureau/divisions have made agreements with cooperating agencies to share office space and equipment when COOP is implemented. These agreements are designated in the

COOP database for the bureau/division. (see Table 9: ADPH Critical Restoral Time – Vital Records and Databases and Table 10: ADPH IT and Resources)

Does the plan include a plan for accountability of personnel and their status?

ADPH employee availability and absences will be monitored using the COOP database. Documentation will include the employee's name and position, date(s) absent, and reason for absence (sick, caring for sick family member, etc.), and date(s) available (work from home, alternate site, or office). This information will be used to note status of available and non-available personnel, assist with back-filling of essential personnel, and aid in epidemiological surveillance and medical countermeasure data analysis when appropriate.

Human Resource and Personnel Policies already in place will apply. Policies will be relaxed during an event such as working from home, teleconferencing, and hiring contract workers. ADPH will adhere to such policies as they are adjusted and directives will be issued through ICS. Plans are being developed to create a database of retired public health employees who may be contacted to fill essential functions during a pandemic.

Does the plan include a plan to monitor who is sick, those that have recovered, those that are available for re-entry to work?

ADPH employee availability and absences will be monitored using the COOP database. Documentation will include the employee's name and position, date(s) absent, and reason for absence (sick, caring for sick family member, etc.), and date(s) available (work from home, alternate site, or office). This information will be used to note status of available and non-available personnel, assist with back-filling of essential personnel, and aid in epidemiological surveillance and medical countermeasure data analysis when appropriate.

Human Resource and Personnel Policies already in place will apply. Policies will be relaxed during an event such as working from home, teleconferencing, and hiring contract workers. ADPH will adhere to such policies as they are adjusted and directives will be issued through ICS. Plans are being developed to create a database of retired public health employees who may be contacted to fill essential functions during a pandemic.

Does the plan include redundant or back-up sources, as appropriate, for essential resources (such as food, water, fuel, medical facilities, electrical utilities, information technology support, communications and municipal services) at designated operating

ADPH Bureaus have listed the equipment used at each primary work site to include computers, printers, phones, fax machines, copiers etc. The available resources to work at an alternate site are listed as well (see Table 10: ADPH IT and Resources). This list includes laptops, personal home computers, cell phones, Personal Digital Assistants (PDA's), and home fax lines.

When the Pandemic COOP has been activated, gathering the necessary items to support an extended stay may be difficult. A worksheet has been developed that includes a checklist for clothing, food, medication, first aid supplies, cash, and the Go Kit which are considered necessary to support for deployment. This worksheet is supplied as an

attachment in the COOP database.

Equipment including medical stations and generators has been purchased and either pre-positioned or stored in the ADPH EP warehouse to support ADPH response to Health and Medical emergencies. A Method for Resource Inventory has been established. The ProcurIT inventory system lists all ADPH equipment that is available statewide for deployment. Emergency preparedness supplies and equipment will be monitored through this system.

Comfort Care Centers (CCC) formerly called Alternate Care Sites (ACS) kits have been purchased and are available now to any faith-based, community, or business organization who is willing to provide the site to care for pandemic influenza patients who could be cared for at home, but who have no one to care for them. Each CCC kit can support the care of 50 adult and 10 pediatric patients.

ADPH has constructed fuel stations in three areas of the state in addition to the State Motor Pool fuel station. Generators have been purchased to supply power to Medical Stations, alternate work facilities, and other ADPH managed facilities. Water purification filter systems have been approved for purchase. Back –up computer servers will be located at the ADPH Warehouse alternate facility.

Sub-objective A.2.3 - Pre-Identify Primary and Secondary Individuals for core functional roles per the Incident Command System

The plan pre-identifies primary and secondary individuals for the following core functional areas:

Assessment of health/medical needs
Health Surveillance
Medical Care Personnel
Health/Medical Equipment and Supplies
Patient Evacuation
In-hospital Care
Food/Drug/Medical Device Safety
Worker Health / Safety
Radiological/Chemical/Biological Hazards
Consultation
Mental Health Care
Public Health Information
Vector Control
Potable Water/Wastewater and Solid Waste
Disposal
Veterinary Services

ADPH has fully staffed, trained, and exercised its Incident Command System (ICS) to support local emergency events (see Table 11: ADPH Incident Command System Positions Chart). Personnel include a primary, secondary, and tertiary alternate for each position. Subject matter experts for Biological, Zoonotic, Chemical, Radiological, and Infection Control have been identified. The Operations Medical Care Branch in coordination with Planning and Logistics will support ESF #8 Health and Medical emergency response operations. The ICS Social Services Branch will assist with coordination of mental health care. The ICS Environmental Group will coordinate

necessary public health vector surveillance and control, potable water/wastewater and solid waste activities. The plan pre-identifies primary and secondary individuals and provides contact information for core functional roles per the Incident Command System (see Table 12: ADPH Primary and Secondary Individuals for Core Functional Roles per the ICS).

Operations will use the Alabama Incident Management System (AIMS) to monitor and communicate community health and medical issues, needs, and assets. AIMS is a computer software program that allow ADPH to monitor hospitals, nursing homes, medical needs shelters, and ambulance resources. Medical Care Personnel, Health/Medical Equipment and Supplies, Patient Evacuation, and In-hospital Care will be tracked using AIMS.

Appendix A.3: Ensure Continuity of Food Supply System

Lead Individual name: Ron Sparks
Lead Individual phone number: 334-240-7100
Lead Individual email: ron.sparks@agi.alabama.gov

Supporting Activity

Prepare

State plan designates coordinator for State pandemic preparedness planning, including contact for food safety, in "Equal to" States.

The Alabama Department of Agriculture and Industries (ADAI) did not respond

State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State "Equal to" food safety programs for a pandemic.

ADAI did not respond

State plan contains procedures for reporting of operating status of State inspected slaughter/processing establishments, and other food supply information.

ADAI did not respond

State plan contains communication plan to provide food safety related information to stakeholders, during a pandemic.

The Alabama Department of Human Resources (ADHR), Food Assistance Division and the Office of Communications will provide information to the media for dissemination to the public on food related issues during a pandemic.

State plan addresses generic operating objectives, under this strategic goal, for preparing State to carry out food supply system responsibilities, during a pandemic.

ADAI did not respond

Respond

State plan deploys personnel, assigned to pool of trained backup program staff, to carry out State "Equal to" food safety program requirements, during the pandemic.

ADAI did not respond

State plan implements procedures for reporting operating status of State inspected slaughter/processing establishments, and other food supply information, as required during the pandemic.

ADAI did not respond

State plan implements phased communication plan to provide food safety related information to stakeholders, during the pandemic.

ADAI did not respond

State plan implements generic operating procedures, under this strategic goal, in maintaining State food supply system responsibilities, during the pandemic.

ADAI did not respond

Recover

State plan assigns personnel to assess capability to meet pre-pandemic State "Equal to" food safety program requirements, in the last stages of the pandemic.

ADAI did not respond

State plan calls for assessing the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.

ADAI did not respond

State plan provides for reporting on the pre-pandemic level operational capability of State inspected slaughter/processing establishments, and other food supply system assets, in the last stages of the pandemic.

ADAI did not respond

State plan's phased communication plan provides food safety related recovery information to stakeholders, in the last stages of the pandemic.

ADAI did not respond

State plan implements generic operating procedures, under this strategic goal, in recovering to pre-pandemic State food supply system responsibilities, in the last stages of the pandemic.

ADAI did not respond

Appendix A.4: Ensure Ability to Respond to Agricultural Emergencies & Maintain Food Security Net Programs

Lead Individual name: Ron Sparks

Lead Individual phone number: 334-240-7100

Lead Individual email: ron.sparks@agi.alabama.gov

Supporting Activity

Prepare

State plan addresses generic operating objectives, under this strategic goal, for preparing State to carry out critical agriculture programs, during a pandemic—

including designation of coordinator for State pandemic preparedness planning.

The Alabama Department of Human Resources (ADHR) Food Assistance benefits are delivered through an Electronic Benefit Transfer (EBT) system. The state certification system has the capability to allow Food Assistance Workers to work remotely from any county DHR food assistance office or DHR regional or state office. In case of a Federally declared disaster, the state would implement the Disaster plan which includes a Disaster Food Assistance System that gives workers the ability to issue Disaster EBT cards manually.

State plan designates Federal nutritional assistance programs, and agriculture emergency response support, as essential to ensure continued State administration of Federal nutritional assistance and support to agricultural emergencies.

ADAI did not respond

State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance and agriculture emergency response support responsibilities.

ADAI did not respond

State plan provides for alternative approaches for carrying out State-administered nutritional assistance, during a pandemic.

The Alabama Department of Human Resources (ADHR) certification system has the capability to allow Food Assistance Workers to work remotely from any county DHR food assistance office or DHR regional or state office. Certification time periods for Food Assistance cases that are currently receiving benefits can be extended by programming requests. Applications and interviews for new cases can be taken over the telephone and certified from any county DHR food assistance office or DHR regional or state office.

State plan provides for backup personnel being identified for responsibility in the planning and preparedness of State-administered nutritional assistance, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11).

ADAI did not respond

State plan contains procedures for reporting of operating status of State nutritional assistance mechanisms and agriculture emergency response support.

ADAI did not respond

State plan contains communication plan to provide essential agriculture and nutrition assistance information to stakeholders, during a pandemic.

The Alabama Department of Human Resources (ADHR) information can be disseminated through telephone, email, fax, media releases, and updates to State website.

Respond

State plan deploys personnel, assigned to pool of trained backup program staff, to

carry out State-administered nutritional assistance and agriculture emergency response support responsibilities, during the pandemic.

The Alabama Department of Human Resources (ADHR) certification system has the capability to allow Food Assistance Workers to work remotely from any county DHR food assistance office or DHR regional or state office.

State plan deploys personnel, assigned to pool of trained backup program staff, to carry out State-administered nutritional assistance programs, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11), during the pandemic.

ADAI did not respond

State plan implements procedures to initiate alternative approaches for carrying out State-administered nutritional assistance, during the pandemic.

The Alabama Department of Human Resources (ADHR) Food Assistance benefits are delivered through an Electronic Benefit Transfer (EBT) system. The state certification system has the capability to allow Food Assistance Workers to work remotely from any county DHR food assistance office or DHR regional or state office. In case of a Federally declared disaster, the state would implement the Disaster plan which includes a Disaster Food Assistance System that gives workers the ability to issue Disaster EBT cards manually

State plan implements procedures for reporting operating status of State nutritional assistance activities and agriculture emergency response support, as required during the pandemic.

ADAI did not respond

State plan implements phased communication plan to provide nutritional assistance program, and agricultural emergency response support, related information to stakeholders, during the pandemic.

The Alabama Department of Human Resources (ADHR) information can be disseminated through telephone, email, fax, media releases, and updates to State website.

State plan implements generic operating procedures, under this strategic goal, in maintaining State ability to carry out critical agriculture programs, during the pandemic.

ADAI did not respond

Recover

State plan assigns personnel to assess capability to meet pre-pandemic State nutritional assistance program administration requirements, and meet pre-pandemic agriculture emergency response support responsibilities, in the last stages of the pandemic.

State plan provides for assessing and reporting on the operational capability to meet pre-pandemic level of performance for State-administered nutritional

assistance programs, and agriculture emergency response support responsibilities, in the last stages of the pandemic.

The Alabama Department of Human Resources (ADHR) certification system produces and distributes reports regarding levels of benefits provided and other statistics. Also, this information can be disseminated through telephone, email, fax, media releases, and updates to State website.

State plan calls for assessing and reporting on the operating status of State-administered nutritional assistance programs, and animal disease response, in a National Response Framework (NRF) emergency, (e.g., ESF-11), in the last stages of the pandemic.

ADAI did not respond

State plan's phased communication plan provides nutritional assistance program, and agricultural emergency response support, related recovery information to stakeholders, in the last stages of the pandemic.

The Alabama Department of Human Resources (ADHR) information can be disseminated through telephone, email, fax, media releases, and updates to State website.

State plan implements generic operating procedures, under this strategic goal, in recovering to pre-pandemic State ability to carry out critical agriculture programs, in the last stages of the pandemic.

ADAI did not respond

Appendix A.5: Ensure Integration of Uniform Military Services Needs & Assets
Lead Individual name: Adjutant General Al Blalock
Lead Individual phone number: 334-271-7200
Lead Individual email: irene.dailey@us.army.mil
Supporting Activity
Ensure key State Emergency Planners and Public Health Officials have met with the Adjutant General and his/her key leaders to coordinate PI planning efforts to include identifying critical issues, shortfalls, and planning gaps during the Prepare Phase of PI planning.

The Alabama National Guard (ALNG) COL John McGuinness ,Guard State Surgeon, has met with ADPH many times on behalf of the TAG and Chairs the Government Agency sub-Group of the State Bio-terrorism TF

If requested by the Governor, or his designee, the National Guard shall provide technical assistance to the Lead State Agency in developing and writing an actionable response plan.

ALNG can provide limited support if notified in advance of specific requirements.

Ensure key State Public Health and Emergency planning officials have been briefed on the full spectrum of State National Guard domestic support capabilities and have incorporated these capabilities into all phases of the State response plan.

ALNG COL John McGuinness has briefed ADPH on multiple occasions and potential

ALNG capabilities have been provided to ADPH and are also included in the ALNG CONPLAN.

Ensure State PI planning and Public Health officials have been briefed on the capabilities of the National Guard of the surrounding states.

ALNG contacted other States and answer given is that all surrounding States (FL, MS, TN & GA) will have no capability to assist outside their borders. There is a Joint Database (JCD) that gives each state's capability within their own state, but Alabama will not have access to this capability to any surrounding state's capabilities.

Consideration has been given to a regional response plan to share low density or unusual response assets.

ALNG CONPLAN references the NORTHCOM PI CONPLAN 3591, see AL PI Op Plan CD-ROM under Support Documents, who manages the regional military response.

Ensure the State National Guard leadership has been briefed by the Lead Pandemic Influenza planning agency to facilitate joint understanding of roles, missions and responsibilities during a pandemic.

ALNG COL McGuiness has briefed the TAG on multiple occasions

Ensure the State Plan recommends continuous and close coordination between the State National Guard, State Emergency Planners and Public Health Officials during a PI event.

ALNG is part of ADPH EP Advisory Committee, which include PI planning.

Ensure the State National Guard has developed and published an actionable PI plan that been synchronized to, and supports, the overarching State response plan.

ALNG CONPLAN references the national strategy assuming the state strategy will follow suit, see AL PI Op Plan CD-ROM under Support Documents.

Ensure the essential domestic response capabilities of the State National Guard have been identified by the Lead State PI Planning Agency. State planners have cross walked National Guard capabilities to the appropriate NRF ESF's. Shortfalls and critical resource gaps have been identified and specific tasking and requests for support have been issued to the office of the Adjutant General.

ALNG potential capabilities have been provided to ADPH and are also included in the ALNG CONPLAN Base document, see AL PI Op Plan CD-ROM under Support Documents.

Ensure the National Guard requirements for PPE during a pandemic are included in the State Plan.

COL McGuiness estimates ALNG will need approximately 15,000 sets (3x 5,000 guardsmen), addressed in Guard CONPLAN. See AL PI Op Plan CD-ROM under Support Documents.

The State is responsible to provide for the antiviral medications and vaccine

requirements of the National Guard, unless Federalized.

ALNG has identified priority to received antivirals.

Ensure the State PI planners have included the National Guard in State antiviral and vaccine distribution plan.

ALNG has identified priority to receive antivirals.

Ensure state plans include DoD beneficiaries who receive their medical care from the civilian sector are accounted for in determining medical countermeasure requirements, e.g. PPE, anti-viral drugs, and vaccine (when available).

ALNG because a pandemic can be so overwhelming that local, state and non-military Federal responders cannot manage the situation. DoD support however, should not be depended upon for assistance specifically within the boundaries of the State of Alabama. DoD missions will more than likely transcend state boundaries and primary focus will be to support federal missions versus state specific requirements.

Ensure plans recommend the State Health Department advise local health departments in jurisdictions adjacent to Active Federal Military Installations to contact and coordinate their activities with the installation Public Health Emergency Officer (PHEO).

ALNG contacted lead PI planners at Maxwell/Gunter, Ft. Rucker and Redstone Arsenal - received responses from Maxwell and Rucker - Maxwell has coordinated with local health departments, and Rucker has not coordinated with local health departments - Redstone Arsenal conducted PI Coordination with local health departments in late 2006.

Ensure plans recommend continuous coordination and communication between State Emergency planners and the PI coordinators assigned to the five PI Principal Federal Official regions (A thru E) from U.S. Northern Command (NORTHCOM).

ALNG CONPLAN addresses the DoD/NORTHCOM construct via NORTHCOM PI CONPLAN 3591- PI and JTF Region B

Ensure plans recommend the State Emergency Management Agency advise local emergency managers in jurisdictions adjacent to Active Federal military installations to contact and coordinate their activities with base/post installation managers or the installation commander to identify areas for mutual support.

According to AEMA, the use of DOD is govern by federal law and their use must be approved by Secretary of Defense. The base Commander can only use their resources for life safety mission that is less than 72 hours, thus mission assignments for the use of DOD resources is a last effort.

Appendix A.6 Sustain Transportation Systems

Lead Individual name: Joe McInnes

Lead Individual phone number: 334-242-6311

Lead Individual email: mcinnesj@dot.state.al.us

Supporting Activity

Respond

Sub-objective A.6.1 - Keep goods and people moving
Communicate with transportation authorities in neighboring jurisdictions, key stakeholders, emergency response, law enforcement, Department of Defense (National Guard), Department of Homeland Security and any other officials to activate plans or procedures regarding the transportation modes.

The Alabama Department of Transportation (ALDOT) Director, Mr. Joe McInnes, will:

- Appoint a Maintenance Bureau Emergency Management Coordinator, Mr. Lesley Morrissette, as the Alabama Department of Transportation (ALDOT) POC for the Alabama Emergency Management Agency (EMA); to ensure communication is established and maintained during the pandemic crisis which would allow ALDOT to comply with its responsibilities to Keep Goods and People Moving.
- Identify administrative responsible personnel, three deep in key positions, in the bureaus and divisions (see Table 1: ALDOT Administrative Personnel).

Ensure during a pandemic crisis that ALDOT Division Engineers and Bureau Chiefs have the capability to sustain essential functions to maintain/operate the statewide transportation system in a safe and efficient manner to provide for the movement of personnel/material within and through the State of Alabama.

Coordinate with divisions and staff to keep roads open for emergency vehicles and personnel and public traffic, to move emergency supplies, and provide communication between ALDOT and other agencies concerning roadway status.

Assist the Alabama Emergency Management Agency in planning the delivery of personnel and goods to pandemic affected areas when requested; incorporate the request of Law enforcement, National Guard, or Homeland Security regarding transportation restrictions.

Request the Alabama Emergency Management Agency and the ALDOT Maintenance Bureau, Permits and Operations Section, to coordinate requirements for special permit requests and for any draft proclamations pertaining to freight movement.

Review "essential" transportation services, functions, and processes and ensure they continue during a pandemic. Alternative routes may need to be considered for freight transport. Consult the DOT Freight Analysis Framework to determine alternate transportation routes.

ALDOT Director, Mr. Joe McInnes, through the division engineers and bureau chiefs (see attached list of Division/Bureau Personnel) will:

- Ensure during a pandemic crisis that ALDOT Division Engineers and Bureau Chiefs have the capability to sustain essential functions to maintain and operate the statewide transportation system in a safe and efficient manner to provide for the movement of personnel and materials within and through the State of Alabama.
- Coordinate with division and bureau staff to keep roads open for emergency vehicles, essential personnel and public traffic, to move emergency supplies, and provide communication between ALDOT and other agencies concerning roadway status.
- Through the ALDOT Maintenance Bureau, Permits and Operations Section, assist with logistics routing within the State of Alabama; as required, to assist with special travel permits/safety requirements during a pandemic.

Review and implement procedures to ensure continuity of essential cargo during a

pandemic.

ALDOT does not have oversight nor inspection responsibilities to ensure continuity of essential cargo.

Review and implement procedures related to potential surges or declines in transportation modes and essential cargo services and ensure there is no disruption of these services.

ALDOT does not have oversight nor inspection responsibilities related to potential surges or declines in transportation modes.

Implement additional cleaning/sanitizing methods for transportation systems and cargo.

ALDOT does not have oversight nor inspection responsibilities to implement additional cleaning/sanitizing methods for transportation systems and cargo.

Initiate Memoranda of Agreement or Emergency Compacts with neighboring jurisdictions, key suppliers, temporary help services, privately owned transportation resources, or similar entities.

ALDOT Equipment Bureau Chief, Ms. Deborah Clark, will:

- Ensure by contract, agreements, or emergency contract that equipment and man power during a pandemic can be supplied to maintain ALDOT essential functions from neighboring states, local municipalities or private suppliers:
    - Existing purchasing contracts
    - Heavy Equipment Rental Contract
    - Vehicle Rental Contract
    - Gasoline Credit Card Contract
    - Temporary GIS Specialist Contract
    - Temporary IT Project Managers Contract
    - Temporary Personnel Contract (Clerical, Admin, Laborer)

Submit request for waivers to appropriate authorities if necessary.

ALDOT Maintenance Bureau Chief, Mr. George Conner, will provide assistance with logistics routing within the State of Alabama; as requested by the Alabama Emergency Management Agency(EMA), to assist with special travel permits/safety requirements during a pandemic (over height/weight permits or commercial motor vehicles operating requirements or transporting hazardous materials).

The Alabama Emergency Management Agency and the ALDOT Maintenance Bureau, Permits and Operations Section, will coordinate requirements for special permit requests and for any draft proclamations pertaining to freight movement.

Communicate with Federal Operations Centers in accordance with the National Response Framework and Emergency Support Function 1 to provide transportation–specific information during a pandemic.

ALDOT Director, Mr. Joe McInnes has appointed Mr. Lesley Morrissette, of the Maintenance Bureau as the Emergency Management Coordinator for the Alabama Department of Transportation (ALDOT) POC for the Alabama Emergency Management Agency (EMA) to ensure communication is established and maintained during the

pandemic crisis which would allow ALDOT to comply with its responsibilities to Keep Goods and People Moving.

Sub-objective A.6.2 - Protect transportation workers
Provide special instructions or additional guidance to essential or unique employees who must travel to regions that have experienced severe outbreak; focusing on worker safety and what to do. Advice should also be given to the employee on health monitoring, PPE use, and training.

ALDOT Training Bureau Chief, Ms. Maxine Wheeler, will:

- Facilitate Pandemic/Avian Influenza awareness training to prevent exposure or contamination provided by the Alabama Department of Public Health (ADPH).
- Facilitate Pandemic/Avian Influenza training/special instructions or Additional guidance provided by the Alabama Department of Public Health (ADPH), or an approved provider, to employees who must work/travel into areas that experience severe outbreaks or work near/with very high exposure risk occupations, or limited high exposure occupations.
- Facilitate Pandemic/Avian Influenza PPE Assessments/Training, when requested by ALDOT, at the Division/Bureau level by the Alabama Department of Public Health (ADPH).
- The divisions/bureaus will provide required PPE to employees that may be exposed while conducting essential functions of their job or assigned tasks.

Ensure that all transportation workers and operators of State-owned or contractor-supplied equipment and facilities receive updated policy, procedures, and supplies necessary for cleaning or sanitizing transportation systems.

ALDOT Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:

- Acquire and store supplies (make available Material Safety Data Sheets (MSDS), where cleaning supplies are used or stored), that may be needed to conduct cleaning/sanitizing operations during a pandemic.
- Ensure that ALDOT Employees and/or contractors are trained to current cleaning and/or sanitizing requirements; safety related procedures for handling/storing of cleaning agents (Material Safety Data Sheets – MSDS); provided and don recommended PPE/hazard assessment as recommended by the Alabama Department of Public Health (ADPH) when cleaning and/or sanitizing contaminated equipment or facilities.

Issue instructions to workers on how to detect sick passengers and what to do if detected.

ALDOT Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:

- Make available instructions, provided by Alabama Department of Public Health (ADPH), for workers to identify co-workers/general public, and locations that exhibit pandemic influenza symptoms/suspected conditions prior (post in locations that can be reviewed by employees and public) and during an outbreak.
- Ensure employees, who must work/travel into areas that experience severe outbreaks

or work near/with very high exposure risk occupations, or limited high exposure occupations, with special instruction/additional guidance by the Alabama Department of Public Health (ADPH) to prevent exposure or contamination.

Sub-objective A.6.3 - Protect the public while using transportation systems.
Issue transportation travel advisories. Some advisories could attempt to discourage or limit non-essential travel to affected regions during an outbreak.
Issue advisories to the general public on how to safely ride public transportation during a pandemic. These advisories could remind the public of their responsibility to provide their own PPE (such as facemasks) when utilizing public transportation systems, to frequently wash their hands, etc.

ALDOT Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to ALDOT Employees and the general public that:

- Discourages or limit non-essential travel to affected areas during an outbreak identified by The Alabama Department of Public Health (ADPH) or the Alabama Emergency Management Agency (EMA).
- Promotes the safe use of public transportation, to include the use of passenger provided Personal Protective Equipment (PPE) and personal hygiene, as recommended by the Alabama Department of Public Health (ADPH) during a pandemic.
- Advises employees through the Department's quarterly newsletter about ways to reduce or limit the spread of the virus from information provided by Alabama Department of Public Health (ADPH).
- Updates restricted travel, pandemic alert levels and areas of contamination provided by Alabama Department of Public Health (ADPH) or the Alabama Emergency Management Agency (EMA).

Issue public service announcements, and initiate public safety campaigns via posters, brochures, websites, or other media regarding how to reduce or limit the spread of the virus.

ALDOT Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to ALDOT Employees and the general public that:

- Discourages or limit non-essential travel to affected areas during an outbreak identified by The Alabama Department of Public Health (ADPH) or the Alabama Emergency Management Agency (EMA).
- Promotes the safe use of public transportation, to include the use of passenger provided Personal Protective Equipment (PPE) and personal hygiene, as recommended by the Alabama Department of Public Health (ADPH) during a pandemic.
- Advises employees through the Department's quarterly newsletter about ways to reduce or limit the spread of the virus from information provided by Alabama Department of Public Health (ADPH).
- Updates restricted travel, pandemic alert levels and areas of contamination provided by Alabama Department of Public Health (ADPH) or the Alabama Emergency

Management Agency (EMA).

Distribute educational material to passengers on how to avoid spreading the flu virus when utilizing public transportation.

ALDOT Modal Bureau Chief, Mr. Robert Jilla and the Aeronautics Bureau Chief, Mr. John Eagerton when requested by the Alabama Department of Public Health (ADPH) will:

- Issue educational materials provided by the Alabama Department of Public Health, locations or websites to mass transit, bus/trolley and rail providers, for distribution to passengers on how to avoid spreading the flu virus, when utilizing public transportation.
- Provide public health educational materials developed by agencies such as the Federal Aviation Administration, U.S. Centers for Disease Control and the Alabama Department of Public Health describing how to control or reduce the spread of the flu virus to Alabama's air carrier airports for distribution to passengers that utilize their facilities.

The Alabama Department of Transportation Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to ALDOT Employees and the general public that:

- Promotes the safe use of public transportation, to include the use of passenger provided Personal Protective Equipment (PPE) and personal hygiene, as recommended by the Alabama Department of Public Health (ADPH) during a pandemic.
- Advises employees through the Department's quarterly newsletter about ways to reduce or limit the spread of the virus from information provided by Alabama Department of Public Health (ADPH).
- Provide locations or websites where additional information of the pandemic can be requested or obtained.

Keep transportation assets, such as buses, subway cars or trains clean by implementing more frequent cleaning or sanitization procedures.

ALDOT does not have oversight nor inspection responsibilities to implement more frequent cleaning or sanitization procedures for buses, subway cars or trains.

Deliver or display pandemic influenza alert levels or situational reports to the public when using transportation systems.

ALDOT Modal Bureau Chief, Mr. Robert Jilla and the Aeronautics Bureau Chief, Mr. John Eagerton will:

- Provide pandemic influenza alert levels or situational reports to mass transit, bus/trolley and rail providers, for display to the public, provided by Alabama Department of Public Health (ADPH) or the Alabama Emergency Management Agency (EMA).
- Provide pandemic influenza alert levels or situational reports issued by federal or state agencies such as the Federal Aviation Administration, Alabama Department of Public Health or the Alabama Emergency Management Agency to Alabama's air carrier airports with the request that such reports be displayed or otherwise made

available to the members of the public utilizing their airport facilities.

Recover
Sub-objective A.6.1 - Keep goods and people moving
Reinstate public transportation to normal operating levels and prepare for another possible pandemic wave.

ALDOT Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements provided through the Emergency Management Coordinator for the Alabama Department of Transportation (ALDOT) (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to:
Informs ALDOT Employees and the general public that, when the immediate/current pandemic threat is over, the Alabama Department of Transportation (ALDOT) has resumed normal working activities. However be prepared, as indicated by the Alabama Department of Public Health (ADPH) that another wave may again occur which would again restrict ALDOT transportation responsibilities.

Integrate best practices or lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.

ALDOT Director, Mr. Joe McInnes, through review of emergency response plans, as required, will update them to:
Reflect best practices or lessons learned during a previous pandemic wave and make action reports available to Alabama Department of Emergency Management for posting, prior to revising ALDOT Pandemic Influenza Operating Plan, the ALDOT Continuity of Operations Plan (COOP)or Continuity of Government (COG)..

Sub-objective A.6.2 - Protect transportation workers
Thoroughly disinfect and prepare workplace before resumption of duties.

ALDOT Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will ensure the workplaces and equipment that may have been contaminated are thoroughly disinfected, by trained/qualified personnel internal or external to ALDOT, per the requirements of the Alabama Department of Public Health (ADPH).

Deliver messages to personnel regarding resumption of normal duties and working hours.

ALDOT Director, Mr. Joe McInnes, will:

- Notify the division engineers/bureau chiefs that the Alabama Emergency Management Agency/Alabama Department of Public Health (AEMA/ADPH) has authorized normal operations state wide or in previously restricted areas.
- Divisions/bureaus/districts will inform ALDOT Personnel, through the media, phone, southern link, radio, e-mail or websites when/where to report for duty.

The Alabama Department of Transportation Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements provided through the Emergency Management Coordinator for the Alabama Department of Transportation (ALDOT) (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to:
Informs ALDOT Employees and the general public that, when the immediate/current pandemic threat is over, the Alabama Department of Transportation (ALDOT) has resumed normal working activities. However be prepared, as indicated by the Alabama

Department of Public Health (ADPH),that another wave may again occur which would again restrict ALDOT transportation responsibilities.

Prepare for another possible pandemic wave by re-stocking supplies, reviewing and addressing deficiencies noted during first wave.

ALDOT Director, Mr. Joe McInnes, will:
When practicable issue an action/after action report to ALDOT areas of responsibility to correct discrepancies/non-compliances from previous outbreak and integrate best practices or lessons learned during the previous pandemic wave into ALDOT Continuity of Operations Plan (COOP)/Continuity of Government (COG) Plan.
The Alabama Department of Transportation (ALDOT) Bureau Chiefs and Division Engineers (see Table 1: ALDOT Administrative Personnel) will:
Establish and maintain/restock minimal inventory of prevention and response supplies/equipment recommended by the Alabama department of Public Health (ADPH) etc.:

- Disposable hooded coveralls
- Latex gloves
- Disposable booties/shoe covers
- Surgical/Medical/Procedure Masks, which have ties or a single elastic band or ear loops
- Face shields or protective eyewear
- Hospital-grade disinfectant

Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report.

ALDOT Director, Mr. Joe McInnes, will:
When practicable issue an action/after action report to ALDOT areas of responsibility to correct discrepancies/non-compliances from previous outbreak and integrate best practices or lessons learned during the previous pandemic wave into ALDOT Continuity of Operations Plan (COOP)/Continuity of Government (COG) Plan.

Sub-objective A.6.3 - Protect the public while using transportation systems.
Issue Statements and advisories to the general public informing them that the immediate pandemic threat is over, but to be prepared for another possible wave.

ALDOT Special Assistant for Public Affairs, Mr. Tony Harris, will issue statements provided through the Emergency Management Coordinator for the Alabama Department of Transportation (ALDOT) (via: TV, radio, newspapers, e-mail, or the ALDOT Website as required) to:
Informs ALDOT Employees and the general public that, when the immediate/current pandemic threat is over, the Alabama Department of Transportation (ALDOT) has resumed normal working activities. However be prepared, as indicated by the Alabama Department of Public Health (ADPH),that another wave may again occur which would again restrict ALDOT transportation responsibilities.

Thoroughly clean or sanitize public transportation conveyances and facilities and prepare for public use.

ALDOT does not have oversight nor inspection responsibilities for public transportation.

Integrate best practices or data points from lessons learned during the previous pandemic wave across all transportation modes and issue an after action report. Prepare for another pandemic wave.

ALDOT Director, Mr. Joe McInnes, will, when practicable, issue an action report to ALDOT areas of responsibility to correct discrepancies/non-compliances from previous outbreak and integrate best practices or lessons learned during the previous pandemic wave into ALDOT Continuity of Operations Plan (COOP)/Continuity of Government (COG) Plan.

Appendix B.1 Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic

Lead Individual name: Dr. Charles Woernle
Lead Individual phone number: 334-206-5325
Lead Individual email: cwoernle@adph.state.al.us

Supporting Activity

Sub-objective B.1.1 - Implementation Steps for Enhanced Human Surveillance

Does the plan include implementation steps for enhanced human surveillance to rapidly detect initial cases of pandemic influenza virus in humans early in a pandemic that include the following:

Conducting year-round surveillance for seasonal influenza (e.g. virologic and outpatient visits) including electronic reporting

Sherri Davidson, MPH, Epidemiologic Analysis & Reporting Branch Manager in the Division of Epidemiology, is currently responsible for monitoring and reporting seasonal influenza. She is also responsible coordinating specimen collection, maintaining the results of specimen testing, and web based reporting of quick tests. The field staff of surveillance nurses and epidemiologists recruits ILI sentinel hospitals throughout the state. (The Alabama Department of Public Health field surveillance staff are assigned to specific geographic areas within the state.) Ms. Davidson is recruiting for a full-time epidemiologist who will assume primary responsibility for seasonal and novel influenza surveillance. Ms Davidson will coordinate with the Surveillance Branch to communicate with the field staff. The field staff are responsible for annually recruiting providers, disseminating supplies and alerting ADPH Central Office staff of occurrences of influenza in the community.

Methods for notification of healthcare providers of enhanced surveillance testing and reporting recommendations

The Alabama Department of Public Health (ADPH), Alabama Emergency Response Technology (ALERT) system is a secure internet based emergency alert notification system. ALERT system will notify healthcare providers of need for enhanced surveillance testing and reporting recommendations.

The surveillance field staff are responsible for annually recruiting providers, disseminating supplies and alerting ADPH Central Office staff of occurrences of influenza in the community. In collaboration with Sherri Davidson, the field staff will contact providers on need for enhanced surveillance and testing. The field staff have open lines of communication with the hospital Infection Control Practitioners, medical providers, school personnel through usual surveillance and local meetings. Notification of health care providers will be performed by multiple means: ALERT, phone, fax and face-to-face visits.

Method for healthcare providers to contact the State health department to report cases that meet the criteria for pandemic influenza testing and obtain the appropriate testing

ADPH field surveillance staff provides specimen collection kits and education to their local health care providers. The Centers for Disease and Prevention (CDC)Updated Interim Guidance for Laboratory Testing of Persons with Suspected Infection with Avian Influenza A (H5N1) Virus in the United States is the basis for provider education.

Providers use the kits to send suspected novel specimens to guidelines provided by the, the state public health laboratory. Novel virus kits are supplied to all emergency rooms throughout the state. Each kit contains a placard with contact names and numbers so that the provider can quickly report suspected cases. This project is coordinated by Sherri Davidson, Analysis & Reporting Branch Manager, and Tina Pippin, Field Surveillance Branch Manager.

Does the plan include identification of influenza surveillance coordinator positions?

ADPH field surveillance staff provide specimen collection kits and education to their local health care providers. The guidelines provided by the Centers for Disease and Prevention (CDC) are the basis for this education, Updated Interim Guidance for Laboratory Testing of Persons with Suspected Infection with Avian Influenza A (H5N1) Virus in the United States. Providers use the kits to send suspected novel specimens to the state public health laboratory. Novel virus kits are supplied to all emergency rooms throughout the state. Each kit contains a placard with contact names and numbers so that the provider can quickly report suspected cases. This project is coordinated by Sherri Davidson, Analysis & Reporting Branch Manager, and Tina Pippin, Field Surveillance Branch Manager.

Does the plan include a plan for investigation of early cases and clusters of pandemic influenza?

ADPH field surveillance staff communicate regularly with the medical providers and hospitals to educate on being alert to identify the novel case of influenza. Within the Epidemiology protocol manual, the plans for investigation of any early cases (either real or suspected) are being incorporated. Field Staff are being trained on how to implement these procedures. Tina Pippin is the Field Staff Surveillance Branch Manager responsible for these investigations.

Is there a plan for reporting early novel influenza cases to CDC on a daily basis?

ADPH Epidemiology Division, Analysis and Reporting Branch, shall comply with any method established by the CDC to provide the daily reports, whether by phone, fax, e-mail, or secure website. At this time, reports would be called in and/or e-mailed.

Sub-objective B.1.2 - Monitoring of Influenza-Related Hospitalizations and Deaths throughout the Pandemic

Does the plan include a plan for developing systems or identifying data sources for monitoring severe disease throughout the pandemic such as:

Developing and implementing a Statewide electronic death reporting system or accessing sources of electronic death data (e.g., vital records data)

ADPH Center for Health Statistics (CHS), is developing an internet based electronic death registration (EDR) system for Alabama. This system will allow medical certifiers and funeral homes to enter information on-line and to electronically sign and certify the death certificate. Currently CHS provides information weekly on Pneumonia and Influenza death to CDC and the ADPH Epidemiology Division based on paper death certificates filed in our office the previous week. Once EDR is in place demographic and cause of death information will be available much sooner.

The Center for Health Statistics plans to pilot EDRS in the Fall of 2008. Once the

system has been successfully piloted, the system will be implemented statewide.

Developing methods for estimating or counting influenza-associated deaths if no electronic data are available

If electronic means for reporting deaths are not available, a dedicated phone line will allow coroners and hospitals to call in their information. Fatality Management Workshops are conducted monthly. Participants include Sherri Davidson of Epidemiology's Analysis & Reporting Branch, vital records personnel, coroners from across the state, and Alice Floyd in Emergency Preparedness.

Monitoring the number of pneumonia and influenza hospitalizations using tabulated data from hospitals or available electronic sources

ADPH will utilize Alabama Incident Management System (AIMS), during a disease outbreak, such as, pandemic influenza. ADPH will utilize AIMS for the monitoring of the number of pneumonia and influenza hospitalizations. AIMS has the capability of monitoring bed utilization, staffing and supplies as well as the diagnosis.

Estimating rates of influenza associated hospitalization for your jurisdiction

ADPH will utilize Alabama Incident Management System (AIMS), during a disease outbreak, such as, pandemic influenza. ADPH will utilize AIMS for the monitoring of the number of pneumonia and influenza hospitalizations. AIMS has the capability of monitoring bed utilization, staffing and supplies as well as the diagnosis.

Sub-objective B.1.3 - Procedures for Notification and Information Sharing
Does the plan include a process for information sharing between the following:
Health Departments

Information will be disseminated from ADPH central office to administrative staff as well as key personnel in county and area offices by phone, Alabama's Health Alert Network (HAN), e-mail, and via a secure website within ALNBS (Alabama's NEDSS-based System) in collaboration with Field Surveillance staff.

Hospitals

The process for sharing information between all health care facilities including hospitals is described in the plan. Information going to health care providers from the Alabama Department of Public Health is communicated by multiple redundant systems established by ADPH in coordination with the private health care community over the past five years. These systems include the department's health alert network, the Alabama Incident Management System (AIMS), the Southern Linc 900 MHz radio network, direct telephone communication with individual facilities and regional conferencing, and Epidemiology field staff direct contacts with individual facilities and regional networks of health care providers. Each of these systems is capable of reaching an entire class of facilities with a statewide broadcast, regional facility clusters with region specific information, or individual facilities with community specific information. Health care facilities can send information back to public health through each of these same systems except the health alert network.

These systems also link the state's health care providers to each other. Additionally, hospitals in counties along the Georgia border can also link to hospitals in Georgia using

the Southern Linc 900 MHz radio system. These systems are tested regularly and have been actually used to some extent in multiple real-time emergencies and disasters within the state beginning with hurricane Ivan in September 2004. Multiple programs within ADPH are responsible for health care facility communications. The Division of Epidemiology within the Bureau of Communicable Disease is responsible for monitoring event specific, case data from health care facility reports received via all of the systems described here.

Medical Examiners

The process for communication with the statewide network of medical examiners and coroners is included within the plan. The Division of Epidemiology within the Bureau of Communicable Disease has primary responsibility for evaluation of case related fatality data provided by coroners and medical examiners. Information is disseminated from ADPH to medical examiners and coroners through the state Medical Examiners and State Coroner's Association using direct telephone communication and a software package designed for this purpose. Additionally, direct telephone communication with individual county medical examiners and coroners, regional conferencing, and epidemiology field staff direct contacts with individual county medical examiners and coroners are also used to provide information to these groups. Medical examiners and coroners use these same processes to share information with ADPH at the state and local levels. The Case Fatality Management Group, convened by ADPH to assist statewide planning for mass fatality management, includes members from the State Medical Examiner's Office and State Coroner's Association.

Vital Statistic Offices

The process for communicating and sharing information with vital statistics offices is included within the plan. Initial death reports are generated locally by attending physicians or investigating county coroners or medical examiners. These reports are transmitted to the Bureau of Vital Statistics within the Alabama Department of Public Health. The Division of Epidemiology is primarily responsible for evaluating event related deaths reported by the Bureau of Vital Statistics. Communications between the Division of Epidemiology and the Bureau of Vital Statistics occur via telephone, e-mail, and direct communications. The Bureau of Vital Statistics staff is also members of the Case Fatality Management Group.

Other stakeholders (e.g. DoD)

Healthcare resources outside the private sector are limited in Alabama. There are three VA hospitals (Montgomery, Tuskegee, and Birmingham, one Army hospital at Fort Rucker in Coffee County, and urgent care medical stations at Maxwell Air Force Base in Montgomery, the Red Stone Arsenal in Madison County, and the Chemical Weapons Depot at Anniston. The Poarch Band of Creek Indians at Atmore in Escambia County and Wetumpka in Elmore County has ambulatory/urgent care capacity at the tribal headquarters near Atmore. The VA hospitals have the same communications system as private facilities described at B.1.3.2. These same communication pathways have been established for the ninety plus Community Health Centers statewide and the ambulatory health clinic at the Poarch Band of Creek Indians headquarters. These facilities and entities have been a vital part of the statewide health care surge capacity plan coordinated

by the HRSA Hospital Bioterrorism Preparedness Program since 2003.

The Fort Rucker Army Hospital and the Maxwell Air Force Base Clinic have also participated in statewide surge capacity planning since 2003. These federal resources are limited in their state participation by whatever mission they may be assigned to by the DoD. However, communication and information sharing relationships have been established through the ADPH Center for Emergency Preparedness and the military health care system within the state.

Does the plan include links between animal and human health surveillance systems?

ADPH and ADAI State Veterinarian, along with the Veterinary Director of Emergency Programs for the Department of Agriculture are working together to keep both agencies aware of influenza surveillance. ADPH will notify the State Veterinarian's office immediately pending a pandemic influenza outbreak of H5, H7, or other strains that pose a risk to the poultry, swine, or any other agricultural sector. ADPH will provide Information including, but not limited to, the identification of the typed-strain, geographical locations of patients respective to agriculture proximities, and information regarding patient occupations that may be involved directly in a production sector (e.g. a poultry house worker, slaughter plant employee, etc). Conversely, the State Veterinarian's office will notify ADPH immediately of H5 or H7 strains of influenza that are obtained through various surveillance methods that include, but not limited, to migratory bird testing, commercial flock testing, independent bird-owner testing of H5 or H7 positive cases through the state veterinary diagnostic laboratory.

Does the plan include staff identified with contact information for information sharing between the animal and human health surveillance systems?

Sherri Davidson is the ADPH contact and Dr. Brad Fields is the Agriculture and Industries contact.

Sub-objective B.1.4 -Operating Steps to Obtain and Track Impact of the Pandemic
Does the plan include a plan to obtain, track and report numbers and rates daily to the State department of health and to the CDC in a timely manner during the early period of pandemic influenza virus introduction and spread on the following:
Attack rate in early case or cluster investigations

Providers report numbers via LCMS (Learning Content Management System). This website has been successful in obtaining rates of use and the results from rapid diagnostic flu tests as part of the year-round influenza surveillance. The website accommodates several types of questionnaires and survey tools that are easily modified to allow specific data to be collected. SAS analysis of data provided through NEDSS and by Surveillance Field staff will be conducted by the Epidemiologic Analysis & Reporting Branch of the Epidemiology Division. Sherri Davidson would be the person making assignments. Reports will be e-mailed, phoned, or reported via any established secure website to the CDC.

Case fatality rate

Epidemiology Division, Analysis and Reporting Branch, of the will provide this information based on data received from vital records, coroners, and hospitals and analyzed using SAS. Reports will be e-mailed, phoned, or reported via any established

secure website to the CDC.

The numbers of hospitalized persons with pandemic influenza or rate of pandemic influenza-associated hospitalization

ADPH will utilize AIMS for the monitoring of the number of pneumonia and influenza hospitalizations during a pandemic. AIMS has the capability of monitoring bed utilization, staffing and supplies as well as the diagnosis.

The numbers of newly isolated and quarantined persons

This would be a joint effort of the ADPH Epidemiologic Analysis and Surveillance Branches, directed by the State Epidemiologist. The field surveillance staff would monitor locally and report. Sherri Davidson and Tina Pippin would disseminate information. Data would be provided to the CDC by e-mail, phone, or any established secure website.

The number of pandemic influenza-associated deaths

Epidemiology Division, Analysis and Reporting Branch, will provide this information based on data received from vital records, coroners, and hospitals. Reports will be e-mailed, phoned, or reported via any established secure website to the CDC.

Sub-objective B.1.5 - Implementation Steps for Augmenting the Capacity of Public Health and Clinical Laboratories

Is there a plan to augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic? Capacity includes but is not limited to:

The ability to test for influenza viruses year-round

The State Public Health Laboratory (SPHL) continues to provide year-round influenza testing in coordination with the Epidemiology Division (ED). Molecular and viral isolation testing for detection and subtyping is available to detect the current circulating influenza virus in the state as well as identify novel and pandemic strains. The SPHL also verifies quick-test results sent by Sentinel Physicians.

Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses

All influenza specimens submitted to the SPHL are tested by real-time PCR for detection and subtyping [A (H1, H3, and H5) and B]. Influenza isolates, as well as other respiratory isolates, are subtyped by an IF procedure.

Protocols for safe specimen collection and testing

Instructions for safe specimen collection are available to healthcare providers (HCPs) on the ADPH website and inside influenza collections kits that are free-of-charge to sentinel physicians. The influenza collection kits (NP aspirate kits, swabs, transport media, requisition forms, and instructions) are prepared by SPHL personnel and shipped to pertinent HCPs in coordination with the Epidemiology Department (ED). SPHL testing personnel are trained in safe handling of novel influenza specimens during

influenza testing. They are instructed on proper PPE and biosafety containment.

How and to whom a potential case of novel influenza should be reported

The SPHL will comply with the ADPH algorithm for reporting potential cases of novel influenza to the Epidemiology Division and the Influenza Coordinator.

Mechanism for submitting specimens to referral laboratories

HCPs submit specimens to the SPHL using their own courier, the ADPH courier service, or a commercial service. For those needing assistance with submission, they are instructed on how they may contact ADPH for help.

Protocols for proper handling and shipment of specimens

Instructions for proper handling are available on the ADPH website and inside influenza collections kits for HCPs. Also, specific instructions for storage and shipment of influenza specimens to the SPHL are indicated.

Protocols for notifying and reporting any novel specimen findings

The SPHL will comply with the ADPH algorithm for reporting potential specimen finding to the Epidemiology Division and the Influenza Coordinator and the CDC as necessary.

Sub-objective B.1.6 - Systems and Procedures that will be used to Exchange Specimen-Level Data Electronically Among Laboratories
Does the plan include systems and procedures that will be used to exchange specimen-level data electronically among laboratories within the following:
Healthcare facilities
Other clinical laboratories
State public health laboratories

The SPHL does not currently have a system to exchange specimen-level data electronically to healthcare facilities. However, laboratory confirmed influenza cases are reported by fax, phone calls, computer spread sheets, and mail until an electronic PHIN-compliant system is in place.

CDC

The SPHL can report pandemic influenza cases or novel strains of influenza to the CDC electronically through the Laboratory Response Messenger System used for reporting select agents.

Sub-objective B.1.7 - Call-Down Procedures
Does the plan include call-down procedures and laboratory staff contact information?

The SPHL call-down procedures are included in the COOP. Laboratory staff contact information is available in the COOP also. The SPHL director will alert the laboratory staff accordingly during an emergency.

Sub-objective B.1.8 - Locations for Additional Laboratory Facilities

Does the plan include locations of and Memoranda of Agreement with additional laboratory and personnel facilities to enhance current laboratory capacity for a response of pandemic proportions?

The SPHL has a Memoranda of Agreement (MOA) with a neighboring state to increase laboratory testing capacity during an emergency. An MOA with a second state is pending

Appendix B.2 Assist with Controls at US Ports of Entry
Lead Individual name: N/A
Lead Individual phone number: N/A
Lead Individual email: N/A
Supporting Activity

N/A, Alabama does not host a Department of Health and Human Services, CDC Quarantine Center; therefore according to the Federal Guidance to Assist States in Improving State-level Pandemic Influenza Operating Plans, page 63, no plan is needed.

The CDC's Miami Quarantine Station covers the all ports in Alabama. Their 24 hour/7 days a week phone is (305) 526-2910. When a pandemic is imminent or declared national, all international travel flights and boats will be diverted to a quarantine station city.

In the event, Alabama receives a flight or boat with suspect cases before it can be diverted, ADPH's Epidemiology Division is creating a plan that aligns with CDC's Quarantine Station Plan. The plan will be a risk-based border strategy used by CDC and will be entered into the future operational plans.

Appendix B.3 Implement Community Mitigation Interventions
Lead Individual name: Michele Williams
Lead Individual phone number: 334-206-5940
Lead Individual email: Michele.Williams@adph.state.al.us
Supporting Activity
Prepare
Sub-objective B.3.1 - Implement strategies for isolation and treatment of ill individuals.
The State has identified clear triggers that follow CDC guidance for initiating community mitigation interventions (including detailed actions to take by pandemic severity) and has distributed these guidelines to all local health departments.

Triggers identified for Alabama closely approximate CDC guidance. The Director of the Division of Epidemiology in consult with the Epidemiology Supervisor and the Director of the Field Surveillance Branch would make recommendations to the State Epidemiologist based on current surveillance data collected from field staff and other available systems.

Identify the State spokesperson who will provide messages to local health departments, the public and the media to initiate community mitigation interventions as well as the second person in the line of succession for this function.

ADPH lead spokesperson is the State Health Officer, Dr. Donald Williamson. In the state health officer's absence, Assistant State Health Officers Dr. Charles Woernle and Dr. Thomas Miller will act as spokespersons for the department.

During an influenza pandemic, the state health officer will field questions from the national and local media and issue public warnings and infection control measures to local county health departments and the public. The department's lead Public Information Officer, and his two alternates, will handle daily media inquires and requests and will consult with the state health officer routinely to ensure that he is aware of all media inquiries.

The State has collaborated with local health departments to develop plans for rapid remote identification of possible cases (e.g., hotlines, influenza triage centers), including processes to train volunteers/others who will staff the hotline and/or triage centers.

ADPH anticipates utilizing the state's two regional poison control centers as one means for the public to self report their symptoms or the symptoms of another person and be advised as to whether to stay home is advisable or they should visit their local health care provider or facility. Local health care providers will make clinical evaluations of referred persons who present and obtain clinical specimens for laboratory testing for influenza.

Poison control centers will be able to report influenza like illness calls received and the number of symptomatic persons. Persons who meet specific criteria which will be counted as possible pandemic influenza cases; persons who present to a health care provider will be counted as confirmed or probable cases depending upon the results of the laboratory test.

If call volume exceeds the capacity of the poison control centers, a third hotline can be established by ADPH to augment calls going to the poison control centers. This third hotline will be staffed by volunteers who would be trained at the existing poison control centers prior to staffing a call center and receiving calls.

The State has provided initial guidance to local health departments to develop communications and education to the general public as to how to access hotlines, when and where to seek medical care, how to care for ill persons at home, how to protect family members if there is a sick person at home, and when to stay home. Provide examples of how these educational materials will be distributed to the public.

ADPH, Center for Emergency Preparedness (CEP), Pandemic Influenza Unit, has published several flyers, public service announcements (PSAs), and informational material, including but not limited to: Interim Pre-pandemic Guidance Executive Summary, Cover Your Cough, Wash Your Hands, Your Health is in Your Hands mirror clings, Prepare for Home Care Adult and Child version pamphlets, Cleaning and Sterilizing, and Flu and You. All informational material is free of charge and in unlimited quantity to any organization and members of the general public upon request. The material can be viewed and ordered online at www.adph.org/pandemicflu . The Interim Pre-pandemic Guidance is discussed in every standard PI .ppt given.

The State has provided guidance to local health departments to coordinate their pandemic treatment plans with community Emergency Medical Services (EMS) and 911 services and develop established protocols and algorithms.

ADPH Office of Emergency Medical Services and Trauma (OEMST) has developed

guidance and distribution has been provided with specimen kits, local field surveillance staff, and can be found on the ADPH web site.

The State has identified case definitions for presumptive/definitive diagnosis of pandemic influenza and distributed these to local health departments and hospitals in the State. Provide citation.

Case definitions for presumptive and definitive diagnosis of pandemic influenza have been identified and published. Distribution has been effected with influenza specimen collection kits distributed throughout the state by epidemiology field surveillance staff and can be found on the ADPH web site.

The State has developed processes to train and communicate with private sector and public sector health professionals, during the early and later stages of a pandemic, on case definitions and methods for determining influenza diagnosis.

Laboratory confirmation of pandemic influenza will be most critical at the beginning and at the end of the pandemic to confirm its arrival and document its departure. Health care professionals, both public and private will be informed regarding specimen collection techniques and availability of testing by the ADPH Bureau of Clinical Laboratories. During the throes of the pandemic laboratory testing of all cases may be secondary to clinical criteria with respect to counting cases for surveillance purposes.

ADPH will rely upon clinical criteria espoused by CDC for monitoring and counting probable cases of pandemic influenza. The clinical criteria and availability of laboratory testing will be disseminated to public and private health care providers through redundant mechanisms such as the use of blast fax communiqués, e-mails, health alert network notices through the department's ALERT system, video training through web-casts using the department's satellite television transmission capability, and Alabama Public Television Network broadcasts.

The State has developed strategies for advising hospitals and other treatment facilities to recommend patients with ILI to remain at home, with triage protocols to identify critically ill patients.

Communication processes described for hospitals (above) will be used to advise hospitals and other health care providers regarding ADPH recommendations for ILI cases to remain at home. Triage protocols to identify critically ill patients will also be sent to providers via the same communication systems along with statewide public services announcements directed by ADPH.

The State has developed specific plans to distribute treatment medications to ill individuals in isolation. Provide a full description of how ill individuals will access antiviral medication for treatment.

ADPH, Pharmacy Division, Strategic National Stockpile (SNS) Program, distribution of medications and other assets to "At Risk" populations and to those in isolation is one of the more challenging aspects of dispensing. Currently, there is no method of distribution via the postal service in Alabama. Therefore, other means of distribution are required. For those that have family, those in isolation may receive their medications through these family members from a Point of Dispensing (POD) site. The ADPH may consider using home health staff to distribute to those that do not have family or friends

that can pick up medications for them.

Sub-objective B.3.2 - Provide clear policies and procedures for advising voluntary quarantine of household contacts to a known or suspected case, including processes to monitor households under quarantine.

The State has initiated plans for communications and education to the general public regarding recommendations for voluntary household quarantine for family members if there is a sick person at home, and how long to stay home. Provide citation that describes how these educational materials will be distributed to the public.

ADPH, Pharmacy Division, Strategic National Stockpile (SNS) Program, distribution of medications and other assets to "At Risk" populations and to those in isolation is one of the more challenging aspects of dispensing. Currently, there is no method of distribution via the postal service in Alabama. Therefore, other means of distribution are required. For those that have family, those in isolation may receive their medications through these family members from a Point of Dispensing (POD) site. The ADPH may consider using home health staff to distribute to those that do not have family or friends that can pick up medications for them.

The State has developed a method to provide information to households under voluntary quarantine and a method of identifying those households.

ADPH will use radio and television public service announcements and the Alabama Public Television broadcasting stations to get pertinent information citizens who are in voluntary quarantine as well as other citizens. The Epidemiology Division and the Bureau of Health Promotion will work together to develop and provide information to the public. The State Epidemiologist, the Assistant State Health Officer for Disease Control, the Director of the Division of Epidemiology, the Directors of the Epidemiology Analysis and Surveillance Branches along with the public information officers in the Bureau of Health Promotion are the primary persons responsible.

The State has designed an interview form and has distributed it to local health departments to capture demographic characteristics of household members (both ill and contacts) and has a developed a clear plan for how these data will be collected.

ADPH Epidemiology Division, Analysis Branch, has investigative forms on hand and will modify survey as needed based on suspected mode of transmission or to accommodate unknown mode of transmission. Interviews of initial cases will be conducted by phone by Field Surveillance staff supported by local and area staff. Once transmission is confirmed on the local level, data collection efforts will focus more on mortality rather than morbidity.

The State has worked with local health departments to create plans for follow-up (monitoring) of known or suspected households under voluntary quarantine in the community at the State/local level.

Interviews of suspected cases will be conducted by phone by Field Surveillance staff supported by local and area staff until local transmission of novel virus is confirmed.

The State has provided guidance to local public health departments for their work

with community organizations to distribute medications, vaccine and other subsistence (e.g. food, water, if needed) items to households in isolation.

If mandatory isolation becomes necessary, any life sustaining information will be obtained and adhered to. Examples of this may include food allergies, prescription medications, medical supplies, etc. Home health agencies will assist in delivering medications and medical supplies. Other subsistence items, such as food and water, will be coordinated through a long established partnership with EMA's, at both the state and local levels. They will work with local branches of the Red Cross and other volunteer organizations to ensure that these products are delivered. Local health departments, through the central health department, will provide Personal Protective Equipment (PPE) for individuals delivering supplies to anyone in isolation.

The State has outlined a process to use by local health departments to identify vulnerable populations and to make plans for support and outreach to these populations during a pandemic.

A formal outline for a process for local health departments to identify vulnerable populations has not been completed, but the Area Emergency Preparedness Teams have been encouraged to seek out agencies and organizations that serve those persons with special needs to include them in planning and to seek their assistance with identification of those they serve. The Special Populations Task Force has also been given contact information for the Area teams to provide to their local service providers throughout the state to facilitate collaborative planning among the health departments and those that serve persons with special needs.

The State has advised local health departments to conduct outreach to community and faith-based organizations to develop plans that will be coordinated with those organizations for meeting the needs of vulnerable households who may be quarantined during a pandemic.

ADPH, CEP, currently has a Faith-based/Community and other Volunteers Pandemic Influenza Planning subcommittee that identifies and engages local faith-based and community leaders. This subcommittee also has members of the Healthcare committee that help to address the medical questions that pertain to a Pandemic Influenza event. This committee utilizes the relationships that the faith-based organizations have with their local community and works with these organizations in planning for a Pandemic Influenza event. The committee will continue to develop these relationships as well as identify new member organizations to help address the issues of a Pandemic Influenza event as it pertains to the faith-based communities of Alabama.

ADPH epidemiology and emergency preparedness field staff are assigned to geographical regions within the state. These staff are responsible for coordinating community planning for public health threats and emergencies including pandemic influenza. Community partners for planning include local county health departments, private health care facilities and providers, faith-based organizations, local emergency management, and local governments.

The State has developed a plan to monitor the implementation of and effectiveness of community mitigation interventions.

ADPH, Epidemiology Division, will create an online survey with questions to gauge

the effects of community mitigation activities. This survey will be conducted through the Learning Content Management System (LCMS). This system if currently being used for multiple purposes with in the department, epidemiology surveys are one such current use. The survey will be publicized via a press release, so the media can assist communities to contribute thus getting an accurate snapshot of each community. The data will tabulated to develop trends, so recommendations can be developed and pushed out again to alleviate excessive disruptions.

Sub-objective B.3.3 - Develop clear policies and procedures for advising social distancing practices in the community and at the worksite.
The State has developed specific recommendations for community social distancing. Include the levels of social distancing that will be recommended based on the Pandemic Severity Index.

Specific recommendations for community social distancing have been developed and are documented in Alabama's Community Containment Plan dated 1/1/2008. Alabama plans to follow CDC recommendations of social distancing based on Pandemic Severity Index documented in Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States— Early, Targeted, Layered Use of Nonpharmaceutical.

The State has recommended to local health departments to conduct outreach to community partners to promote social distancing including public transportation, operators of large venues for sporting events and other activities, businesses, education, faith-based communities and others that have been identified as playing a role during a pandemic.

ADPH, CEP Pandemic Influenza (PI) Unit, has provided education to local public health emergency preparedness teams and local emergency management coordinators to assist their communities to prepare for nonpharmaceutical intervention (NPIs) for persons exhibiting ILI during a pandemic. The PI Unit has created standard PowerPoint presentations (.ppt) for local staff to use during discussions, exercises, EMA workshops , school closing tabletop exercises, and fatality management conferences. ADPH emergency preparedness field staff are responsible for local education to all sectors within their communities including the general public, so that the citizens living in their communities are aware of the potential pandemic and its consequences.

The State has developed processes for distribution on informational materials to workplaces and the community at large explaining the rationale and steps to take regarding social distancing.

ADPH, CEP PI Unit, has published several flyers, public service announcements (PSAs), and informational material, including but not limited to: Interim Pre-pandemic Guidance Executive Summary, Cover Your Cough, Wash Your Hands, Your Health is in Your Hands mirror clings, Prepare for Home Care Adult and Child version pamphlets, Cleaning and Sterilizing, and Flu and You. All informational material is free of charge and in unlimited quantity to any organization and members of the general public upon request. The material can be viewed and ordered online at www.adph.org/pandemicflu. The Interim Pre-pandemic Guidance is discussed in every standard PI .ppt given.

The State has disseminated guidance to local health departments to share with community businesses and organizations for canceling large public gatherings.

ADPH, CEP PI Unit, has required all counties and the Poarch Creek Indians complete at least 75% of HHS's State and Local Government Checklist as one of the requirements for receiving local PI money. This requirement assisted all counties to educate businesses and other local organizations plan for canceling or modifying public gatherings.

The State has identified processes to help businesses to encourage ill employees to stay home and identify ill individuals in the workplace (including guidance regarding who needs to be sent home or for treatment and where they should go).

ADPH, CEP PI Unit has been working with Alabama Department of Industrial Relations to identify additional processes to educate businesses on PI leave policies. The State Personnel Departments Guidelines for all state agencies has been posted at www.adph.org/pandemicflu, COOP/Op Plan, PI Personnel Policies and Guidance, along with a link to the Office of Personnel Management (OPM) federal policies at http://www.opm.gov/pandemic/index.asp.

The State has identified processes to help businesses adjust leave policies to facilitate sick employees to stay home.

ADPH, CEP PI Unit has been working with Alabama Department of Industrial Relations to identify additional processes to educate businesses on PI leave policies. The State Personnel Departments Guidelines for all state agencies has be posted at www.adph.org/pandemicflu, COOP/Op Plan, PI Personnel Policies and Guidance, along with a link to the Office of Personnel Management (OPM) federal policies at http://www.opm.gov/pandemic/index.asp.

The State has an identified process for monitoring the secondary and tertiary effects of community mitigation interventions and recommended solutions to prevent excessive community disruption.

ADPH, Epidemiology Division, will create an online survey with questions to gauge the effects of community mitigation activities. This survey will be conducted through the Learning Content Management System (LCMS). This system if currently being used for multiple purposes with in the department, epidemiology surveys are one such current use. The survey will be publicized via a press release, so the media can assist communities to contribute thus getting an accurate snapshot of each community. The data will tabulated to develop trends, so recommendations can be developed and pushed out again to alleviate excessive disruptions.

Respond

Sub-objective B.3.4 - Implement steps for cessation of community mitigation interventions

List steps for recommending cessation of community mitigation activities. Include clear triggers for these recommendations that follow CDC guidance for cessation of community mitigation interventions.

ADPH, Epidemiology Division will use: hospital admissions from the Alabama Incident Management (AIMS); case counts from web-based surveillance, Outbreak

Management System (OMS) and Notified Electronic Disease Surveillance System (NEDSS); fatalities from the CoronerME software; and lab tests from Laboratory Information System (LIS) as benchmarks . These data will be used as triggers to recommend implementation and cessation of community mitigation interventions.

Identify the State spokesperson who will provide messages to local health departments, the public and the media to cease community mitigation interventions during the recovery stage, as well as the second person in the line of succession for this function.

State Health Officer, Dr. Donald Williamson, will provide messages to health departments, the public, and the media during the recovery stage of the pandemic. In his absence Assistant State Health Officers Dr. Charles Woernle and Dr. Thomas Miller will act as spokespersons for the department.

The department's lead Public Information Officer, and his two alternates, will handle daily media inquires and requests and will consult with the state health officer routinely to ensure that he is aware of all media inquiries.

List steps the State will take to provide recovery/reopening guidance to businesses, workplaces and large venues for sporting events and other activities that closed during a pandemic.

ADPH, Epidemiology Division will use data from: hospital admissions from the Alabama Incident Management (AIMS); case counts from web-based surveillance, Outbreak Management System (OMS) and Notified Electronic Disease Surveillance System (NEDSS); fatalities from the CoronerME software; and lab tests from Laboratory Information System (LIS) to verify the state has reached the resolution level of the outbreak.

List steps the State will take to monitor the effects of the cessation of community mitigation interventions.

ADPH, Epidemiology Division, will create an online survey with questions to gauge the effects of community mitigation activities. This survey will be conducted through the Learning Content Management System (LCMS). This system if currently being used for multiple purposes with in the department, epidemiology surveys are one such current use. The survey will be publicized via a press release, so the media can assist communities to contribute thus getting an accurate snapshot of each community. The data will tabulated to develop trends, so recommendations can be developed and pushed out again to alleviate excessive disruptions.

Appendix B.4 Enhance State Plans to Enable Community Mitigation through Student Dismissal and School Closure

Lead Individual name: Joseph Morton
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Supporting Activity

Prepare

Sub-objective B.4.1 - Review legal authorities and delegations of authority for closing schools and/or dismissing students.

Identify the legal authority to close schools during a pandemic prior to declaration of state of emergency. (For example, does this authority rest with the Governor? State Educational Agency? Local authorities?). Provide citation.*

Any local education authority has the legal authority to close schools. After the 2007 Pandemic Influenza School Closing Exercises, all LEAs expressed the desire for the State Superintendent and the State Health Officer to recommend to the Governor when schools need to be closed.

Identify the legal authority to close schools during an emergency (declared state of emergency) (For example, does this authority rest with the Governor? State Educational Agency? Local authorities?). Provide citation.

Code of Alabama 1975 Section 22-1-2; Section 22-3-5; and Section 16-8-9, see http://alisondb.legislature.state.al.us/acas/ACASLogin.asp.

If there are no existing authorities, identify the state's plans for establishing this authority.

N/A, there is existing authority see answer above.

Identify the state's legal authority to dismiss students from state-funded post-secondary schools (PSSs). Provide citation, if available. If not, describe state's legal role in and/or obligations to PSSs, if applicable. (For example, do PSSs function under a Board of Regents? If so, does this body have legal authority to dismiss students?)

The Alabama Department of Post-secondary Education (ADPE) did not answer this sub-objective.

Identify the state's legal authority to close day care centers, if applicable.

The Alabama Department of Human Resources (ADHR) Commissioner has the legal authority to close day care centers during an emergency.

Sub-objective B.4.2 - Develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening.
Delineate process for coordinating the response efforts for the state educational agency (SEA). Identify the positions designated in lines of authority. (For example, describe who within the State Educational Agency (SEA) the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)

The State Superintendent of Education, the Deputy State Superintendent of Education (Instructional Services Division), and the Deputy State Superintendent of Education (Professional Services Division). These persons and Director of Communication will coordinate efforts for the SDE.

Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.

ADPE did not answer this sub-objective.

Designate representative to the state's Pandemic Flu coordinating team for state educational agency.

The State Superintendent of Education and Director of Prevention and Support Services Section.

Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles. (For example, do these entities collaborate on issues related to pandemic influenza? Are there formal Interagency Agreements or Memoranda of Understanding?)

ADOE and the Alabama Department of Mental Health/Mental Retardation (ADMH/MR) have had a continuously ongoing collaborative working relationship for many years. The ADMH/MR has regional offices that are highly active with and supportive of K-12 schools. These offices offer services to all schools as on a volunteer basis and at that specialized services are requested.

Additionally, the ADOE has provided ongoing Recovery Training for LEA personnel with an emphasis on school counselors, school psychologists and behavior management specialists. This training has been provided through collaborative professional development activities with ADPH and ADMH/MR.

Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)

ADOE through collaborative efforts between Prevention and Support Services Section and ADPH, ADPH now has an agreement with SDE Information Systems Services (ISS) to monitor state-wide school attendance on a daily basis.

Sub-objective B.4.3 - Develop and/or enhance communications planning for school closure/student dismissal and reopening.
Describe the SEA's mechanism in place for communicating with LEAs in the event of an emergency (e.g. reverse 911, email groups, phone tree, etc) and key audiences for messaging (For example, will private schools also be included in communications or will this audience receive messages from LEAs?)

ADOE's SchoolCast, a computerized rapid notification system, communication procedures will be used to notify the appropriate persons and employees of an emergency when it occurs and to provide information regarding immediate responsibilities. From state or regional emergency situations, health-related matters such as flu outbreaks, incidents of real or threatened violent acts, SchoolCast is the main tool that the SDE will use to rapidly communicate with all employees and all local school system superintendents. SchoolCast also may be used for non-emergency communications, based on the discretion of the State Superintendent's Office, and the time-sensitivity of the communication if it dictates an immediate telephone call, text alert, or e-mail bulletin. In all cases, the State Superintendent and the two (2) Deputy State Superintendents will be notified as soon as possible. Utilizing the SchoolCast communication system the State Superintendent of Education notifies all LEA Superintendents or their designees five different ways (landline and cell telephones, fax, e-mail and text message). Currently there is no plan for either private schools or church

schools to be notified by the SDE or any LEA. This is in keeping with the fact that, by state law, the SDE does not oversee any part of any church school operation. Also there is no SDE oversight for private schools except for the requirement (by law) that all private schools must register with the SDE annually. Church schools are not required to register.

Describe if and how the communications systems are redundant and if not, plans for ensuring redundancy.

ADOE communication systems are redundant because:

- The recipient receives any message five (5) possible ways (see B.4.9.3) according to a) the ability to receive the messages and b) the specificity of contact information provided to the ADOE.
- A message can be sent at anytime, 24/7.
- It can also be repeated as many times as needed/desired or a message can be modified immediately and as needed.

Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs. (For example, is this the SEA's Public Information Officer? Who will back up this position?)

The State Superintendent of Education is the person responsible for communication with the LEAs and the media. His proxy at all times is the ADOE Director of Communications (Public Information Officer) whose proxy is the Administrator in charge of ADOE Communications. Additionally, the Director of Communication will 1) Monitor the national situation through review of WHO (www.who.int/en/), CDC (www.cdc.gov), HHS (www.pandemicflu.gov , and ADPH (www.adph.org/pandemicflu) Web sites. 2) Provide monthly updates to the Superintendent and Executive Division and/or provide weekly updates to the Superintendent and Executive Division 3) Maintain a sustainable and effective method of communication with ADPH and media, and 4) Daily or more frequent send updates to all SDE and selected LEA personnel when needed.

Identify the position designated to communicate with PSSs.

ADPE did not answer this sub-objective.

Identify the position designated to communicate with day care centers.

ADHR Division of Child Care Services Director, (Debbie Thomas) is the position designated to communicate with day care centers

Sub-objective B.4.4 - Establish expectations and procedures for providing continuity of education for students.
Describe the SEA's expectations for continuity of education (for example, does the state or do communities plan to offer educational content that allows for students to remain connected to "normalcy" vs. expectation for advancement).

ADOE did not answer this sub-objective.

Identify who will have the primary responsibility for development and/or delivery

of educational content. (For example, is this the SEA or LEAs?)

ADOE did not answer this sub-objective.

Describe the existing technological resources at the state level for continuing education. (For example, does the SEA have a website, access to public cable, etc.? Will these resources be available to K-12 or to PSSs also?)

ADOE Technological Resources at the state level include, but are not limited to, the following:

- Utilize the ACCESS distance learning programs where teachers can teach in one area of the state but transmit to any and all classrooms that have the ability to receive continued instruction in keeping with the Alabama Course(s) of Study. The ability to transmit to student homes is being studied.
- Utilization of Alabama Public Television that has the ability to provide taped or live instruction. Currently tutoring activities are already transmitted to homes as well as professional development through model lessons and teaching that are regularly scheduled 12 months a year.
- The ADOE has the ability to develop and transmit Webcasts that also could be used for transmitting student instruction or information for school personnel regarding instruction.
- ADOE future plans include audio and video taping of teachers presenting instruction in core subject matter for distribution on DVD or via APTV. The State Board of Education has recently approved a program of Credit Recovery that allows students to complete only the parts of a core subject missed or failed due to non-completion regardless of reason.

Describe how the state will address the needs of special education students or students with special needs, if applicable. (For example, will the SEA provide technical assistance to districts in assessing IEPs or developing content for these students to be delivered remotely?)

ADOE will assist students with disabilities are first general education students and will receive any assistance available for any other Alabama students. In addition, the SEA will provide technical assistance to districts regarding retrieving and reassessing IEP records that may have been lost in an LEA due to the emergency.

Sub-objective B.4.5 - Establish policies and procedures for use of school facilities and resources during a pandemic.

Describe the SEA's policies or guidance about alternative uses of K-12 school facilities or resources. (For example, are there assets that are owned by the SEA or whose contracts are negotiated by the SEA, such as buses?)

ADOE has no policies or guidance regarding the alternative uses of LEA school facilities or resources. All such policies, guidance, memorandum of agreements and/or contracts for LEA facilities or resources are the responsibility of each local board of education. Some LEA boards of education do have agreements with the ADPH regarding facility use during emergencies.

Describe the state's policies or guidance about the use of state-funded PSS property

or assets. (For example, could the state use PSS's facilities, such as a stadium as vaccination sites? If so, has the state developed appropriate Memoranda of Understanding with the relevant PSS?)

ADPE did not answer this sub-objective.

Sub-objective B.4.6 - Ensure that Continuity of Operations and Business Continuity Plans include considerations for pandemic for the state educational agency. Provide a hyperlink or reference to the Labor section of the pandemic plan (Appendix A.1), ensuring that the SEA has included considerations for the implications on staffing levels of a pandemic in their COOP or BCPs and if SEA staff will be covered in the state's overall plan for paying state staff.

ADOE provisions of the COOP are applicable to four (4) ADOE divisions and all individual sections in each division. The COOP elements outlined are for use at all levels of ADOE organizations, regardless of location. In an effort to adhere to federal, state, and local laws, regulations, plans, and administrative guidance and to prepare and implement a department-wide plan, ADOE personnel must be prepared to respond to emergencies and disasters even when their facilities, vehicles, personnel, and political/decision-making authorities are adversely affected. Currently there is no written component of the COOP plans that addresses payment of LEA or SEA personnel. There is the assumption that all SEA and LEA (K-12 program) will be paid as long as funds are available. The hyperlink for all state agencies, including ADOE, www.adph.org/pandemicflu, COOP/Op Plan, Pandemic Influenza Personnel Policies and Guidelines.

Describe the state responsibility, if any, for paying staff/faculty at state-funded PSSs.

ADPE did not answer this sub-objective.

Respond

Sub-objective B.4.7 - Implement policies and procedures for closing schools and/or dismissing students.

List steps for closing schools/dismissing students (if applicable).

The closing of schools/dismissing students and/or staff will be determined by the LEA Board of Education and the LEA Superintendent when the emergency is geographically located and when the local ADPH office verifies that such action is imperative. The local ADPH will adhere to the State Health Officer's decision that includes conferring with the State Superintendent of Education except when time is of essence.

List process for closing day care centers (if applicable).

ADHR Division of Child Care Services Director during a pandemic will coordinate with ADHR's Office of Communications and AEMA and the media to notify day care centers of the need to close due to emergency conditions. (This action suspends rules relating to closings for other reasons).

List process for closing state PSSs (if applicable).

ADPE did not answer this sub-objective.

List steps for working with health officials to assess/coordinate closures in regions of state that border other states.

In circumstances where LEAs are located in selected areas of Alabama that border other states, the closing of schools/dismissal of students and/or staff will begin with the State Health Officer advising and conferring with the State Superintendent of Education who, in turn, will immediately notify the LEA Superintendent and/or the Chairperson of each affected LEA Board of Education. When time is of essence, the State Health Officer and the Director of the ADPH regional office(s) will provide immediate direction to the LEA Superintendent/LEA Board of Education.

Sub-objective B.4.8 - Implement policies and procedures for continuing education during prolonged school closure/student dismissal.
List steps for activating continuity of education plans. (For example, would these plans only be activated as a result of a formal declaration of emergency?)

Such coordination would pertain to K-12 students only. Prevention and Support Services will have its own system and if needed, make arrangements with K-12 Deputy State Superintendent of Education (Instructional Division).

List how the state would assist in delivering educational content to students across the age spectrum (For example, would educational content be coordinated for K-12 students? PSS?).

ADOE technological resources at the state level include, but are not limited to, the following:

- Utilize the ACCESS distance learning programs where teachers can teach in one area of the state but transmit to any and all classrooms that have the ability to receive continued instruction in keeping with the Alabama Course(s) of Study. The ability to transmit to student homes is being studied.
- Utilization of Alabama Public Television that has the ability to provide taped or live instruction. Currently tutoring activities are already transmitted to homes as well as professional development through model lessons and teaching that are regularly scheduled 12 months a year.
- The ADOE has the ability to develop and transmit Webcasts that also could be used for transmitting student instruction or information for school personnel regarding instruction.
- ADOE future plans include audio and video taping of teachers presenting instruction in core subject matter for distribution on DVD or via APTV. The State Board of Education has recently approved a program of Credit Recovery that allows students to complete only the parts of a core subject missed or failed due to non-completion regardless of reason.

Describe how the state will participate in helping provide nutrition assistance to children who normally would receive free meals through USDA's school/child care feeding programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program), if applicable..

ADOE is in no position to provide meals to eligible children in the event of a pandemic. Funding is provided by USDA for meals served in school during the school day. Home care or children having lessons at home do not qualify for free meals. The problems of preparing meals at a central location and disbursing to a single family home would be the most conducive to spreading an epidemic in that a single contamination along the way would infect all other locations and return it to the preparation site. Incorrect food preparation is one of the fastest ways to spread disease.

In the event of shelters during an emergency evacuation situation, such as hurricanes, we do coordinate delivery of food to those feeding sites with some foods that are available through USDA. However, most shelters refuse the food as it is not in a prepared state when it arrives and must be cooked before serving. The state itself has no resources for providing any food to any emergency shelter. The state is also held liable for any unaccountable foods from USDA after the disaster. Foods in a school system are bought and paid for by the individual school system. All of those foods used must be paid back to the school system. Relief organizations like the Red Cross or Southern Baptist Association usually man the feeding sites with volunteers and have little knowledge of quantity food production, so they want heat and serve type items that do not require recipes for preparation. USDA provides no foods in that manner.

Sub-objective B.4.9 - Clearly communicate policies and procedures about school closures/dismissal of students and other important information.
List steps that SEA will take to provide ongoing communications about key health information to specific audiences, including LEAs and stakeholders. Designate key positions and lines of authority for receipt of and responsibility for dissemination of health information.
(For example, if CDC or state health authority provides information about thresholds for dismissing students, reconvening students, etc., who at the SEA will be the recipient of this information and how will this person disseminate information?)

ADOE has already taken steps to provide in-depth information to LEAs as follows:

- Developing a long-range and in-depth plan for Pandemic Influenza
- The LEA's plan is now a required part of the overall school safety plan required by the SDE of every school
- 3) Completed in-depth professional development activities and disseminated directly to every LEA. All LEA central office staff including all support staff who are assigned to a school were included. The professional development was based upon ADPH publications that were provided in sufficient copies for every individual school and central office employee in every LEA.
- A formal LEA professional development activity supported by a PowerPoint presentation was used by all LEAs to provide PI information and preparation. The line of authority for the foregoing has been
- The Director of Prevention and Support Services Section and staff and the Administrator of Health Education
- LEA school safety/Safe and Drug-Free Schools Coordinator, with permission of LEA Superintendent and LEA Board of Education
- School principal and his/her designees.

The line of authority for the foregoing has been

- The Deputy State Superintendent of Education (Instructional Services Division)
- The Director of Prevention and Support Services Section and all staff persons
- LEA school safety/Safe and Drug-Free Schools Coordinator, with permission of LEA Superintendent and LEA Board of Education,
- School principal and his/her designees.

An evaluation form regarding a major ADPH publication and the presentation of the same was completed by each principal and are on file in the SDE. These evaluations indicated appreciation and success for the endeavors. Due to school faculty and staff interactions with their families it is believed that the information filtered down to additional Alabama citizens/residents and groups.

List process for how the State will provide ongoing communication about education-related issues (such as declarations of emergency which would trigger school closures) and whether or not this will be the same person as above.

ADOE State Superintendent of Education will receive all communications from CDC and/or the State Health Officer. In the event of his absence the Deputy State Superintendent (Instructional Services) and Deputy State Superintendent (Professional Services) will receive the communications and transmit them to the Director of Prevention and Support Services and the Director of Communication to assist in reaching appropriate LEA personnel. The Director(s) will ensure the information is disseminated using the SchoolCast communication system as well as specific written information to be disseminated in writing to appropriate LEA personnel. Also, each school has its own PI plan for guidance.

Designate key positions and lines of authority for receipt of and responsibility for dissemination of education information (if different than above).

N/A, according to ADOE

List steps the education spokesperson will take to coordinate messages with other state entities. (If appropriate, link to communications section of pandemic plan.)

When public schools in Alabama close for any emergency-related reason the LEA Superintendent or designee informs the office of State Superintendent of Education. From that SDE office the information is communicated to other SDE staff as described above. The State Superintendent of Education will receive all communications from CDC and/or the State Health Officer. In the event of his absence the Deputy State Superintendent (Instructional Services) and Deputy State Superintendent (Professional Services) will receive the communications and transmit them to the Director of Prevention and Support Services and the Director of Communication to assist in reaching appropriate LEA personnel. The Director(s) will ensure the information is disseminated using the SchoolCast communication system as well as specific written information to be disseminated in writing to appropriate LEA personnel. Also, each school has its own PI plan for guidance.

If applicable, describe process by which LEAs and/or state PSSs will report to SEA on closures.

Public school closures will be issued by the state level, therefore no reporting will be

necessary.

Sub-objective B.4.10 - Protect state assets (school facilities and resources) during a pandemic.
List SEA's steps to protect state-owned assets related to schools or PSSs (if applicable).

At the present time there appears to be no reason for in-depth plans for protection of state-owned assets. All assets at the present become a part of each LEA's inventory and is monitored by the SDE on a regular basis and as needed according to the type of funds used to purchase the assets.

List steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity (for example, if a university stadium is being used for a vaccination delivery site, are there sufficient refrigeration units available and easily accessible? How will these sites be cleaned and maintained?)

Local school facilities are owned locally by the city or county board of education and will be used for alternate uses by the local EMA.

Recover
Sub-objective B.4.11 - Implement steps to reopen schools/reconvene students.
List SEA's steps for reopening schools/reconvening students (if this is a state function).

The State Superintendent of Education will receive all communications from CDC and/or the State Health Officer. In the event of his absence the Deputy State Superintendent (Instructional Services) and Deputy State Superintendent (Professional Services) will receive the communications and transmit them to the Director of Prevention and Support Services and the Director of Communication to assist in reaching appropriate LEA personnel.

The Director(s) will ensure the information is disseminated using the SchoolCast communication system as well as specific written information to be disseminated in writing to appropriate LEA personnel. Also, each school has its own PI plan for guidance. When public schools in Alabama close for any emergency-related reason the LEA Superintendent or designee informs the office of State Superintendent of Education.

To reopen schools/reconvene students, communication to LEAs will be transmitted following consultation with and advice from the State Health Officer to the State Superintendent of Education. Information will then be sent to LEAs through the LEA Superintendent using the ADOE communication system SchoolCast. Home land-line telephone numbers and cell phone numbers are available to the ADOE.

List steps the state will take to facilitate reopening/reconvening day care centers and children.

ADHR Office of Child Care Licensing would take to facilitate reopening/reconvening day care centers and children are:

- Public Service Announcements to notify providers and parents of steps to take to readmit children to centers/homes;
- Follow-up visits by phone and/or in person by Child Care Development Consultants

- Inform parents and providers with 1 (800) number to call for any questions and concerns.

List steps the state will take to facilitate reopening/reconvening PSSs and students.

ADPE did not answer this sub-objective.

Sub-objective B.4.12 - Communicate policies for reopening schools/reconvening students.
Describe the communication plan for reopening schools/reconvening students (if this is a state function). (For example, will the state provide messaging for the LEAs to use uniformly about state policy? Will these messages be delivered in daily press conferences? Letters to LEA staff? Email?)

The communication to LEAs will be transmitted following consultation with and advice from the State Health Officer to the State Superintendent of Education or, if needed, his designees. Such information will be sent to LEAs through the LEA Superintendent and LEA Board of Education. Information will then be sent to LEAs through the LEA Superintendent or other designated persons using the SDE communication system SchoolCast.

Identify the state spokesperson who will provide messages during the recovery stage, as well as the second person in the line of succession for this function (if different than during response).

ADOE Superintendent is the primary spokesperson providing messages during recovery. In the event of his absence the Deputy State Superintendent (Instructional Services) and Deputy State Superintendent (Professional Services) will receive the communications and transmit them to the Director of Prevention and Support Services and the Director of Communication.

Sub-objective B.4.13 - Restore the learning environment.
Describe process State will recommend that LEAs use to assess student's levels with respect to state academic standards.

The process ADOE will recommend LEAs use to assess the academic status following a PI emergency is 1) the individual LEA's Credit Recovery Plan and 2) State Board of Education policy and assessment procedures prescribed for a student's transfer of credit from one school to another. Both 1) and 2) are a part of the Alabama Administrative Code. However, implementation will occur at the LEA level with supervision by the LEA Superintendent and his designees.

List steps that SEA will take to support LEAs in screening and referring students for mental health services, if applicable. (For example, does the state support efforts for linkages between schools and mental health systems?)

ADOE and ADMH/MR have had a continuously ongoing collaborative working relationship for many years. The ADMH/MR has regional offices that are highly active with and supportive of K-12 schools. These offices offer services to all schools as on a volunteer basis and at that specialized services are requested.

Describe if/how the state will provide additional mental health staff or funding for services to students and staff.

If additional mental health staff or funding for additional services are needed both specialized ADOE staff and other available LEA-shared specialized staff will be provided. Where needed and based upon available funds other mental health personnel will be provided. Additionally, the ADOE has provided ongoing Recovery Training for LEA personnel with an emphasis on school counselors, school psychologists and behavior management specialists. This training has been provided through collaborative professional development activities with ADPH and ADMH/MR.

List steps that the SEA will take to support LEAs in assessing students with special needs in reviewing, revising, or creating Individualized Education Plans (IEPs).

ADOE will assist students with disabilities are first general education students and will receive any assistance available for any other Alabama students. In addition, the SEA will provide technical assistance to districts regarding retrieving and reassessing IEP records that may have been lost in an LEA due to the emergency.

If the state used state-owned school facilities for alternate uses, identify the process and/or funding stream that the state will use to support any necessary remediation.

Local school facilities are owned locally by the city or county board of education and will be used for alternate uses by the local EMA.

Appendix B.5 Acquire & Distribute Medical Countermeasures

Lead Individual name: Dena Donovan

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Supporting Activity

Prepare

Sub-objective B.5.1 – Receive and store antiviral drugs, personal protective equipment and medical supplies from SNS

A central warehouse [Receipt/Store/Stage (RSS) facility location has been selected for the receipt of antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies from SNS. (For recommended RSS specifications, please refer to the Strategic National Stockpile's State Storage Requirements for Pandemic Influenza Antiviral Drug Response).

The Alabama Department of Public Health (ADPH), Pharmacy Division, Strategic National Stockpile (SNS) Program will arrange deliver of CDC SNS assets received to the primary RSS location. This current location is in close proximity to the interstate; is easily accessible; has large warehouse space; has the machinery necessary for quick re-distribution; and will provide the manpower necessary to unload, re-package, and re-load trucks.

Since 2006, Alabama's pharmacy stockpile has been maintained in a secure climate-controlled pharmacy room, which is located within the ADPH Warehouse. It contains a full-size refrigerator, tables for dispensing and a computer with Internet connection. As more antivirals are purchased, they will be stored in this pharmacy room. In addition to the current space, hospital-based pharmacies throughout the state have offered to store medications for the ADPH.

Since 2006, Alabama's stockpile of non-pharmaceutical assets has been maintained in two secure warehouses utilized solely for emergency preparedness assets.
The department will build upon the existing inventory system to provide a means to account for antivirals and other non-pharmaceutical assets.

A contract, memorandum of agreement (MOA) or other appropriate documentation is in place that guarantees the availability of the selected RSS.

ADPH has contracted with the Montgomery City/County Emergency Management Agency (EMA) to secure a location appropriate for receiving and storing all SNS materiel. A letter of agreement between the Montgomery City County EMA and the facility is on file.

The RSS management team and back-up personnel have been identified

All RSS management positions have been identified with back-ups. These and all other identified management positions can be found in the State SNS Plan.

The RSS management team and back-up personnel have job action sheets for their specific functions

There are Job Action Sheets (JASs) for all RSS management positions. These and all other JASs can be found in the Alabama SNS Plan, Alabama's PI Op Plan CD-ROM under Support Documents.

The RSS staff/volunteers and back-up personnel have been identified

As part of the agreement with the RSS facility, employees of the warehouse will be used as general staff for picking and loading materiel.

Call down rosters for 24/7 operations for all RSS Managers and staff/volunteers are documented, reviewed and tested for accuracy

All RSS management staff are ADPH, therefore they will be automatically alerted via the ADPH computerized call-down system. This system calls all listed telephone numbers and sends an email to the listed address for all employees. The employee may respond by either email or by telephone when the call is made. The Montgomery City/County EMA will activate their RSS agreement with the warehouse. Warehouse management will in turn use an employee call down list for staff.

Job action sheets and just-in-time training materials have been developed for each of the RSS functions

There are JASs for all RSS positions. Since the warehouse staff will be used as RSS staff, the warehouse human resources staff provided all equipment training and safety issues at the time of employment.

An inventory of material handling equipment that's available at the RSS is documented along with a list of materials/supplies that need to be procured and/or delivered at the time of activation

The contracted RSS site is a working warehouse. All necessary material handling equipment is present and used daily as part of normal operations. This equipment includes, but is not limited to pallet jacks, forklifts, and shrink-wrapping equipment.

This equipment will be available for use when necessary.

An inventory of office equipment that's available at the RSS is documented along with a list of materials/supplies that need to be procured and/or delivered at the time of activation

The contracted RSS site is a working warehouse. All necessary office equipment is present and used daily as part of normal operations. This equipment includes, but is not limited to computers, printers, fax machines, pens, pencils, and paper. This equipment will be available for use when necessary. In addition to this equipment, RSS management staff will bring ADPH issued computers for use.

Plan for a primary and back-up inventory management system (IMS) is in place

The State ProcurIT inventory system will be utilized. As a back-up system, PODs will be provided with Excel files pre-programmed for the tracking of any possible medication, equipment or supplies that will be sent to them. In the event that this will not be available for use, the staff will account for materials by use of a pen-to-paper tracking system.

IMS staff have been identified to perform inventory management functions.

The ProcurIT system will:

- Track all receipts
- Process requests from dispensing sites and treatment centers
- Create pick sheets
- Record the locations to which the material was sent
- Monitor stock levels
- Recover unused SNS material.

A pipe-delimited file provided that includes an inventory of the SNS assets will be provided by the CDC. The file will arrive with the TARU, via e-mail, and on jump drive or CD. Importing this file into the electronic system will initiate the inventory control function.

If there are not enough products for all persons impacted, the SNS products will be apportioned. The movement of products is based on the following information:

- Projected exposures (this information will be obtained by the local and State SNS
- Coordinators from local epidemiological personnel and the overall Incident Commander)
- The numbers of symptomatic patients at hospitals and treatment centers, and the numbers of persons reporting to dispensing sites (this information will be obtained from the POD Facility Manager).

IMS staff have been identified to perform inventory management functions

ADPH Bureau of Information Services will provide personnel for IT support. The Distribution Lead is proficient with this program, and all other leads have been trained.

Respond

Sub-objective B.5.2 – Allocate and distribute drugs within the State

An allocation methodology and plan is in place.

Both the state and federal stockpiles will be distributed to each county based upon

population. If the event progresses throughout Alabama quicker than anticipated, assets may be delivered directly from the RSS site to all 67 counties to expedite treatment. (See Table 13: ADPH Antiviral Distribution By County)

Recipient locations have been agreed upon (e.g. hospitals, skilled nursing facilities, community health centers, and other treatment facilities) and documented. Documentation includes but is not limited to:
Location name, address and telephone #s

See Table 14: ADPH RSS/RDS Information

Points of Contact and Contact Information

See Table 15: ADPH Key Personnel with Contact Information

Facility off-load location and assessment of the site off-load capabilities

The Primary RSS site is a working food warehouse. It has large warm and cold storage areas. There are truck-docking stations along one wall of the building that are even with the inside, thus allowing for easy access for loading and off loading any supplies/assets. Agreements are in place for the use of all equipment already on site to be used when necessary. This includes both office and handling equipment such as computers, fax machines, fork trucks, pallet jacks, shrink wrappers, etc. Furthermore, the facility has agreed to allow current employees of this business to assist. These individuals pick from lists, and load material on a daily basis; therefore JIT training time will be minimal.

The plan to train recipient locations on the antiviral drug distribution activation procedures is in place.

All recipient locations will be staffed with at least one public health employee who is trained in the activation of drug distribution procedures. With notification from the ALERT system, these employees will notify their given contacts who will in turn notify the facilities. Distribution or POD preparation will begin at that time.

Procedures are documented for recipient locations to request additional supplies.

Resupply/additional supply requests will be made as stated in the State SNS Plan. A POD site/Clinic will notify the pre-determined Distribution Node or RSS site of additional needs. The Distribution Node or RSS site will then send the necessary supplies at that time.

A Distribution Manager and back-up(s) have been identified.

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Procedures to monitor chain of custody are in place.

All ADPH staff will act on the DEA number of the SHO in the event of an

emergency. Any DEA registration/number will be issued when needed. The physician/pharmacist assigned to receive the SNS will present their driver's license or other government issued photo identification, confirm their DEA registration and sign the DEA Form 222.

All pharmacists assigned to work at the RSS site must bring a copy of their pharmacy license, and present their driver's license or other government issued photo identification.

The chain of custody will be maintained in accordance with state and federal laws.

Upon arrival of the SNS, a pharmacist will perform an inventory of the medications. This will serve as a starting inventory for distribution purposes and will be updated each change of shift.

An inventory record will be maintained that will record all distribution transactions, as part of the inventory management system.

A distribution plan is in place that includes:
Delivery locations and routes

Routes to and from the primary RSS site and all Distribution Nodes have been tested and established. See the Alabama SNS Plan on the Alabama's PI Op Plan CD-ROM under Support Documents.

Load planning

All materiel will be loaded based on predetermined allocation/population tables. These assets will be loaded in reverse order of the planned stops to be made.

Communication plan with RSS/drivers/recipient locations

Drivers will call in to the EOC at the established checkpoints and the time and location will be noted by EOC personnel. In addition, MOUs are in place to provide redundant communication for the transport of assets through the use of HAM Radios. The HAM operators will follow the transport vehicles and will also call in at the established checkpoints utilizing their HAM equipment. The operators will be calling in their information to the HAM Radio base station located in the EOC. This will provide a sure method of location should primary means of communication become unavailable. Constant communication between the distribution nodes, counties, and the EOC will be maintained to know the location of the assets and estimated times of arrival.

Delivery schedule/frequency

After the initial delivery of materiel, deliveries will be made on an as needed basis. Logistics officials at the relevant EOC's will determine the schedules, routes, and frequencies of deliveries at that time.

Primary agency/Organization has been assigned to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A contract, memorandum of agreement (MOA) or other appropriate documentation is in place that guarantees the availability of the selected resource. Agreement should include but not be limited to:
Activation procedures
24/7 availability
Guaranteed number and type of delivery vehicles

Guaranteed number of drivers
Available communications equipment

After the initial delivery of materiel, deliveries will be made on an as needed basis. Logistics officials at the relevant EOC's will determine the schedules, routes, and frequencies of deliveries at that time.

The Montgomery City/County EMA has been assigned to distribute antiviral drugs, personal protection equipment (N95 masks, etc.) and other ancillary medical supplies. A memorandum of understanding (MOU) is in place that guarantees the availability of trucks and drivers. At this time, the MOU does not state a specific number of trucks or drivers. Furthermore, this MOU does not state how the MOU will be activated. However, the ADPH has been assured the activation of this MOU will only require a telephone call to the resource facility. Communication equipment that will be used for trucks is not mentioned in the MOU. The EMA will provide all communication equipment needed for both drivers and security personnel, if compatible equipment is not already available.

Just in time training materials have been applied to the distribution functions:
Chain of custody procedures

All chain of custody issues will be directed through healthcare personnel who are familiar with DEA custody requirements. For chain of custody procedures that are unique to a given situation, information will be provided statewide through the State Pharmacy Director. For truck drivers and security personnel, an information sheet will be provided to ensure chains of custody procedures are followed.

Routing

The Montgomery City/County EMA has pre-determined routes to the RDS's. The EMA's in charge of the distribution to catchment areas have pre-determined routes. These routes were tested in March 2007 during a statewide transportation and distribution exercise.

Communication procedures

EMA's will provide all communication equipment needed for distribution and dispensing. By using advanced communication equipment, different types of devices will be able to function as if they were the same. The RSS site will speak to all RDS's and its catchment area, as well as any drivers and their security personnel. The RDS's will speak with the RSS site and its catchment area, as well as any drivers and their security personnel. Local EMA's will speak with their RSS/RDS, as well as POD sites. Treatment centers will communicate with their assigned RSS/RDS through the AIMS system.

Security procedures

EMA's in charge of an RSS/RDS will provide distribution security. Since 2007, Alabama Department of Conservation and Natural Resources (Conservation) has agreed to provide security from the RSS to all RDS's. Unless stated otherwise, law enforcement/security personnel will follow the standing rules of engagement. Any changes in this policy will be directed through the State Security Coordinator.

Sub-objective B.5.3 – Ensure a safe and secure environment
State-level Security Coordinator has been identified to coordinate overall security issues.

Alabama Department of Conservation and Natural Resources (ADCNR), Kevin Dodd, Assistant Chief of Law Enforcement , Division of Wildlife and Freshwater Fisheries
Enforcement Section, 64 North Union Street, Rm. 559, Montgomery, Alabama 36104
334-242-3467 (O), 334-353-1603 (F), kevin.dodd@dcnr.alabama.gov

State security support agencies have been identified and oriented to security issues/needs.

ADCNR have enthusiastically agreed to assist with the security of assets from the RSS to all Distribution Nodes. The Montgomery City/County EMA has also contracted this agency to secure the delivery of products throughout their catchment area. The officials with Conservation have participated in two full-scale transportation exercises in the past two years. Both times they acted as security from the RSS to the Distribution Nodes.

Security plans are in place for RSS. The plan should include but not be limited to:
Written site security and vulnerability assessment

An assessment and written security plan was completed in 2006 by the Montgomery Police Department's Special Weapons and Tactics (SWAT) team. This plan is maintained by the Montgomery Police Department with copies on file at the Montgomery EMA office. Copies of this plan may be obtained for official uses only. The current security assessment and plan is under revision/update with an anticipated completion in July 08.

Plans for interior and exterior security

The current security plan provides for exterior security in fixed and mobile positions as well as interior security of the warehouse and command center.

Number of officers and designated posts

The current plan specifies the minimum number of law enforcement officers by specialty (traffic, patrol, SWAT, and commanders) required per shift and specifies designated post to be manned.

Need for physical barriers, lighting, etc…

Minimal physical barriers are required to maintain security at the Montgomery RSS as it is a restricted access area on a daily basis. Additional exterior lighting is not required, however, Montgomery EMA has access to city-owned lights that could be used as emergency lighting if necessary.

Plans for access control

The current security plan designates access points and includes controlled access for workers and transport vehicles both into the compound and into the RSS warehouse.

Plans for security communications

Security communications include 800 mhz radios, Southern Linc radio, internet, and tactical police communication devices. Additional devices are on hand to provide to US Marshal.

Plans for security breaches

The current security plan does not specifically address security breaches as this would normally be a SWAT function. At this time, normal rules of engagement would apply. Any additional force will be determined and outlined before an event, or as needed. However, the plan is under revision and will address this issue.

Security plans are in place for the escort of the delivery trucks to recipient locations.

The Montgomery EMA has a MOU with the Alabama Department of Conservation and Natural Resources to use Conservation Officers, Fish and Game Officers, and Marine Police Officers to provide security for delivery vehicles. All enforcement officers of this agency have state-wide law enforcement authority.

Security plans are in place for the recipient locations.

Each distribution node is responsible for its own security. The primary POD sites in Montgomery County have security plans.

Staff badging/credentialing system for all response personnel is in place.

- A credentialing and badging system has been established to ensure that all personnel involved in SNS activities will have special identification badges that will be recognized by the security agencies. These badges will ensure that SNS staff is granted access to the facilities and locations described in this plan and are able to move throughout the community, if necessary, to carry out their duties.
- The personnel staging areas will be determined based on the size of the event. The RSS staff and the POD staging area will be in separate locations. All staff and volunteers will report to the personnel staging area for credentialing and badging. The credentialing for health personnel will be conducted by ADPH personnel as stated in this plan. EMA is responsible for badging.
- Specific methods of badging may vary between the local EMAs if there are many impacted areas. Local plans specify the specific badging method chosen for the area. The badging method explained below has been exercised and proves to be a quick and accurate method of badging.
- Two-pocket clear identification pouches that can be worn around the neck have been purchased and distributed to all areas of the state. A numbered badge with the initials of the individual issuing the badge will be issued and placed in one pocket. A picture ID is required for the second pocket. The volunteer will sign their name on the line that corresponds with the number on the SNS badge after a valid professional health license has been presented. Questionable licenses for health professionals will be verified by contacting the appropriate licensing boards. All of the health professional boards have a contact person physically housed at the board's office during an emergency. In addition, several of the professional boards have web-based programs

that can be utilized for quicker license verification.

Sub-objective B.5.4 – Administer drugs in a legal and ethical manner
Plans are in place to administer antiviral drugs for treatment to priority groups when treatment of illness is indicated.

All antivirals will be dispensed based on Appendix D: NVAC/ACIP Recommendations for Prioritization of Pandemic Influenza Vaccine and NVAC Recommendations on Pandemic Antivirals Drug Use, page D-10, HHS Pandemic Influenza Plan, http://www.hhs.gov/pandemicflu/plan/.

Plans and protocols are in place for antiviral drugs that may need to be administered under Investigational New Drug (IND) or Emergency Use Authorization. Plans should include procedures for the receipt on the IND protocol consent forms to be received and mass copied for distribution.

Dispensing medications under IND procedures include several ways in which medications may be dispensed under IND procedures. The different situations in which experimental drugs may be dispensed are included in the term "expanded access." Expanded access refers to all types of treatment uses, including:

- Expanded access for individual patients, including emergency procedures.
- Expanded access for intermediate-size patient populations (smaller than those of a treatment IND).
- Expanded access treatment IND.

There are three criteria that must be met concerning expanded access:

- FDA must determine that the patient (or patients) to be treated has a serious or immediately life-threatening disease or condition, and there is no comparable or satisfactory alternative therapy to diagnose, monitor, or treat the disease or condition.
- FDA must determine that the potential benefit justifies the potential risks of the treatment use and that those potential risks are not unreasonable in the context of the disease or condition to be treated.
- FDA must determine that providing the investigational drug for the requested use will not interfere with initiation, conduct, or completion of clinical investigations that could support marketing approval of the expanded access use or otherwise compromise the potential development of the expanded access use.

Expanded access information should be prepared. Expanded access submission requirements must include:

- A cover sheet (Form FDA 1571)1;
- The rationale for the intended use of the drug, including a list of available therapeutic options that would ordinarily be tried before resorting to the investigational drug or an explanation of why the use of the investigational drug is preferable to the use of available therapeutic options;
- The criteria for patient selection or, for an individual patient, a description of the patient's disease or condition, including recent medical history and previous treatments of the disease or condition;
- The method of administration of the drug, dose, and duration of therapy;
- A description of the facility where the drug will be manufactured;
- Chemistry, manufacturing, and controls information adequate to ensure the proper

identification, quality, purity, and strength of the investigational drug;

- Pharmacology and toxicology information adequate to conclude that the drug is reasonably safe at the dose and duration proposed for treatment use (ordinarily, information that would be adequate to permit clinical testing of the drug in the population of the size expected to be treated); and
- A description of clinical procedures, laboratory tests, or other monitoring necessary to evaluate the effects of the drug and minimize its risks.

In addition to the submission requirements for all expanded access uses, submission requirements for expanded access for individual patients must include:

- Information adequate to demonstrate that the general criteria for expanded access use and those specific to expanded access for individual patient have been met.
    - Criteria for expanded access (See Above)
    - Criteria for expanded access for individual patients
        - The physician must determine that the probable risk to the person from the investigational drug is not greater than the probable risk from the disease or condition.
        - FDA must determine that the patient cannot obtain the drug under another type of IND.
- If the drug is the subject of an existing IND, the expanded access submission may be made by the sponsor or by a licensed physician.
- That a licensed physician may satisfy the submission requirements by obtaining from the sponsor permission for FDA to refer to any information in the IND that would be needed to support the individual patient expanded access request and by providing any other required information not contained in the IND.

If there is an emergency that requires a patient to be treated before a written submission can be made, FDA may authorize the expanded access use to begin without a written submission.

- The FDA reviewing official may authorize the emergency use by telephone.
- Emergency expanded access use may be requested by telephone, facsimile, or other means of electronic communications.
    - Biological drugs: Center for Biologics Evaluation and Research (301)-827-2000.
    - Other investigational drugs: Center for Drug Evaluation and Research (301)-827-4570.
    - After normal working hours: FDA Office of Emergency Operations (301)-443-1240.
- Licensed physician or sponsor must explain how the expanded access use will meet requirements and agrees to submit an expanded access submission within 5 working days of FDA's authorization of the expanded access use.

In addition to the submission requirements for all expanded access uses, submission requirements for expanded access use by intermediate-size patient populations must:

- State whether the drug is being developed or is not being developed and describe the patient population to be treated;
- Include an explanation by the sponsor, if the drug is not being actively developed, of why the drug cannot currently be developed for the expanded access use and under what circumstances the drug could be developed; and

- Include an explanation by the sponsor, if the drug is being studied in a clinical trial, of why the patients to be treated cannot be enrolled in the clinical trial and under what circumstances the sponsor would conduct a clinical trail in these patients.

In addition to the submission requirements for all expanded access uses, submission requirements for treatment IND must:

- Include information adequate to satisfy FDA that the general criteria for expanded access use and those specific to the treatment IND have been met.
    - Criteria for expanded access (See Above)
    - Criteria for expanded access treatment IND
        - Either the drug is being investigated in a controlled clinical trial under an IND designed to support a marketing application for the expanded access use, or all clinical trials of the drug have been completed.
        - The sponsor must be actively pursuing marketing approval of the drug for the expanded access use with due diligence.
        - When the expanded access use is for a serious disease or condition, there must be sufficient clinical evidence of safety and effectiveness to support the expanded access use.
        - When the expanded access use is for an immediately life-threatening disease or condition, the available scientific evidence, taken as a whole, provides a reasonable basis to conclude that the investigational drug may be effective for the expanded access use and would not expose patients to an unreasonable and significant risk of illness or injury.

Other required steps

- The local Institutional Review Board (IRB) must be notified and approve of the expanded access. Documentation of the IRB's approval must be submitted, along with the previously discussed information.
- An Investigator Qualification Statement of the treating physician must be submitted (a Curriculum Vitae is usually sufficient).
- The treating physician must include a contact telephone and facsimile number.

All information should be submitted to the appropriate Center for Drug Evaluation and Research division.

Recover

Sub-objective B.5.5 – Monitor for adverse reactions to drugs

Steps for utilizing the tracking system to track outcomes and adverse events following treatment with antiviral drugs is in place.

ADPH will place an 800 number on the labels of all medications dispensed. This number will be answered by the Poison Control Center and the Drug Information Centers (Sanford and Auburn University's Schools of Pharmacy) on rotating basis. Adverse events should be reported to these centers through the 800 number. In turn, they will relay the information to the health department as the reports come in.

Information systems are available that support monitoring of adverse reactions that comply with the Public Health Information Network functional requirements for Countermeasure and Response Administration.

ADPH central office will monitor any reports from the Poison Control Center and the Drug Information Center. Reporting methods will consist of: telephone, fax, mail, and website. Adverse events can be reported by the following individuals: patient, family member, and/or healthcare provider. ADPH will enter this information into the Countermeasure Response Administration (CRA) database and transmit it to the CDC.

Appendix B.6 Ensure Mass Vaccination Capability During Each Phase of a Pandemic

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Supporting Activity

Prepare

Does the plan provide guidance for priority groups on whether they will be vaccinated by public health, or by institutions or agencies to whom responsibility has been delegated, or a combination?

The professionals identified in Tier 1, Subtier A of the Vaccination Priority Chart, as well as all other first responders, will be vaccinated by either public health personnel in closed PODs (e.g. government officials at a county health department) or by their employers in a closed POD (e.g. paramedics at a fire department). For all other individuals, both traditional and alternate sites will be opened. Staff for these sites will be filled by either volunteers (at public clinics) or employees with the appropriately licensed personnel (closed/business clinics).

Does the plan include developing memoranda of agreements or other formal agreements with institutions and agencies to whom vaccination will be delegated, where applicable?

Formal agreements have not yet been signed with other agencies or facilities to administer or provide clinic sites for vaccines. However, the ADPH has a template for such an MOU. Currently, the legal team at Hyundai Manufacturing is reviewing an MOU written by the ADPH. Once this MOU is in place, they will be Alabama's first closed, business POD. For all other POD's licensed volunteers and public health staff will be called on to fill clinical positions.

For other clinic sites, traditional POD and established drive-thru sites will be used. These locations have MOU's with local Emergency Management Agencies (EMA's) who choose local sites and ensure basic equipment (tables, chairs, etc.) are set up.

Does the plan develop protocols for verification of priority group membership?

For those in the priority groups who have "High Risk Conditions", proof will be required in order to receive their injection, e.g. a medical alert bracelet. Utility workers will be required to show proof of employment; a medical professional will be required to present their license, and, where age is concerned, a birth certificate or other form of government issued identification will be required. No one will be allowed a dose unless a patient history form has been completed.

Sub-objective B.6.1 - Vaccine Monitoring

Does the plan designate a vaccine safety coordinator position?

ADPH, Ronada Anderson, Bureau of Communicable Disease, Immunization Division, Phone: 334-206-7974, Email: RonadaAnderson@adph.state.al.us

Is there a plan to ensure timely reporting of adverse events?

At each administration site/clinic, informational flyers will be distributed. Items on these sheets will include, but are not limited to, whom to contact in the event the patient shows signs/symptoms of an adverse side effect, as well as to whom, what, where someone should report if more than one dose of a vaccine is required. As adverse events are reported, the central office of the health department will monitor them. Reporting methods will consist of: telephone, fax, mail, and website. The following individuals can report adverse events: patient, family member, and/or healthcare provider. ADPH and local volunteers will enter information into the Countermeasure Response Administration (CRA) database and transmit it to the CDC. CRA will be used to collect the vital information from patients using official public health forms, which will be modified to include all required datasets.

Respond and Recover

Is there a plan to estimate the project area's weekly allocation of vaccine based on vaccine availability assumptions and project area population size?

Allocation will be based on availability and necessity. Each county will receive a percentage of the available vaccine based on population (see Table 13: Antiviral Distribution by County).

Does the plan include designated recipient's ship-to sites for pre-pandemic and pandemic vaccine?

It is assumed pre–pandemic vaccine will be shipped for immediate administration once sustained person–to–person transmission has been documented anywhere in the world. For both pre-pandemic and pandemic vaccines, the SNS distribution model will be used. All materiel will be received at the designated primary RSS site. There, the assets will be repacked and shipped to Regional Distribution Sites (RDS) where they will then be repackaged and delivered to clinics/PODs within the various catchment areas. Each county will receive an allotment based on population. If enough doses are not available to vaccinate the entire population in the first shipment, this process will continue for as long as necessary.

For treatment centers, such as a hospital, medications and supplies will be supplied in the same manner as SNS materiel, for both initial and re-supply requests.

Is there a plan for the following:

Personnel and backups identified for receipt of vaccines

Personnel approved to receive vaccination supplies are the same as those approved to receive other SNS supplies. See list below.

Huntsville: Lawrence Robey, MD Local Health Officer Madison County Health Department Office Phone: 256-539-3711 (ext. 675) Fax: 256-536-2084	Montgomery Donald E. Williamson, MD State Health Officer Alabama Department of Public Health Office Phone: 334-206-5200 Fax: 334-206-2008

Home Phone: 256-881-4818 Cell Phone: 256-603-2542 Office e-mail: lrobey@adph.state.al.us Home e-mail: lrobey@aol.com	Home Phone: 334-271-6996 Cell Phone: 334-318-6489 or 334-318-6488 Pager: 334-371-9792 or 1-800-999-6710, ID #9993392 (out of state) Office e-mail: donwilliamson@adph.state.al.us Home e-mail: None
Debra Williams, MD County Health Department Physician Madison County Health Department Office Phone: 256-539-3711 (ext. 676) Fax: 256-536-2084 Home Phone: 256-882-1508 Cell Phone: 256-603-0722 Office e-mail: debrawilliams@adph.state.al.us Home e-mail: dwms@hiwaay.net	Jack Hataway, MD Medical Director Bureau of Health Promotion and Chronic Disease Alabama Department of Public Health Office Phone: 334-206-5616 Fax: 334-206-5609 Home Phone: 334-260-8894 Cell Phone: 334-294-7364 Office e-mail: jhataway@adph.state.al.us Home e-mail jhataway01@yahoo.com
Birmingham Michael Fleenor, MD Area 4 Health Officer Jefferson County Health Department Office Phone: 205-930-1504 Fax: 205-930-1979 Home Phone: 205-930-9523 Cell Phone: 205-937-6561 Cell Phone e-mail: 2059376561@mobile.mycingular.com Southern LINC Cell Phone: 334-850-5260 Southern LINC Biodefense Radio: 1774 Office e-mail: Michael.Fleenor@jcdh.org Home e-mail: None	Thomas Miller, MD Director, Bureau of Family Health Services Alabama Department of Public Health Office Phone: 334-206-5675 Fax: 334-206-2950 Home Phone: 334-361-3963 or 334-361-2434 Cell Phone: 334-318-5379 Pager: 334-506-0572 Office e-mail: tmiller@adph.state.al.us Home e-mail: thosmiller@aol.com
Claude Ouimet, MD Deputy Health Officer Jefferson County Health Department Office Phone: 205-930-1530 Fax: 205-930-1979 Home Phone: 205-967-0247 Cell Phone: 205-910-7312 Cell Phone e-mail: 2059107312@vtext.com Southern LINC Biodefense Cell Phone: 205-259-0573 Southern LINC Biodefense Radio: 3890 Office e-mail: Claude.Ouimet@jcdh.org	Charles C. Thomas, R.Ph State Pharmacy Director Bureau of Professional & Support Services Office Phone: 334-206-5666 Fax: 334-206-5663 Home Phone: 334-279-3823 Cell Phone: 334-850-5283 Pager: 334-516-2926 Office e-mail: charliethomas@adph.state.al.us Home e-mail: ccthomasrph@cs.com NOTE: Acting under power of attorney

Home e-mail: None	as agents for controlled substances for Donald E. Williamson, MD State Health Officer.
Elizabeth Turnipseed, MD Medical Director Jefferson County Health Department Office Phone: 205-930-1442 Fax: 205-930-1299 Home Phone: 205-939-0770 Cell Phone: None Cell Phone e-mail: None Southern LINC Biodefense Cell Phone: 205-288-9426 Southern LINC Biodefense Radio: 2032 Office e-mail: Elizabeth.turnipseed@jcdh.org Home e-mail: None	Charles H. Woernle, MD Assistant State Health Officer for Disease Control and Prevention Bureau of Communicable Disease Office Phone: 334-206-5325 Fax: 334-206-2090 Home Phone: 334-271-3180 Cell Phone: 334-324-2684 Office e-mail: cwoernle@adph.state.al.us Home e-mail: chas_shen@knology.net NOTE: Acting under power of attorney as agents for controlled substances for Donald E. Williamson, MD State Health Officer.
Stephen Mallard, MD Medical Director Jefferson County Health Department Office Phone: 205-930-1501 Fax: 205-930-1979 Home Phone: 205-868-9171 Cell Phone: 205-542-1777 Cell Phone e-mail: 2055421777@mobile.mycingular.com Office e-mail: Stephen.Mallard@jcdh.org	Dothan: The designated individuals for Montgomery will accept the Dothan SNS.
Mobile: Bernard Eichold, MD Area 11 Health Officer Mobile County Health Department Office Phone: 251-690-8101 Fax: 251-432-7443 Home Phone: 251-438-4984 Cell Phone: 251-231-8001 Pager: 251-639-4379 or 24 hr: 251-690-8158 Office e-mail: berteichold@pol.net	
Area Public Health Immunization Managers are authorized back-up personnel and are listed below:	
PHA 1 & 2 Andrea George (256) 340-2113	
PHA 3 Pat Williams (205) 750-2550	PHA 8 Ona Jean Abbott (334) 567-1165
PHA 4	PHA 7 & 9

Deborah Kilgo (205) 930-1960	David Leggett (251) 947-6206
PHA 5 Cathy Lee (256) 927-7000	PHA 10 Peggy Searcy (334) 886-2390
PHA 6 Phyllis Coughran (256) 315-4863	PHA 11 Dan St. Onge (251) 690-8991

Detailed written Operating Procedures (SOPS) in place

Each local EMA has an SNS plan in place that corresponds to the state SNS plan and includes all aspects of operations, from medical to security to transportation of the product. The State SNS Plan serves as the Standard Operating Procedure (SOP) for the distribution and administration of medications. The county SNS plans, county profiles, and any immunization policies and procedures serve as supplements to the State SNS Plan.

Temperature Monitoring (audible/manual or both) management system in place

Alternative sites have been identified such as churches, climate–controlled warehouses, local pharmacies and health clinics. In a worst-case scenario, large tents will be used. Each public health area has been provided the funds to purchase refrigerators for the storage of vaccines. Due to the flexibility of plans, all POD sites (both traditional and alternative) may be utilized based on the situation and available supplies and equipment. If necessary, sites and equipment may be commandeered by the authority of the governor through an emergency declaration. This includes the use of refrigerated trucks if necessary.

Inventory Accountability

For inventory control, the state will use the ProcurIT system. This inventory system is used daily to maintain logistical inventory control of all state assets. This program will be utilized from the time the state receives supplies at the RSS until they are delivered to various counties. At PODs and other clinical sites, pen and paper will be used at this time. Dose reporting from CRA will be used as a tool for comparison.

Does the plan determine what proportion of vaccine will be allocated to each ship-to site?

Pre-existing allocation charts will be used to determine proportions for each ship-to-site.

At ship-to sites, is there a process to determine what proportion of pre-pandemic and pandemic vaccine will be allocated to further points of distribution, if applicable? Is the Distribution manager identified?

Allocation charts will be used to determine proportions from ship-to-sites to counties. The State SNS Plan currently has John Heitman down as Distribution Manager at the RSS site.

Does the plan ensure the availability of sufficient storage at all relevant locations to maintain the cold chain?

ADPH EP coordinators, in conjunction with local EMAs, have chosen individual vaccination clinics. Selection of clinic sites, both size and quantity will be determined by the amount of vaccine available and the size of the population. Clinic sites are listed in the SNS plan for each county. Primary sites listed are local health departments, civic centers, and school gymnasiums.

Does the plan determine how vaccine will be transported to vaccinating sites?

In our plans, essential functions of EMAs are security during transportation to the dispensing sites, providing a suitable dispensing site and basic equipment (tables, chairs, etc.), any emergency medical transportation, and lay people to help with nonprofessional tasks. If refrigeration is necessary, these vehicles can be obtained by the EMA for transportation purposes. All MOUs associated with drivers, vehicles, and communication equipment have been made between the five MMRS EMAs (Birmingham, Dothan, Huntsville, Mobile, and Montgomery) and local entities.

Does the plan include chain of custody procedures?

- All ADPH staff will act on the DEA number of the SHO in the event of an emergency. Any DEA registration/number will be issued when needed. The physician/pharmacist assigned to receive the SNS will present their driver's license or other government issued photo identification, confirm their DEA registration and sign the DEA Form 222.
- All pharmacists assigned to work at the RSS site must bring a copy of their pharmacy license, and present their driver's license or other government issued photo identification.
- The chain of custody will be maintained in accordance with state and federal laws.
- Upon arrival of the SNS, a pharmacist will perform an inventory of the medications. This will serve as a starting inventory for distribution purposes and will be updated each change of shift.
- An inventory record will be maintained that will record all distribution transactions, as part of the inventory management system.

Does the plan include a vaccine security plan that includes State-level Security coordinator identified, State security support agencies identified, vulnerability assessment, badging/credentialing system in place?

Each local EMA has an SNS plan in place that corresponds to the state SNS plan and includes all aspects of operations, from medical to security to transportation of the product.
State-level security:
Kevin Dodd, Assistant Chief of Law Enforcement
Alabama Department of Conservation and Natural Resources
Division of Wildlife and Freshwater Fisheries
Enforcement Section
64 North Union Street, Rm. 559
Montgomery, Alabama 36104

334-242-3467 (O)
334-353-1603 (F)
kevin.dodd@dcnr.alabama.gov

The Montgomery City/County EMA is currently working on the vulnerability assessment at the RSS site. They are working with the MPD, Homeland Security, and warehouse security on this.

The badging/credentialing system outlined in State SNS Plan will also be used for a Pandemic Influenza event.

Does the plan determine number and location of clinics based on planning assumptions? Does it include:

Due to the flexibility of plans, all POD sites (both traditional and alternative) may be utilized based on the situation and available supplies and equipment. If necessary, sites and equipment may be commandeered by the authority of the governor through an emergency declaration. Until such time, only sites where there are standing agreements will be utilized.

MOA's (or other appropriate documentation)

All POD/clinic oriented MOU's are maintained by the EMA's in the respective counties. MOU's are in place for the climate-controlled space necessary to store vaccines.

Points of contact identified

See Table 15: ADPH Key Personnel with Contact Information

Does the plan include estimated number of doses to be administered per shift, based on assumed vaccine availability and relative allocation within project areas?

It is estimated that each clinic/POD can administer approximately 450 doses per hour. Assuming each site is set up for 12 hour shifts, we can estimate approximately 5,400 doses will be administered per site, per shift.

Does the plan identify sources of staffing and develop memoranda of agreement with the following:
Backups identified

No specific back ups have been identified. Volunteers will be used as necessary and as available.

Job descriptions

Pre-existing SNS related JASs will be used for all related mass vaccination functions. All JASs are available in the State SNS Plan, see AL PI Op Plan CD-ROM under Support Documents.

Does the plan include an incident response plan for security situations?

All security related issues (rules of engagement, transportation security, etc.) will be the same for mass vaccination as for other SNS related activities and are addressed in the State SNS Plan, see AL PI Op Plan CD-ROM under Support Documents.

Does the plan include instructions about a second dose?

At each administration site/clinic, informational flyers will be distributed. Items on these sheets will include, but are not limited to, whom to contact in the event the patient shows signs/symptoms of an adverse side effect, as well as to whom, what, where someone should report when a second dose of a vaccine is required.

Does the plan include how data will be collected at the administration sites?

As adverse events are reported, the central office of the health department will monitor them. Reporting methods will consist of: telephone, fax, mail, and website.

Appendix B.7 Provide Healthcare
Lead Individual name: Andy Mullins
Lead Individual phone number: 334-206-7933
Lead Individual email: rmullins@adph.state.al.us
Supporting Activity
Respond
Interoperable communications network in place between State, public health, health care community, and other sectors.

The Alabama Emergency Response Technology (ALERT) system is an internet-based communications system that allows an administrator to send an automated emergency message by email, telephone, or web portal to as many recipients as is needed. The administrator can create each message and tailor it so certain recipients based on their role in emergency events. The ALERT system greatly reduces the response time for locating recipients and notifying them of the emergency. The system eliminates the need for a phone tree. All emails go out instantly and then phone calls are begun. It take the ALERT system an average of 30 minutes to complete over one hundred calls and the average response time for the Alabama ICS is less than 10 minutes. The system allows recipients to confirm that the alert message was received by a reply email, by pressing the number 1 on the phone during the alert phone call, or by logging on to the ALERT portal. The process of confirming allows the administrator who sent the alert know exactly who responded and when. The ALERT portal also provides a secure location for all emergency information to be housed and displayed. Any and all information regarding an emergency can be located on the website including instructions and location for the deployment or response teams. The website also allows each Public Health Area, department, or agency to house any documents they may need in an emergency. Even if the main office servers are down or inoperable, the ALERT system can be accessed because of its separate and backup servers in different locations. Access to the portal can only be obtained if a user has been assigned a username and password and they have set up an individual user account that is maintained by that user. Furthermore, any folder in the ALERT system can be as open for viewing or restricted as is needed. The ALERT system does not allow for immediate two way communication but it does provide a way to locate and contact emergency personnel, allow the administrator to know who confirmed and when, and it provides a location for all documents including emergency instructions to be housed and/or displayed. The ALERT system currently has 5,126 users and houses 4,845 documents. The ALERT system allows the ADPH to communicate with its own employees, the public health areas, the state and local health care

communities, and other sectors with public health interests.

Mechanism in place to address the concerns and needs of at-risk individuals and populations.

The Alabama Department of Public Health (ADPH), Special Populations Task Force will continue to meet and plan for all emergencies, including PI. A state wide roster of contact persons with agencies that serve persons with special needs will be developed through the Task Force, to be able to access individuals that can facilitate response within these agencies to respond to their clients' needs during a pandemic.

The video relay system will continue with the Department of Rehabilitation Services to serve those persons who are deaf. Messages regarding preparation for a pandemic will be developed in Braille and on audio tapes for persons who are blind and those with low vision. The **Providing Care at Home** brochures that have been developed by Public Health will be distributed to members of the Task Force for distribution to their clients.

Mechanism in place to provide guidance (as needed) on infection control measures for health care and non-healthcare settings

ADPH Bureau of Health Promotion and Chronic Disease will be responsible for disseminating information about appropriate infection control measures to the Alabama public during an influenza pandemic. This bureau will utilize all methods of communication including television, newspaper, radio, Internet, e-mail, and fax to disseminate information. The bureau consists of three areas which will disseminate information: the Public Information Branch, Health Marketing Division, and the Video Communications and Distance Learning Division.

The Public Information Branch will provide the news media with accurate and timely information. Once news releases about appropriate infection control measures are developed and approved, the branch will disseminate them through the Rightfax system which contains all statewide media, including radio, television, and newspapers. This system allows releases to be faxed throughout the state within an hour. News releases will also be sent by e-mail to statewide media and placed on the department's website.

The bureau's Health Marketing Division will update information on the department's website. The division has a Web designer and two backups to ensure maintenance of information. Up-to-date information and news releases will be placed on the website as generated. In addition, previously generated information including fact sheets, handbooks, and articles will be available on the site in a PDF format for quick viewing and easy printing.

With the assistance of the department's Video Communications and Distance Learning Division, the state health officer will have the capability to hold regularly scheduled news conferences for the media and broadcast them via the department's Video Communication's studio to provide additional information to the public. Satellite coordinates will be distributed to the statewide media for downlink and viewing. The division's satellite and production vehicle contain features that enable the department to accommodate emergency broadcast operations and response quickly. These features include the ability to provide satellite broadcasts in either analog or digital formats or live or on-demand webcasts. This will allow the department to provide urgent and timely information to the media and public both in studio and on location.

Procedures for reporting available beds using National Hospital Available Beds for Emergencies and Disasters (HAvBED) System definitions

ADPH will activate AIMS during a pandemic, the HAvBED compliant system developed for reporting available beds. In addition to monitoring hospital bed availability, AIMS also monitors bed availability in nursing homes, community health centers, and medical needs shelters. AIMS also reports data on staffing, supplies, utility status, and ED status. ADPH activates the patient movement section of its ICS structure to monitor AIMS during events.

Procedures for deploying and tracking volunteer health care providers using the State's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) requirements

ADPH is responsible for a statewide medical response to a Pandemic event. ADPH will coordinate department resources and volunteers to support local communities during an incident response with the Alabama Emergency Management Agency (AEMA).

When it is determined by the AEMA that ADPH volunteers are needed to assist in an event and a request for volunteers is issued from the AEMA, ADPH will activate the ADPH Healthcare Volunteer System. The ADPH Healthcare Volunteer System includes the State's ESAR-VHP system, a web-based volunteer registry that contains a list of individuals that have pre-registered with ADPH to serve as volunteers.

The ADPH ESAR-VHP coordinator (Charlie Crawford), along with the ADPH Bureau of Professional and Support Services work units (Social Work Unit – Maury West, Pharmacy Work Unit – Charlie Thomas, Nursing Work Unit – John Hankins), would utilize the ESAR-VHP system to compile a list of volunteers.

- Query the electronic ESAR-VHP system to generate a list of potential volunteer health professionals to contact
- Contact potential volunteers
- Provide an initial list of volunteer health professionals that includes the names, qualifications, credentials, and credential levels of each volunteer
- Provide a verified list of available volunteer health professionals to the requestor

The ADPH will then coordinate the volunteer deployment with the AEMA.

Event journals and logs, excel spreadsheet listing of volunteers, and all documents that were used pertaining to volunteers response effort will be used as a volunteer monitor and tracking process. ADPH has a Team Deployment Database that would be used to track volunteers. (A volunteer deployment tracking system within ESAR-VHP is to be developed utilizing the features already in place within the ADPH Team Deployment Database) Volunteers' personal records will be maintained with the strictest confidentiality in accordance with data protection legislation.

Procedures developed and approved by an Ethics Committee for providing for the ethical distribution of scarce medical resources among the health care community

ADPH has in the previous grant year, appointed an advisory or review board to develop the Department's protocol for the triage and distribution of ventilators. The Ventilator protocol establishes the ethical criteria for distribution of scare resources in general. In the coming grant year, the Department will reform the Review Board as an Ethics Committee utilizing some of the same members, but adding clergy and health-care practice based ethicists. An executive committee will also be drawn for the larger group.

The Executive committee will use the ventilator triage protocol as a starting document upon which to base the writing of a protocol for the distribution in general of "scarce medical resources among the health care community."

The draft will be shared and approved by the larger team after which it will be shared with the health care community especially facilities in regional meetings. Comments will be received from the community including the various affected associations.

A draft will be written taking into account, but not necessarily accepting, community comments. The document will be first presented to each of the six hospital regions and comments received and considered. The revised document will be posted on the Department's website for public viewing and comment. After comments are considered, a final draft will be compiled.

The final draft will be submitted to the State Health Officer for Department approval. Upon approval by the State Health Officer, the document will be offered to the Governor's Office and to the Director of the State Emergency Management Agency for inclusion as an appendix to the State Emergency Operations Plan (EOP.)

Upon inclusion in the EOP, health care providers will be notified of the appendix and its ramifications for health care and legal purposes.

Procedures to expand healthcare services into non-hospital/alternate care sites including identification of locations, scope of care, procurement of staffing, equipment, supplies and pharmaceuticals

ADPH has purchased 62 pallets sets of alternate care site supplies (a.k.a. Comfort Care Centers or CCC) to expand local healthcare services. Each pallet set contains supplies to treat 50 adults and 10 children for approximately 3 days. These sets include fever reducers, antidiarrheals, thermometers, Pedialyte, diapers, bed pans, disposable pillows, disposable blankets, hand gel, N95 mask, cleaning supplies, wrist bands, and air mattresses. These pallet sets are available to any organization in Alabama that volunteers to treat those in their community who are ill and no one to care for them at home. The volunteer organization must write an operational plan and educate all members on pandemic influenza and/or personal preparedness for pandemic influenza. In addition, ADPH will enter approved Comfort Care Center members into the Volunteer Database (Learning Content Management System) to provide limited liability protection when deployed by ADPH during a declared emergency. At this time, ADPH EP Teams are educating and recruiting local organizations to participate. The ADPH Nursing Division has created CCC Toolkit to assist volunteer organizations.

Recover

Recovery mechanism in place to assist the health care community in restoring essential staffing, equipment, supplies and pharmaceuticals

ADPH has a system for assisting community agencies in staff and equipment recovery. The ADPH volunteer network recruits volunteers in advance of an event. These volunteers include nurses, social workers, physicians and pharmacist. Advanced training for different types of events is offered to these volunteers annually. The Emergency System for Advanced Registration Volunteer Health Professionals (ESAR-VHP) Learning Content Management System (LCMS) database stores the information essential for notifying and dispatch of volunteers to community agencies in the event of a disaster is maintained.

ADPH has purchased supplies and equipment which are most likely to be needed in an event. These supplies and equipment are strategically stored throughout the state and are included in a database to ensure easy access and delivery in an event. Requests for supplies and equipment are routed through the local Emergency Management Agency's Emergency Operations Center (EOC) and requests are then filled by priority of request through the Center for Emergency Preparedness (CEP) and ADPH logistics department.

Medication requests are routed through the local EMA EOC and prioritized by the ADPH State Pharmacy Director with consult from the ADPH State Nursing Director and ADPH Physicians. Memorandums of Understanding (MOUs) are in place to assure access to medications that may not be kept in stock but are requested in an event to ensure timely access and delivery.

Recovery mechanism in place for assisting with plans for restoring essential mental health, substance abuse and congregate living services to pre-pandemic conditions.

ADPH will work with the Department of Mental Health/Mental Retardation (ADMH-MR) to revive their Emergency Preparedness Grant Advisory Council and combine it with the Public Health/Mental Health workgroup. Quarterly meetings will be held to discuss and plan for mental health issues in all emergencies, keeping a focus on Pandemic Influenza. The meetings will plan for the possible shortage of mental health workers and services that might result from a pandemic, and will draw from the expertise of the Council to devise a plan for meeting the many mental health needs that would result from a pandemic.

ADPH will continue recruiting social workers and mental health professionals to respond to disasters. Through our LCMS, categories will be developed to recruit individuals that are licensed, but also those with certifications, such as Certified School Counselors. Specialties will be identified so that call downs can be more appropriately conducted to address the mental health needs of certain populations, i.e, certified school counselors for children, and hospice social workers for those grieving the loss of a loved one.

Recovery mechanism in place to perform after action reviews to identify strengths and weaknesses in the execution of the plan

ADPH emergency preparedness exercise program is based upon the PI Operational Plan. Planning for the exercise program requires the Center for Emergency Preparedness staff to examine grant guidance requirements specific to the PI Operational Plan to be certain exercises are conducted in compliance with Plan procedures. In addition to Plan components, the Center examines the outcomes of the Department's response to real events and the outcomes of previous exercises (via after action reports), to identify those areas of the Plan which require modification or improvement so those aspects can be tested again in exercises.

In compliance with the Department of Homeland Security's Exercise Evaluation Program (HSEEP), all exercises conducted by the Alabama Department of Public Health will be planned, executed and evaluated using HSEEP methodology. Towards this end, Public Health recruited and secured a group of HSEEP trained employees, employees with response experience, external response partners with an interest in exercises and training, and an internal group of subject matter experts to comprise the Training & Exercise Planning Team (TEP). The TEP had its inaugural meeting in September of

2007 to plan exercises that would build upon previous training, exercise feedback and real event response evaluation. With this background and funding source guidance, an exercise calendar was developed for 2007-2008. This same group will be called back prior to the beginning of the new grant year to examine what was learned, what new grant requirements must be met, and, the most efficient exercise program to meet Public Health target capabilities for the year.

After action reports from exercises are drafted by the Exercise Program Administrator. An after action conference is held at which the TEP considers the findings and recommendations, drafts corrective actions and assigns responsibility. This meeting takes place in time for the after action report and improvement plan to be finalized no later than 60 days from the end of the exercise. The Exercise Program Administrator monitors the improvement plan and corrective actions to be certain improvement deadlines are met, and, corrective actions and the results of those actions can be documented. Corrective actions and recommendations are then taken into consideration by the TEP when planning future meetings.

The cycle of TEP planning, exercise execution and evaluation repeats itself with each exercise.

Appendix B.8 Manage Mass Fatality

Lead Individual name: Alice Floyd
Lead Individual phone number: 334-206-3898
Lead Individual email: alicefloyd@adph.state.al.us

Supporting Activity

Arrange for Web-based death certificate processing and secure tracking to the State Department of Health.

ADPH Center for Health Statistics (CHS), is developing an internet based electronic death registration (EDR) system for Alabama. This system will allow medical certifiers and funeral homes to enter information on-line and to electronically sign and certify the death certificate. Currently CHS provides information weekly on Pneumonia and Influenza death to CDC and the ADPH Epidemiology Division based on paper death certificates filed in our office the previous week. Once EDR is in place demographic and cause of death information will be available much sooner.

The Center for Health Statistics plans to pilot EDRS in the Fall of 2008. Once the system has been successfully piloted, the system will be implemented statewide.

Plan for [behavioral health/grief] community education that includes an expectation of death at home, not in a medical facility.

ADPH recognizes that mass fatality management and caring for the dead is a very sensitive subject. During a Pandemic Influenza (PI) hospitals will be overwhelmed and as a result families will care have to care for flu victims at home. Although many flu victims will recover others will die at home. The usual resources to handle home deaths will likely be overwhelmed therefore families will need to be educated on how to prepare and store decedents until they are picked up for burial or buried.

To raise awareness and prepare the community to handle home deaths, ADPH will:

- enhance current PI presentations to include information on the expectation of deaths at home during a PI
- collaborate with the Alabama Funeral Directors Association, the Alabama

Department of Forensic Sciences and the Alabama Coroners Association to develop a comprehensive, multi-language, decedent care sheet to post to the web and distribute to the public, in the event of a pandemic

- Work with the department's communication bureau to script and tape public service announcements about the expectation of home deaths and decedent home care.

Plan for [behavioral health/grief] public messages to address stress management.

When a loved one dies, emotional and behavioral reactions range from anger to guilt for still being alive. Physical symptoms can include nausea, fatigue, shakiness, and muscle weakness. To help alleviate these responses, taped public service announcements will include the typical stress responses to death of a loved one, and offer suggestions for mitigating these reactions. Examples would include:

- Engaging in positive distracting activities
- Maintaining a normal routine
- Exercise
- Reading
- Music

Faith Based Organizations (FBO) can play a crucial role in educating the community and addressing behavioral/grief issues. ADPH will develop and mail out a PI training packet specifically for FBOs. The information will include how a pandemic will affect the community, the role and expectations of FBOs, comfort care centers, grief counseling and education for families. The common reactions to grief and loss will be included, as well as stress management techniques to mitigate the severe reactions.

See Table 16: ADPH Fatality Management Activities

Appendix B.9 Ensure Communication Capability During Each Phase of a Pandemic

Lead Individual name: Amy Coody
Lead Individual phone number: 334-206-3986
Lead Individual email: AmyCoody@adph.state.al.us

Supporting Activity

Prepare

Sub-objective B.9.1 - Operating Plans for Two-Way Communications

Does a plan exist for two-way communications through the State Emergency Operations Center between (1) State partners (e.g., health, emergency management, education, transportation, economic development) and (2) regional multi-agency coordination centers (regional healthcare coalitions, local public health, local emergency management, EMS, local Citizen Corps, etc.)?

The Governor, their designee, and staff will communicate to all state departments and the general public the status of any statewide emergency. The Governor's office is represented in the Emergency Management Agency's (EMA) Emergency Operations Center (EOC) in Clanton, AL during all state emergencies. The Governor is kept abreast of progress from all state agencies at the EOC before making any decisions.

The Alabama Department of Public Health's (ADPH) current plan for two-way communication through the State EOC and its employees and partners involves an initial alert message from the EOC to the relevant emergency and public health contacts. The message recipients then confirm the message which allows the EOC to immediately

know who has received the message and if they were able to confirm that they heard and understood the message. The ALERT system will be used to notify and activate all response teams, activate AIMS, and will function as the activation system for all other emergency communications systems. Once ALERT activates the response teams and other necessary ADPH or health partners and AIMS, then two-way communication using the Southern Linc network or the HAM radios will be used to communicate between the EOC and its partners.

Does the plan ensure a process to ensure redundant communications systems are in place in the event that primary communications systems are unavailable?

The ADPH and CEP emergency plan does include redundant communications systems. The ALERT system itself has a backup server at the EOC in the event the main server at the tower goes down. If the ALERT system cannot be used or goes down, then the Southern Linc system and the HAM radios would be used to locate and notify emergency responders of the event and all other systems like AIMS would be activated by them.

ADPH has redundant communications for any ICS event.
The redundant systems include:

- Southern Linc and Cell phones
- Normal telephones
- PCs using the state network and Internet
- Satellite phones
- Laptops with air cards

(see Table 17: ADPH Operating Guidelines and Communication Plan for Communications Unit)

Does the plan ensure a process to ensure that communication networks (equipment/hardware) between Command and Control locations and support agencies will be tested and exercised at least quarterly?

ADPH Communication Plan specifies exercises and training frequently. Cliff Boyd, ICS Logistics Communications team member, organizes, conducts tests, exercises, and training each month. From September 2007 through September 2008, the monthly communication tests results are as follows: Southern Linc Phones passed 90%, Laptop Aircards passed 100%, Laptops passed 100%. The Southern Linc phones are powered on and a call is made from them to ensure they are operating correctly. The phones require new batteries to be installed in them periodically for proper charging. The Laptop Aircards are inserted in the laptops and a connection is made to ensure that we have internet capability. The Laptops are continuously being charged and are powered on and operational when we test the Aircards.

ADPH has trained personnel in the basic use of these devices via day-to-day hands on approach. Most of the users already have Southern Linc Phones and Aircards for there individual laptops and we provide technical assistance as requested. ADPH has coordinated with CEP on training times for personnel across the state and have provided the training on Southern Linc Phones , Aircards, and Laptops. We also provide training to the personnel when they receive there Medical Shelter Kits before teams are deployed.

Does the plan ensure a process for an intraState communication enhancement network to ensure that public health communicators at all levels of State and local government are interacting on a regular basis with uniform communications?

ADPH Alabama Emergency Response Technology (ALERT) system is an internet-based communications system that allows an administrator to send an automated emergency message by email, telephone, or web portal to as many recipients as is needed. The administrator can create each message and tailor it so certain recipients based on their role in emergency events. The ALERT system greatly reduces the response time for locating recipients and notifying them of the emergency. The system eliminates the need for a phone tree. All emails go out instantly and then phone calls are begun. It take the ALERT system an average of 30 minutes to complete over one hundred calls and the average response time for the Alabama ICS is less than 10 minutes. The system allows recipients to confirm that the alert message was received by a reply email, by pressing the number 1 on the phone during the alert phone call, or by logging on to the ALERT portal. The process of confirming allows the administrator who sent the alert know exactly who responded and when. The ALERT portal also provides a secure location for all emergency information to be housed and displayed. Any and all information regarding an emergency can be located on the website including instructions and location for the deployment or response teams. The website also allows each Public Health Area, department, or agency to house any documents they may need in an emergency. Even if the main office servers are down or inoperable, the ALERT system can be accessed because of its separate and backup servers in different locations. Access to the portal can only be obtained if a user has been assigned a username and password and they have set up an individual user account that is maintained by that user. Furthermore, any folder in the ALERT system can be as open for viewing or restricted as is needed. The ALERT system does not allow for immediate two way communication but it does provide a way to locate and contact emergency personnel, allow the administrator to know who confirmed and when, and it provides a location for all documents including emergency instructions to be housed and/or displayed. The ALERT system currently has 5,126 users and houses 4,845 documents. The ALERT system allows the ADPH to communicate with its own employees, the public health areas, the state and local health care communities, and other sectors with public health interests.

Does the plan ensure access to information systems that have been or are being evaluated for PHIN* compliance *All States are expected to have or to be working towards information technology systems whose implementation meets the PHIN requirements, as per Pandemic Influenza Guidance Supplement to the 2006 Public Health Emergency Preparedness Cooperative Agreement Phase II.

The Alabama Department of Public Health (ADPH), Bureau of Information Technology is responsible for ensuring that information systems are evaluated for PHIN compliance. Currently there are 4 PHIN certifications available: "PHIN Direct Alerting", "PHIN TB Case Notification - Send", PHIN Varicella Case Notification - Send", and "PHIN Cascade Alerting (Target date 8/9/2010). The Alabama Department of Public Health was awarded PHIN Certification for PHIN Direct Alerting - 7/22/09, PHIN TB Case Notification - Send - 9/15/09, and PHIN Varicella Case Notification - Send - 9/15/09. We are working with our HAN Vendor to ensure that we will meet the necessary PHIN

requirements in order to be awarded PHIN certification for PHIN Cascade Alerting by August of 2010. As the CDC develops new requirements and certifications, we will assess and make necessary changes to information systems in order to meet these new requirements. ADPH will continue to coordinate meetings with the CDC PHIN subject matter experts and PHIN SMEs to ensure that our IT systems remain PHIN compliant.

Does the plan include a process for communicating preparedness messages to the public?

The PI Op Plan includes a process for communicating messages to the public before, during, and after a pandemic influenza event. Before a pandemic influenza event occurs, the department plans to continuously communicate with the Alabama public about the threat of pandemic influenza through the distribution of various types of materials. Messages to the public are developed in coordination with the department's pandemic influenza coordinator, the Bureau of Health Promotion and Chronic Disease's Public Information staff, pandemic influenza coordinator, area risk communicators, and subject matter experts both in the department and outside of the department as necessary. Once subjects are determined, information is developed by this group and then reviewed by both the group and additional persons, including the Pandemic Influenza Advisory Committee and the Special Populations Task Force.

Messages are then made available in brochures, booklets, public service announcements, articles, and flyers. All materials developed are disseminated through the following channels:

- Departmental website – PDF documents and order forms located on the site to request hard copy documents
- County Health Departments
- Partner organizations and agencies
- Printing and Mailing Company – company stores, prints, and mails large quantity requests
- Meetings, conferences, and trainings

Currently, the department has produced and distributed the following information to the public:

- Individual and family handbook on preparing for a flu pandemic
- Planning checklist brochure for individuals and families
- Fact sheets on hand washing, cough etiquette, cleaning and sterilizing to kill the flu virus, and simple steps to take to prevent catching the flu
- Articles on the definition of pandemic influenza, its history, and its future threat
- Mimi Mouse Learns Healthy Habits DVD for childcare and K-2 grades
- Channing Bete 4 disc set of lessons about infection control and preparing for pandemic for all public and private schools

All communication materials are available in not only English, but also in Korean, Russian, Spanish, and Vietnamese. To assist in the translation of materials into additional languages, the department has contracted with a language translation company that can provide translations in as little as 24 hours.

To ensure that information is being communicated to other members of vulnerable and special populations, the department has established a Special Populations Task Force comprised of members from agencies and organizations representing groups

such as persons who are blind, deaf/hard of hearing, and living with developmental/cognitive, physical and mental disabilities. Additionally, the department produced pandemic influenza materials in Braille, and is developing materials in other formats such as large print, audio, and video for persons who are deaf and visually impaired.

During a pandemic influenza event the department would activate its Risk Communication Plan and have its staff operate in their emergency response roles. The department's Information Officer Structure is comprised of a chief spokesperson, public information officers, and local area communicators. The chief spokesperson for the department is the state health officer or his designee. In the event of an influenza pandemic, the state health officer will field questions from the national and local media and provide updated information in news conferences and media interviews. The department's lead public information officer, and his two alternates, will handle daily media inquires and requests, and will consult with the state health officer routinely to ensure that he is aware of all media information releases. Currently, the department has been providing almost weekly news conferences and news releases to the statewide media about influenza. The departmental website has an influenza webpage in its Video Communications section that provides On Demand webcasts of current and previously produced news conferences and programs on influenza. (The website can be found at www.adph.org.)

Each of the eleven public health areas in the state also has an identified risk communicator/spokesperson who can handle media inquiries at the local level during emergency events. Standard responses will be developed and distributed to each of these communicators. The communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public. Currently, the department develops responses and disseminates them to statewide media and risk communicators for dissemination in all public health areas.

The department's Bureau of Health Promotion and Chronic Disease's Public Information will develop news releases, fact sheets, and other information as necessary to ensure that the public is aware of the necessary infection control measures that they should take. Staff will also work with members of the media to ensure accurate coverage and answer inquiries about disseminated information. Currently, the department develops news releases and disseminates them to statewide media, including television, radio and newspapers through a fax and e-mail system. News releases are also placed on the departmental website under the *News* section for viewing.

The bureau's Health Marketing Division will also post information on the department's website. Up-to-date information and news releases will be placed on the website as generated. The bureau's Health Marketing Division, in partnership with public information staff is also responsible for disseminating messages about influenza prevention. Current marketing plans to encourage the public to get vaccinated and practice healthy habits for the months of September through November include the following:

Pre-Vaccine Delivery

- Television

- News Conferences/Television Appearances – will cover current news and the basics of prevention.
- Public Service Announcements
  - T.V. Media Buy will consist of *Do 10* prevention steps, flu immunization education, and other spots as deemed necessary on the highest rated shows and stations this fall, including SEC football, news hours, Oprah, The View, NCIS, House, Big Brother, Survivor, Project Runway, ESPN, ESPN2, The Secret of the American Teenager, BET, MTV, and much more. Some of the stations have agreed to run an equal number of unpaid PSAs; television time is expensive and stations are very reluctant to run unpaid spots except on unsold inventory.
  - Unpaid Media – have distributed spots on "When to Stay Home" and "When to Seek Medical Help."

- Radio
  - Media Buy will spots encouraging flu immunizations and practicing flu prevention methods on top stations, six and eight deep in the four major markets and in Dothan and Tuscaloosa. Marketing mix covers all ages with talk and news, country, Hot R& B, contemporary soft adult, gospel, urban, and jazz, to name a few. Some stations have agreed to run equal numbers of unpaid PSAs in unsold inventory.
- Billboards
  - Media Buy - will run *Do 10* and Immunization campaign on 115 boards statewide.
- Print
  - Purchased ad space in large and small newspapers across the state; will also send out editorials.
  - Created, updated, translated, and ordered *Do 10* fliers; *Do 10* booklets with details on the *Do 10* list; Cleaning and Disinfecting; Cover Your Cough; Wash Your Hands; Flu and You; Child and Adult Home Care; mirror clings on handwashing and other *Do 10* activities; educational incentive items with website printed on them.
  - Printed more than 500,000 flu-related materials in ADPH Print Shop; the shop will continue to print items as needed.
  - Distributing items above through media advertising events, Internet, and other organizations.
- Internet
  - al.com - will run prevention and flu shot ads to click through to adph.org; al.com reaches over 1 million unique visitors a day.
  - adph.org – will post *Do 10* information and letters to the editors under the State Health Officer's Message on the homepage as they are submitted to the newspapers.
  - Flu & You – These pages will provide FAQs to parents, businesses, schools, and health care professionals.

- Hotlines – The department has an internal ADPH Flu Hotline and partners with 211 Connects. Both hotlines provide information to the public about topics such as flu prevention, clinic locations and other flu-related issues.
- Social Media - The department is now using new social media outlets. Twitter, an RSS Feed, and Facebook are currently being utilized. There are links for Twitter and the RSS Feed on adph.org to help promote these outlets. The department is researching other social media venues to help disseminate information to a wider audience.
- Faith –based ministries and other organizations - will provide information on prevention and

flu shots which groups will in turn push out to members; includes print and multi-media materials

Post-Vaccine Delivery

As vaccine is available, details on distribution, safety, and other concerns will be incorporated into the above activities. Paid media will provide general messages on flu shots and other preventive measures and push people to health care providers and adph.org for more details. News releases, editorials, news conferences, and talk shows will provide for the presentation of more complex information and concerns.

The department also has an Influenza Education Outreach Committee that consists of staff members from various programs in the department who can assist in disseminating information to the public about influenza prevention and vaccination while addressing the specific needs of their target population. The committee meets every two weeks.

The department will use various mechanisms such as the Internet, fax, and e-mail to ensure that materials reach as many citizens in the state as possible. Contacts with different partners will be utilized to disseminate information to several groups including agency partners, hospitals, and members of the department's Special Populations Task Force and the Pandemic Influenza Advisory Committee.

The communication process is practiced in all pandemic influenza exercises, general emergency preparedness exercises and exercises involving the receiving and the distributing of the Strategic National Stockpile.

After the pandemic influenza event, the department will begin disseminating information to assist Alabamians through the recovery phase. The department's Public Information staff will develop messages in coordination with risk communicators on topics such as how to transition from the quarantine or isolation stage to work/school, dealing with mental health issues, receiving continued medical care, and other pertinent recovery issues.

Messages during the recovery phase will be disseminated statewide through the communication channels utilized during other phases of the event including the Internet, radio, newspaper, and television. The department will also work with partners on the Special Populations Task Force to ensure that all messages are developed appropriately for those in at-risk populations and available in accessible formats. Information will be available in all county health departments and partner organization locations throughout the state for increased accessibility, as well.

Does the plan ensure that communication processes (working from the JIC) will be exercised at least bi-annually?

ADPH's plans to routinely exercise our communication processes in all of our training and exercises, but not necessarily the JIC process.

Sub-objective B.9.2 - Culturally-Appropriate and Language Specific Information
Does the plan ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic?

ADPH identifies non-English-speaking populations throughout Alabama, we have utilized a state Health Literacy Task Force, Medstat, and information from our Center for

Health Statistics as well as survey information from county health departments statewide. Our next step has been developing contacts with liaisons from local health departments and various organizations who actively work with these communities to assist us in reviewing current English materials and their relevancy to non-English populations. We have also established relationships with media that provide language-specific print and broadcast materials and provided information to them in language-specific formats.

One of the key methods to earning the public's trust during an emergency is to secure its trust before the crisis. In this effort, the department has worked diligently to communicate with the Alabama public about the threat of pandemic influenza through the distribution of various types of materials. The information contained in the materials explains what an influenza pandemic is, basic public health infection control measures to follow, methods to reduce the spread of the virus (social distancing), and what residents can do now to prepare themselves for the event. In producing these materials the department hopes to educate the public enough that we may be able to reduce transmission of the virus, prevent panic during the event, and provide possible guidelines for action during the event.

Currently the department has produced the following information:

- Individual and family handbook on preparing for a flu pandemic
- Planning checklist brochure for individuals and families
- Fact sheets on handwashing, cough etiquette, cleaning and sterilizing to kill the flu virus, and simple steps to take to prevent catching the flu
- Articles on the definition of pandemic influenza, its history, and its future threat

All communication materials are available in not only English, but also in Korean, Russian, Spanish, and Vietnamese. The department has also contracted with a company to translate materials into various languages for the Alabama public. The company is able to provide an array of services from document translation to interpretation. The department will also utilize multilingual staff and partners to provide guidance and assistance in providing flu information in appropriate formats for the non-English speaking population in the state.

The departmental Special Populations Task Force includes members from various agencies and groups throughout the state that work with special populations, including the Non-English speaking population has assisted us in the translation of various pandemic influenza documents, including materials on handwashing, covering your cough and cleaning and sterilizing.
The process for developing these materials include quarterly meetings that allow the task force to determine what materials need to be developed, review material that has been created for accuracy and appropriateness, approve completed materials, and plan how to disseminate the materials to the appropriate persons.

Currently, the task force meets quarterly and members include:

Acquanetta Knight AL Dept. of Mental Health

Acquanetta.knight@mh.alabama.gov		
A Prichett	AARP	apritchett@aarp.org
J Toney	AL Dept. of Education	jtoney@alsde.edu
Julie Miller	AL Dept of Senior Services	Julie.miller@adss.alabama.gov
Kath Seifried	AL Dept of Mental Health	Kathy.Seifried@mh.alabama.gov
M Crowley	AL Dept Rehabilitation Services	mcrowley@rehab.state.al.us
Susan Colburn	AL Dept Rehabilitation Services	susan.colburn@rehab.state.al.us,
Sandra Hazzard	AL Dept Rehabilitation Services	shazzard@rehab.state.al.us
Steve Hamerdinger	AL Dept of Mental Health	
steve.hamerdinger@mh.alabama.gov		
Debbie Green	AL Dept of Human Resources	Debbie.green@dhr.alabama.gov
Jane Reeves	ADPH CEP	Jane.Reeves@adph.state.al.us
Florine Croxton	ADPH	Florine.Croxton@adph.state.al.us
Julia Sosa	ADPH (Multi-lingual)	Julia.Sosa@adph.state.al.us
William Lazare	Mid-Alabama Coalition for the Homeless	lazare28@hotmail.com
Stephan Mambazo	ADPH	
Stephan.Mambazo@adph.state.al.us		
Mel Prince	Selma AIDS Information & Referral	mprince2068@yahoo.com
C White	Poarch Creek Indians	cwhite@poarchcreekindians-nsn.gov
Derek R. Alden	American Red Cross	aldende@usa.redcross.org
Pamela Melton	ADPH	Pamela.Melton@adph.state.al.us
Julie Schoening	American Red Cross	schoeningJ@usa.redcross.org
Russ Black	AL Dept of Senior Services	russ.black@adss.alabama.gov
Camilla W. Prince	The Volunteer & Information Center	cprince@clickvic.org
Kay Adams	Alabama Coalition Against Domestic V.	kay@acadv.org
Charles Johnson	AL Dept of Human Resources	Charles.johnson@dhr.alabama.gov
Stanley Bachelor	AL Emergency Management Agency	stanleyb@ema.alabama.gov
Tina Howell	AL Dept Rehabilitation Services	tina.howell@rehab.alabama.gov
Julie Preskitt	AL Dept Rehabilitation Services	Julie.preskitt@rehab.alabama.gov
Robyn Rhymes	Montgomery Area Transit System	rjrhymes@montgomerytransit.com
Tammy Adams	AL Dept Rehabilitation Services	tammy.adams@rehab.alabama.gov

Culturally-appropriate?

ADPH, as part of our work with community liaisons, are seeking information on revisions that need to be made to materials designed for 6th-grade literacy English-speaking populations in order for them to be valuable to other groups. Issues include artwork depicting people, surroundings, and their available resources; color; design, and format of materials; knowledge and customs relating to food, health behaviors, and utilization of local resources; and channels for delivery of information.

The department has contracted with a company to translate materials into various languages for the Alabama public. The company is able to provide an array of services from document translation to interpretation. The department will also utilize multilingual staff and partners to provide guidance and assistance in providing flu information in appropriate formats for the non-English speaking population in the state.

The departmental Special Populations Task Force includes members from various agencies and groups throughout the state that work with special populations, including the Non-English speaking population has assisted us in the translation of various pandemic influenza documents, including materials on handwashing, covering your cough and cleaning and sterilizing.

The process for developing these materials include quarterly meetings that allow the task force to determine what materials need to be developed, review material that has been created for accuracy and appropriateness, approve completed materials, and plan how to disseminate the materials to the appropriate persons.

Currently, the task force meets quarterly and members include:

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Debbie Green	AL Dept of Human Resources	Debbie.green@dhr.alabama.gov
Jane Reeves	ADPH CEP	Jane.Reeves@adph.state.al.us
Florine Croxton	ADPH	Florine.Croxton@adph.state.al.us
Julia Sosa	ADPH (Multi-lingual)	Julia.Sosa@adph.state.al.us
William Lazare	Mid-Alabama Coalition for the Homeless	lazare28@hotmail.com
Stephan Mambazo	ADPH	Stephan.Mambazo@adph.state.al.us
Mel Prince	Selma AIDS Information & Referral	mprince2068@yahoo.com
C White	Poarch Creek Indians	cwhite@poarchcreekindians-nsn.gov
Derek R. Alden	American Red Cross	aldende@usa.redcross.org
Pamela Melton	ADPH	Pamela.Melton@adph.state.al.us
Julie Schoening	American Red Cross	schoeningJ@usa.redcross.org
Russ Black	AL Dept of Senior Services	russ.black@adss.alabama.gov
Camilla W. Prince	The Volunteer & Information Center	cprince@clickvic.org
Kay Adams	Alabama Coalition Against Domestic V.	kay@acadv.org
Charles Johnson	AL Dept of Human Resources	Charles.johnson@dhr.alabama.gov
Stanley Bachelor	AL Emergency Management Agency	stanleyb@ema.alabama.gov
Tina Howell	AL Dept Rehabilitation Services	tina.howell@rehab.alabama.gov
Julie Preskitt	AL Dept Rehabilitation Services	Julie.preskitt@rehab.alabama.gov
Robyn Rhymes	Montgomery Area Transit System	rjrhymes@montgomerytransit.com
Tammy Adams	AL Dept Rehabilitation Services	tammy.adams@rehab.alabama.gov

Pictograms?

ADPH provides DVDs with pictograms to organizations working with populations needing this resource.

Available to special needs populations (such as disability communities (including those that are hearing or visually impaired), citizens with low level English comprehension and individuals with English as a second language?

ADPH works with a state Special Populations Task Force made up of several key organizations and meet with them on a regular basis to review and respond to special

needs. We have provided materials in close-caption and in Braille and in Spanish and Vietnamese (our two largest non-English-speaking groups). We have most materials at a 6th-grade reading level, but recently have developed a campaign with basic materials for as young as 4-to-6-year-olds. We are currently having a new special needs book revised to large print and produced in audio.

The departmental Special Populations Task Force includes members from various agencies and groups throughout the state that work with special populations, including those who work with hearing, mental, and visually impaired populations, as well as the Non-English speaking population.

The process for developing these materials include quarterly meetings that allow the task force to determine what materials need to be developed, review material that has been created for accuracy and appropriateness, approve completed materials, and plan how to disseminate the materials to the appropriate persons.

Currently, the task force meets quarterly and members include:

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William Lazare	Mid-Alabama Coalition for the Homeless	lazare28@hotmail.com
Stephan Mambazo	ADPH	Stephan.Mambazo@adph.state.al.us
Mel Prince	Selma AIDS Information & Referral	mprince2068@yahoo.com
C White	Poarch Creek Indians	cwhite@poarchcreekindians-nsn.gov
Derek R. Alden	American Red Cross	aldende@usa.redcross.org
Pamela Melton	ADPH	Pamela.Melton@adph.state.al.us
Julie Schoening	American Red Cross	schoeningJ@usa.redcross.org
Russ Black	AL Dept of Senior Services	russ.black@adss.alabama.gov
Camilla W. Prince	The Volunteer & Information Center	cprince@clickvic.org
Kay Adams	Alabama Coalition Against Domestic V.	kay@acadv.org
Charles Johnson	AL Dept of Human Resources	Charles.johnson@dhr.alabama.gov
Stanley Bachelor	AL Emergency Management Agency	stanleyb@ema.alabama.gov
Tina Howell	AL Dept Rehabilitation Services	tina.howell@rehab.alabama.gov
Julie Preskitt	AL Dept Rehabilitation Services	Julie.preskitt@rehab.alabama.gov
Robyn Rhymes	Montgomery Area Transit System	rjrhymes@montgomerytransit.com

Identification of trusted leaders, liaisons, or other networks in communities for effective outreach and information dissemination?

ADPH through the Area Emergency Preparedness Teams has developed relationships with trusted leaders within the communities across the state. These trusted leaders from various ethnic, religious, political and social background provide both input to ADPH in crafting our message, but also serve as valuable conduits of information out to their communities. During a pandemic, the information provided to the communities via these trusted leaders will be critical in achieving buy in from community members.

Respond and Recover
Sub-objective B.9.3 - Development and Dissemination of Essential Information
Does the plan include a crisis communication and emergency risk plan (for public information and media, partner, and stakeholder relations) that addresses all phases of an influenza pandemic?

The department's plan includes a process for public information before, during, after a pandemic influenza event. Before an event the department plans to continuously communicate with the Alabama public about the threat of pandemic influenza through the distribution of various types of materials. The idea is to secure the public's trust before the crisis and have the public identify the department as a resource for pandemic influenza information in the future.

One of the key methods to earning the public's trust during an emergency is to secure its trust before the crisis. In this effort, the department has worked diligently to communicate with the Alabama public about the threat of pandemic influenza through the distribution of various types of materials. The information contained in the materials explains what an influenza pandemic is, basic public health infection control measures to follow, methods to reduce the spread of the virus (social distancing), and what residents can do now to prepare themselves for the event. In producing these materials the department hopes to educate the public enough that we may be able to reduce transmission of the virus, prevent panic during the event, and provide possible guidelines for action during the event.
The materials being distributed beforehand explain what an influenza pandemic is, basic public health infection control measures to follow, methods to reduce the spread of the virus (social distancing), and what residents can do now to prepare themselves for the event. In producing these materials the department hopes to educate the public enough that we may be able to reduce transmission of the virus, prevent panic during the event, and provide possible guidelines for action during the event.

Currently the department has produced and distributed the following information:
Individual and family handbook on preparing for a flu pandemic

- Planning checklist brochure for individuals and families
- Fact sheets on hand washing, cough etiquette, cleaning and sterilizing to kill the flu virus, and simple steps to take to prevent catching the flu
- Articles on the definition of pandemic influenza, its history, and its future threat Mimi Mouse Learns Healthy Habits DVD for childcare and K-2 grades
- Channing Bete 4 disc set of lessons about infection control and preparing for pandemic for all public and private schools

All communication materials are available in not only English, but also in Korean, Russian, Spanish, and Vietnamese.

To ensure that information is being communicated to other members of vulnerable and special populations, the department has established a Special Populations Task Force comprised of members from agencies and organizations representing groups such as persons who are blind, deaf/hard of hearing, and living with developmental/cognitive, physical and mental disabilities. Recently, the department produced pandemic influenza materials in Braille, and is working to develop materials in other formats such as large print and video for persons who are deaf.

The department has distributed these communication materials through various methods to ensure optimum coverage of the state. This includes disseminating the information through the Internet. Every print material produced by the department is placed on the department's Web site in a PDF format for easy downloading. Dissemination also occurs through collaborations with statewide partner agencies and through departmental trainings and exercises. Recently the department also partnered with an information hotline that serves the state. Members of the public can call the toll-free hotline to receive answers to pandemic influenza questions and get information mailed to them.

In an effort to increase relationships with media partners, the department has included statewide media in the planning stages for pandemic influenza response. This includes involving members of the media in exercises, committees, and drills. Media contacts are being educated on preparedness plans and different types of potential emergencies to ensure more accurate and knowledgeable reporting during emergencies. Staff will continue to research and create partnerships with statewide ethnic media and enlist them in addressing the communication needs of the state's special population groups.

<u>During a pandemic influenza event</u>

The goal of the communication operational plan for pandemic influenza is to ensure that during an event citizens of Alabama can receive accurate, consistent, timely, and easy-to-understand information. This plan outlines the methods that the department will employ to carry out the public affairs function during a pandemic.

The department's Information Officer structure is comprised of a chief spokesperson, a lead public information officer, and local area risk communicators. The chief spokesperson for the department is the State Health Officer or his designee. In the event of an influenza pandemic, the State Health Officer will field questions from the national and local media and provide updated information in news conferences and media interviews. The department's lead Public Information Officer, and his two alternates, will handle daily media inquires and requests and will consult with the state health officer routinely to ensure that he is aware of all media information releases.

Each of the eleven public health areas in the state also has an identified risk communicator who can handle media inquiries at the local level during emergency

events. Standard responses will be developed and distributed to each of these communicators. The risk communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public.

The Department's Bureau of Health Promotion and Chronic Disease will be responsible for disseminating information to the Alabama public during the event of an influenza pandemic. This bureau will utilize all methods of communication including television, newspaper, radio, Internet, e-mail, fax, and telephone to disseminate information. The bureau consists of three divisions who will disseminate information: the Public Information Division, Communications and Health Marketing Division, and the Video Communications and Distance Learning Division.

All communication materials are available in not only English, but also in Korean, Russian, Spanish, and Vietnamese. To assist in the translation of materials into additional languages, the department has contracted with a language translation company that can provide translations in as little as 24 hours.

To ensure that information is being communicated to other members of vulnerable and special populations, the department has established a Special Populations Task Force comprised of members from agencies and organizations representing groups such as persons who are blind, deaf/hard of hearing, and living with developmental/cognitive, physical and mental disabilities. The department has also produced pandemic influenza materials in Braille, and is developing materials in other formats such as large print and video for persons who are deaf.

The department also routinely meets with partner agencies such as the Emergency Management Agency, the Department of Homeland Security, the Department of Senior Services, the Pandemic Influenza Advisory Committee, and others at both at the state and local level to discuss how to jointly develop and release information, maintain continuous communication, and provide non-conflicting messages to the public in a pandemic influenza emergency.

During a pandemic influenza event, department will activate its Risk Communication Plan and employees would act in their emergency response roles. The state health officer will act as the chief spokesperson for the department and field questions from the national and local media, providing updated information in news conferences and media interviews. The department's lead public information officer, and his two alternates, will handle daily media inquires and requests, and will consult with the state health officer routinely to ensure that he is aware of all media information releases.

Each of the eleven public health areas in the state also has an identified risk communicator/spokesperson who will handle media inquiries at the local level during emergency events. Standard responses will be developed and distributed to each of these communicators. The communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public.

The department's Bureau of Health Promotion and Chronic Disease's Public Information will develop news releases, fact sheets, and other information as necessary to ensure that the public is aware of the necessary infection control measures that they should take. Staff in this bureau will also work with members of the media to ensure

accurate coverage and answer inquiries about disseminated information.

The bureau's Health Marketing Division will also post information on the department's website. Up-to-date information and news releases will be placed on the website as generated.

The department will use various outlets and methods including Internet, fax, and e-mail to ensure that any print materials reach as many citizens in the state as possible including placing information in all of the department's 67 county health departments and partner organization locations. The departments in-house print shop will ensure that materials can continue to be printed as needed for effective distribution. Contacts with different partners will be utilized to disseminate information to several groups including agency partners, hospitals, and members of the department's Special Populations Task Force and the Pandemic Influenza Advisory Committee.

As necessary, messages will be developed with stakeholder organizations to address different aspects of the pandemic influenza emergency. All messages jointly developed will be disseminated by the department through the internal fax and e-mail databases and Internet, as well as through the various partner organization websites and databases. The department routinely meets public information staff from partner agencies to discuss these processes and how to continuously provide information to one another during an event through e-mail and listservs. These partners will also be the personnel who will act as representatives for their organizations in the Joint Information Center during a pandemic influenza emergency.

After the pandemic influenza event, the department will begin disseminating information to assist Alabamians through the recovery phase. The department's Bureau of Health Promotion and Chronic Disease's Public Information staff will develop messages in coordination with risk communicators on topics such as how to transition from the quarantine or isolation stage to work/school, dealing with mental health issues, receiving continued medical care and other pertinent recovery issues.

Messages during the recovery phase will be disseminated statewide through the communication channels utilized during other phases of the event including the Internet, radio, newspaper, and television. The department will also work with partners on the Special Populations Task Force to ensure that all messages are developed appropriately for those in at-risk populations and available in accessible formats. Information will be available in all county health departments and partner organization locations throughout the state for increased accessibility, as well.

Does the plan address how State and local health departments will work with other response organizations to educate the media, public, partners and stakeholders, specifically including:

Designated line and staff responsibilities for the public information team

The department's Information Officer Structure is comprised of a chief spokesperson, a lead public information officer, and local area risk communicators. The chief spokesperson for the department is the state health officer or his designee. In the event of an influenza pandemic, the state health officer will field questions from the national and local media and provide updated information in news conferences and media interviews. The department's lead public information officer, and his two alternates, will handle daily media inquires and requests and will consult with the state health officer routinely to ensure that he is aware of all media information releases.

Each of the eleven public health areas in the state also has an identified risk communicator who can handle media inquiries at the local level during emergency events. Standard responses will be developed and distributed to each of these communicators. The risk communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public.

The Department's Bureau of Health Promotion and Chronic Disease will be responsible for disseminating information to the Alabama public during the event of an influenza pandemic. Staff will utilize all methods of communication including television, newspaper, radio, Internet, e-mail, fax, and telephone to disseminate information. The bureau consists of three divisions who will disseminate information: the Public Information Branch, Health Marketing Division, and the Video Communications and Distance Learning Division.

The Public Information Branch will work to provide the news media with accurate and timely information during the pandemic. As appropriate in the emergency situation, clearance for new releases will be as follows:

- Approval by lead PIO
- Approval by bureau office directors and/or department subject matter experts affected
- Approval by Assistant State Health Officers
- Approval by State Health Officer (mandatory approval)

All news releases will be sent to statewide media and distributed to local area risk communicators to distribute further in their areas. Staff in this office will work with members of the media to ensure accurate coverage and answer inquiries about disseminated information.

The bureau's Communications and Social Marketing Division will be responsible for updating information on the department's website. The division has a Web designer and two backups to ensure maintenance. Up-to-date information and news releases will be placed on the website as generated. In addition, previously generated information including fact sheets, handbooks, and articles will be available on the site in PDF form for quick viewing and printing.

With the assistance of the department's Video Communications and Distance Learning Division, the state health officer will hold regularly scheduled news conferences for the media and broadcast them via the Department's Video Communication's studio. Satellite coordinates will be distributed to the statewide media for downlink and viewing. The division will utilize its satellite and production vehicle to provide satellite broadcasts off-site in either analog or digital formats, and create live or on-demand webcasts.

*<u>Information verification and clearance/approval procedures for public information</u>

The plan for developing, verifying, and approving pandemic influenza information for dissemination to the public during all phases of a pandemic emergency is as follows:

Before an event

Currently, messages for dissemination to the public are developed in coordination with the department's pandemic influenza coordinator, the Bureau of Health Promotion and Chronic Disease's Public Information staff, pandemic influenza coordinator, area risk communicators, and subject matter experts both in and outside of the department, as necessary. Once subjects are determined, information is developed by this group and

then reviewed by both the group and additional persons, including the Pandemic Influenza Advisory Committee, and the Special Populations Task Force.

Message topics are determined through a combination of recommendations from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and partner organizations serving on the Pandemic Influenza Advisory Committee and the Special Populations Task Force.

Messages are then made available in brochures, booklets, public service announcements, articles, and flyers. All materials developed are disseminated through the following channels:

- Departmental website – PDF documents and order forms located on the site to request hard copy documents
- County Health Departments
- Partner organizations and agencies
- Printing and Mailing Company – company stores, prints, and mails large quantity requests
- Meetings, conferences, and trainings

During the event

The department's Bureau of Health Promotion and Chronic Disease Public Information staff will develop news releases, fact sheets, and other information as necessary to ensure that the public is aware of the necessary infection control measures that they should take. Public Information staff, including the public information officers will work with members of the media to ensure accurate coverage and answer inquiries about disseminated information.

Each of the eleven public health areas in the state also has an identified risk communicator/spokesperson who will handle media inquiries at the local level during emergency events. Standard responses will be developed by the Bureau of Health Promotion and Chronic Disease's Public Information staff and the communicators and will follow the department's approval process.

The Health Promotion Bureau's Health Marketing Division will also post information on the department's website. Up-to-date information and news releases will be placed on the website as generated. Only information that has gone through the department's approval process will be placed on the website.

After the response

After the pandemic influenza event, the department will begin disseminating information to assist Alabamians through the recovery phase. The department's Bureau of Health Promotion and Chronic Disease's Public Information staff will develop messages in coordination with risk communicators in each of the department's public health areas on topics such as how to transition from the quarantine or isolation stage to work/school, dealing with mental health issues, receiving continued medical care and other pertinent recovery issues. Approval of information developed during this time will follow the protocols outlined in the department's Risk Communication plan which is as follows:

The Public Information Division will work to provide the news media with accurate and timely information during the pandemic. The department will activate its Risk Communication Plan to release information to the media which outlines the news release review and dissemination policy. As appropriate in the emergency situation, clearance for new releases is as follows:

- Approval by lead PIO
- Approval by bureau office directors and/or department subject matter experts affected
- Approval by Assistant State Health Officers
- Approval by State Health Officer (mandatory approval)

Messages during the recovery phase will be disseminated statewide through the communication channels utilized during other phases of the event including the Internet, radio, newspaper, and television. The department will also work with partners on the Special Populations Task Force to ensure that all messages are developed appropriately for those in at-risk populations and available in accessible formats. Information will be available in all county health departments and partner organization locations throughout the state for increased accessibility, as well.

*Regional/state and/or local media contact list with normal duty and after-hour contact numbers and addresses

The department maintains a database of all media in the state including newspaper, radio, and television contacts. This database is updated routinely for accuracy and is contained in a Rightfax system that allows information to be faxed to the contacts within an hour. The statewide media contact list containing e-mail, phone, and fax numbers is attached for review.

*Contact numbers/addresses for emergency response partners (e.g. Governor's public affairs officers, local FBI information agent in charge, American Red Cross and other non-government organizations). Information about key partners is included in the plan and will be utilized in the event of a pandemic (see Table 18: ADPH Key Partners, Public Information Staff and Risk Communicators)

Procedures to join the Joint Information Center (JIC) of the State Emergency Operations Center (if activated) including a call-down list for primary and secondary staff members

During a pandemic the Public Information staff will join the state's Joint Information Center with key partners to provide the media with consistent information on disaster response. In the Joint Information Center, department information staff will coordinate news releases with participating partners to distribute to statewide newspaper, radio, and television contacts. Identified staff will also make sure that updated information is placed on the department's website for easy reading and downloading.

Once a pandemic influenza occurs, is determined the department will activate its emergency response procedures including conducting a call-down of all pertinent staff. Staff and partners will be activated by the departmental ALERT system which notifies persons through e-mail and phone (see Table 18: ADPH Key Partners, Public Information Staff and Risk Communicators).

Information verification and clearance/approval procedures for public information releases

The ADPH's PI Op Plan contains a process to disseminate information and updates to partners and media. The department's Information Officer Structure is comprised of a chief spokesperson, a lead public information officer, and local area communicators. The chief spokesperson for the department is the state health officer or his designee. In the event of an influenza pandemic, the state health officer will field questions from the

national and local media and provide updated information in news conferences and media interviews. The department's lead public information officer, and his two alternates, will handle daily media inquires and requests, and will consult with the state health officer routinely to ensure that he is aware of all media information releases. Currently, the department has been providing almost weekly news conferences to the statewide media about influenza. The departmental website has an influenza webpage in its Video Communications section that provides On Demand webcasts of current and previously produced news conferences and programs on influenza.

Each of the eleven public health areas in the state also has an identified risk communicator/spokesperson who can handle media inquiries at the local level during emergency events. Standard responses will be developed and distributed to each of these communicators. The communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public. Currently, the department develops responses disseminates to statewide media and risk communicators for dissemination in their public health areas.

The department's Bureau of Health Promotion and Chronic Disease will develop news releases, fact sheets, and other information as necessary to ensure that the public is aware of the necessary infection control measures that they should take. Staff in this office will also work with members of the media to ensure accurate coverage and answer inquiries about disseminated information. Currently, the department develops news releases and disseminates them to statewide media, including television, radio and newspapers through a fax and e-mail system. News releases are also placed on the departmental website under the *News* section for viewing. The plan outlines the news release review and dissemination policy. As appropriate in the emergency situation, clearance for new releases is as follows:

- Approval by lead PIO
- Approval by bureau office directors and/or department subject matter experts affected
- Approval by Assistant State Health Officers
- Approval by State Health Officer (mandatory approval)

The department will utilize various methods to communicate public health recommendations and information to the public. Before, during, and after a pandemic influenza event, the department will disseminate information to the media through a Rightfax system that contains a media database that includes all statewide newspaper, radio, and television contacts. The database is routinely updated to keep media contacts current and accurate. Media contacts are also stored in an e-mail list so that information can be e-mailed as well as faxed to the media. (Please refer to appendix for media contact list.)

All information distributed by the department will be placed in a PDF format on the departmental website for easy downloading. Information staff will update information on the website as generated.

The department will communicate with the Alabama public about the threat of pandemic influenza through the distribution of various types of print materials. The

information contained in the materials explains what an influenza pandemic is, basic public health infection control measures to follow, methods to reduce the spread of the virus (social distancing), and what residents can do now to prepare themselves for the event. Before, during, and after a pandemic, the department will distribute these materials through the following channels;

- County Health Departments – 67 located throughout the state
- Partner organizations and agencies
- Printing and Mailing Company – company stores, prints, and mails large quantity requests
- Departmental website – PDF documents and order forms located on the site to request hard copy documents

The department will send updates and information to partner agencies, hospitals, and response personnel through the ALERT system which sends information through e-mail and phone.

*Support materials for public health issues that are unique to an influenza pandemic such as issues of isolation, quarantine, social distancing, and public health law have been prepared.

Information about quarantine is located on the department's Risk Communication website for easy printing and review. Information is also located in the department's *Are You Ready* guide that has been disseminated throughout the state through mass mailings, conferences and trainings, partner agencies and organizations, and the departmental website.

*Use of hotlines and other community resources to respond to local questions from the public and professional groups.

One of the department's partners is 211 Connects, a statewide information hotline that provides emergency preparedness information. This information hotline has experience in assisting the public during emergencies and bridging the gap between callers and organizations that offer services such as those provided by Public Health. The hotline is especially valuable to vulnerable populations such as the elderly, sick and disabled, illiterate, and low-income persons. The department also has an emergency number used in emergencies to provide information to the public which would be implemented during a pandemic influenza event. In addition, the department is working with poison control centers and partner agencies to provide information through their hotlines and websites if necessary.

Regional/stand and/or local media contact list with normal duty and after-hour contact numbers and addresses

ADPH maintains a database of all media in the state including newspaper, radio and television contacts. This database is updated routinely for accuracy and is contained in a Rightfax system that will allow information to be faxed to the contacts within an hour.

The media listing is attached.

Contact numbers/addresses for emergency response information partners (e.g., Governor's public affairs officers, local FBI public information agent in charge, American Red Cross and other non-government organizations)

Information about key partners is included in the plan and will be utilized in the event of a pandemic (also see Chart 17: ADPH Key Partners, Public Information Staff, and Risk Communicators).

Public Information personnel for key partners include the following:

- Alabama FBI
  - (Birmingham Division) Paul Daymond 205.279.1457
  - (Mobile Division) Angela Tobon 251.415.3276
- Alabama Emergency Management Agency
  - Yasamie Richardson 205.280.2275
- Alabama Department of Homeland Security
  - Lauren Matson 334.956.7254
- Alabama Department of Transportation
  - Tony Harris 334.242.6552
- Alabama Red Cross of Central Alabama
  - Jill Corbin 334.260.4017
- Alabama Department of Public Safety
  - Sgt. Tracy Nelson 334.242.4445
  - Martha Earnhart 334.242.4445
- Alabama Department of Human Resources
  - Barry Spear 334.242.1850
- Alabama Department of Rehabilitation Services
  - Kathleen McGehee 334.613.3514
- Alabama Institute for the Deaf and Blind
  - Jessica Ross 256.761.3234
- Alabama Department of Senior Services
  - Russ Black 334.353.8457
- Alabama's Governor's Office
  - Jeff Emerson 334.242.7150
- Volunteer and Information Center
  - Camilla Prince 334.264.3335
- Alabama Department of Education
  - Mitch Edwards 334.242.9950

Procedures to join the Joint Information Center (JIC) of the State Emergency Operations Center (if activated)including a call-down list with contact information for primary and secondary staff members

During an emergency the Public Information staff will stand up a Joint Information Center and provide the media with accurate and timely information on disaster response, work with the members of the media to encourage accurate and constructive news coverage, monitor the media coverage to ensure that critical messages are being reported, and address potential issues or problems with coverage that could have an impact on public confidence in the response effort.

In the Joint Information Center news releases will be coordinated with participating partners and the department will disseminate the news releases through an internally created media database containing all statewide radio, television, and media contacts.

The database is routinely updated to keep media contacts current and accurate. The database is contained in a blast fax system that allows speedy dissemination of information. Identified staff will also make sure that updated information is placed on the department's website for easy downloading.

Staff will be contacted once the Incident Command System is initiated to begin the designated tasks.

Call-down lists for Public Information staff is as follows:

Chief Spokesperson
State Health Officer
Donald Williamson, M.D.
donwilliamson@adph.state.al.us (e-mail)
334.206.5200 (work)
334.318.4288 (cellular)

Lead Public Information Officer
Director, Bureau of Health Promotion and Chronic Disease
Jim McVay, Dr. P.A.
jmcvay@adph.state.al.us (e-mail)
334.206.5600 (work)
334.201.8660 (cellular)
334.850.1290 (BT cellular)

Public Information Officer
Director, Public Information Branch
Arrol Sheehan, M.A.
asheehan@adph.state.al.us (e-mail)
334.206.5510 (work)
334.300.3233 (cellular)

Public Information Officer
Director, Risk Communication Branch
Takenya Taylor, J.D.
ttaylor@adph.state.al.us (e-mail)
334.206.7026 (work)
334.201.8568 (cellular)
334.850.2329 (BT cellular)

Area Risk Communicators

Area 1
Dr. Karen Landers, Area Health Officer
klanders@adph.state.al.us
256.383.1231

Area 2
Judy Smith, RN, MPH, Area Administrator
jsmith@adph.state.al.us
256.340.2113

Mike Tyler, MSW, LGSW, EP Social Worker
MichaelKTyler@adph.state.al.us
256.301.6713, So. Linc 635*1679

Sondra Nassetta
snassetta@adph.state.al.us
256.340.2113, So. Linc 635*1758

Bart Crabtree, Assistant Area Administrator, EP Coordinator
marleycrabtree@adph.state.al.us
256.301.6712
Cellular 256.622.0081

Area 3
Tommy Dockery, EP Coordinator
tdockery@adph.state.al.us
205.554.4539, So. Linc 635*1688
Cellular 205.361.5755

Dr. Albert White, Area Health Officer
awhite@adph.state.al.us
awhitejr@pol.net
205.554.4500

Area 4
Wanda Heard, Public Information Director
wanda.heard@jcdh.org
205.930.1483

Area 5
Mary Gomillion, Area Administrator
mgomillion@adph.state.al.us
256.927.7000

Mark Johnson, Assistant Area Administrator
mjohnson@adph.state.al.us
256.547.5012

Jim Hollins, Environmental Director
jhollins@adph.state.al.us
205.620.1650

Area 6
Tom Robertson, Disease Intervention Specialist, HIV Educator
trobertson@adph.state.al.us
256.237.1896

Mark Hendrix, Senior PH Environmentalist, EP Coordinator
mhendrix@adph.state.al.us
256.237.1896, So. Linc 635*1762

John Davis, Senior Public Health Environmentalist
jdavis@adph.state.al.us
256.237.4324 So. Linc 635*4392

Area 7
Stacey Adams, MS, Community Development/Outreach Coordinator
staceyadams@adph.state.al.us
334.877.2832

Natalie Quinney, LGSW, Area Social Work Manager
nquinney@adph.state.al.us
334.295.4205, Extension 272

Jackie Holliday, Area Administrator
jholliday@adph.state.al.us
334.295.1000
Diana Fendley, EP Coordinator
dfendley@adph.state.al.us
334.295.1000

Area 8
Seratia Johnson
sjohnson@adph.state.al.us
334.567.1165, So. Inc 635*1737

Charles (Skip) Gray, EP Coordinator
CharlesGray@adph.state.al.us
334.567.1165

Area 9
Ruth Underwood, Area Administrator
runderwood@adph.state.al.us
251.947.6206

Kimberly Taylor
251.947.6206
ktaylor@adph.state.al.us

Ricky Elliott, Assistant Area Administrator
RElliott@adph.state.al.us
251.867.5765

Teresa Porter
PHA IX Emergency Preparedness Team Coordinator/Surveillance Nurse
tporter@adph.state.al.us
251.947.6206

Area 10
Peggy Blakeney, Area Administrator
pblakeney@adph.state.al.us
334.792.9070

Ron Wheeler, Assistant Area Administrator
rwheeler@adph.state.al.us
334.566.2660

Joseph Ellington, EP Coordinator
jellington@adph.state.al.us
334.678.2800, extension 332

Area 11
David Mann, Public Information Officer
dmann@mobilecountyhealth.org
251.690.8823

Raffias Redmon, Risk Communicator
rredmon@mobilecountyhealth.org
251.690.8164

Does the plan ensure that rapidly-needed public health recommendations and information can be provided to the public, partners and stakeholders during a pandemic, specifically including:
Critical communication links to other intra-dept and inter-dept response officials

Essential information during a Pandemic Influenza event can be disseminated to intra-dept and inter-dept response officials in numerous ways. Incident Command System (ICS) recalls and critical Health Alert messages can be sent securely through the Health Alert Network (HAN). Response officials can designate up to five devices for the HAN to contact. Task assignments and the status of these assignments can be disseminated via email using a Lotus Notes application, called the Incident Action Portal. If appropriate, information can be posted to the ADPH.org web site or shared securely via the HAN web

portal and document library.

The Alabama Emergency Response Technology (ALERT) system is a secure internet based emergency alert notification system. When emergencies such as disease outbreaks, bioterrorism, natural disasters or large-scale accidents occur, the ALERT system can notify first responders and emergency preparedness teams using profiles in which participants specify up to five methods of contact for each of the three priority levels of alerts.

ALERTs are broken down into three levels which are low, medium, and high priority. Low priority alerts contain important information but is not time-critical information. Medium priority alerts contain important information that will require action of the participant by the next working day. High priority alerts are serious situations that will require immediate response of the participant. The purpose of these levels of alerts and the system overall is to improve communication during times of emergency and ensure that the appropriate responders can act in a timely manner for critical situations.

The HAN Coordinator in the Center for Emergency Preparedness will create an organization unit within the ALERT system for the Pandemic Influenza Sectors. Each sector member will have an account within the ALERT system in which they will fill out their own profile that includes information such as their contact information, business affiliation, medical specialty, languages spoken, etc. This information will help emergency teams locate the members of the sectors as well as search for those participants with abilities that may be needed during specific emergencies. Each user can maintain his/her information through the ALERT system's internet portal.

The ALERT portal is also designed to contain information that will keep sector members informed of anything that may be related to their sector or other ALERT information. If a sector member receives an ALERT, they will be directed to the portal website to obtain further information regarding the alert, its category, and specific instructions on how to respond. All of this information remains secure and access to the website is restricted. Users must provide a user ID and password to obtain alert information. All sector members will have at least an alert level license which will enable them to view the details of alerts that have been sent to them.

Another feature of the ALERT system that will be used by a select group of sector members is the document library. To use this particular feature, users must be given a collaborator level license. The document library allows participants to post, view, and edit documents. The library allows users in multiple locations to collaborate on a document by a check-in/check-out feature in which one user can check out a document, edit it, and check it back in to allow other authors view it, check it out and make their own changes to it. This feature allows for an easy flow of secure information when planning for or dealing with an emergency situation. During Pandemic Influenza, certain members of each sector will be designated as authors and given a collaborator license so that they can write their plans or other documents and check them in to be published.

Identification of vehicles of information dissemination to public, stakeholders, partners (e.g., e-mail, fax, Health Alert Network messages, brochures, PSAs, press releases)

ADPH will utilize various methods to communicate public health recommendations and information to the public. Currently, the department disseminates news releases through a Rightfax system that contains a media database that includes all statewide

newspaper, radio, and television contacts. The database is routinely updated to keep media contacts current and accurate. Media contacts are also stored in an e-mail list so that information can be e-mailed as well as faxed to the media.

All information distributed by the department is placed in a PDF format on the departmental website for easy downloading. Information staff will update information on the website as generated.

The department also communicates with the Alabama public about the threat of pandemic influenza through the distribution of various types of print materials. The information contained in the materials explains what an influenza pandemic is, basic public health infection control measures to follow, methods to reduce the spread of the virus (social distancing), and what residents can do now to prepare themselves for the event. During a pandemic, the department would continue to distribute these materials.

The statewide media list is attached.

A contact list of additional persons outside the State health department who can be available as subject matter experts on pandemic health issues if needed

ADPH will utilize as pandemic subject matter experts those infectious disease specialists and other physicians who serve on the department's medical advisory councils for tuberculosis and sexually transmitted diseases. Those physicians are listed below.
Tuberculosis and STD Medical Advisory Council Members:

- Kirk Avent, M.D.
- William C. Bailey, M.D.
- John Bass, M.D.
- Marilyn Crain, M.D.
- David Ennis, M.D.
- Michael Fleenor, M.D.
- Karen Landers, M.D.
- Felix Morris, M.D.
- Rick Player, M.D.
- Alzo Preyear, M.D.
- Elizabeth Turnipseed, M.D.
- Albert White, M.D.
- Edward W. Hook, III, M.D.
- Judi A.J. Jehle, M.D.
- Mary C. Mancao, M.D.
- Jane R. Schwebke, M.D., FACP
- Laurie Dill, M.D.
- Tina Simpson, M.D.

Support materials for public health issues that are unique to an influenza pandemic such as issues of isolation, quarantine, social distancing, and public health law have been prepared

ADPH's Legal Counsel, John Wible, has prepared pandemic influenza Emergency Orders for:

- Proclamation of State of Emergency
- Fatality Management Issues
- Altered Standards of Care
- Vaccine Rationing
- Isolation and Quarantine
- Social Distancing – closing mass events

Use of hotlines and other community resources to respond to local questions from the public and professional groups

The Alabama Department of Public Health has developed an internal Flu Hotline that is available to the Alabama Public Monday through Friday, 7 a.m. to 7 p.m. to answer calls about flu prevention, vaccine ordering, clinic information and other flu-related issues. The hotline is staffed by employees from various bureaus within the department. Employees work on hotline teams comprised of at least one nurse and one clerical employee to ensure that all appropriate data about the calls received is recorded. Teams work six hour shifts during the morning and evening. Information provided to the public is routinely updated to ensure accuracy. The toll-free number has been advertised in news conferences, news releases, news programs, and on the departmental website.

ADPH is currently working with the two poison control centers in the state to develop operational plans and messages for use during emergency situations such as a pandemic outbreak. Many citizens are already familiar with poison control centers as points of contact for emergency health issues. This familiarity will assist during a pandemic.

ADPH is further working with the 211 association of Alabama to coordinate information distributed via those information lines. Consistent, accurate, and timely information will be vital during a pandemic event. The 211 centers have a developed network which currently provides coverage statewide. The public can call 211 to receive answers to questions about influenza or request departmental materials about influenza.

Does the plan identify individuals responsible for development and dissemination of multi-media essential information to the general public and professional response partners (e.g., regional multi-agency coordination centers, State emergency managers, State transportation officials) to enhance their respective preparedness before and during an influenza pandemic?

The plan outlines the various components of the department's communication staff and their respective roles in disseminating information to the public, media, and partners before, during, and after a pandemic event.

Before a pandemic event occurs, the Bureau of Health Promotion and Chronic Disease's Public Information staff, the pandemic influenza coordinator, area risk communicators, and subject matter experts within the department and outside of the department coordinate to develop messages about pandemic influenza. Once subjects are determined, information is developed by this group and then reviewed by both the group and additional persons as necessary, including the Pandemic Influenza Advisory Committee and the Special Populations Task Force.

Message topics are determined through a combination of recommendations from the Centers for Disease Control and Prevention, U.S. Department of Health and Human Services, and partner organizations serving on Pandemic Influenza Advisory Committee and the Special Populations Task Force.

Messages are then made available in brochures, booklets, public service announcements, articles, and flyers. All materials developed are disseminated through the following channels:

- Departmental website – PDF documents and order forms located on the site to request hard copy documents
- County Health Departments
- Partner organizations and agencies
- Printing and Mailing Company – company stores, prints, and mails large quantity requests
- Meetings, conferences, and trainings

During a pandemic event the department will activate its Risk Communication plan and staff will operate in their emergency response roles. The department's chief spokesperson will be the state health officer and he will be responsible for fielding questions from the national and local media and providing updated information on public health infection control measures in news conferences and media interviews. The department's lead public information officer, and his two alternates, who are part of the department's information staff, will handle daily media inquires and requests, and will consult with the state health officer routinely to ensure that he is aware of all media information releases.

Public Information staff are located in the department's Bureau of Health Promotion and Chronic Disease. The Public Information staff will develop news releases, fact sheets, and other information as necessary to ensure that the public is aware of the necessary infection control measures that they should take. Staff in this office will also work with members of the media to ensure accurate coverage and answer inquiries about disseminated information. This information, particularly public health infection control measures, will also be shared with partner organizations, response personnel, hospitals, and other members of emergency response through the department's ALERT system.

The Health Promotion bureau's Health Marketing Division will post information on the department's website. Up-to-date information and news releases will be placed on the website as generated.

With the assistance of the department's Video Communications and Distance Learning Division, the state health officer will have the capability to hold regularly scheduled news conferences for the media and broadcast them via the department's Video Communication's studio to provide additional information to the public. Satellite coordinates will be distributed to the statewide media for downlink and viewing. The division will utilize its satellite and production vehicle to provide satellite broadcasts off-site in either analog or digital formats, and create live or on-demand webcasts.

Sub-objective B.9.4 - Culturally-Appropriate and Language Specific Information
Does the plan ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic?

ADPH identifies non-English-speaking populations throughout Alabama, we have

utilized a state Health Literacy Task Force, Medstat, and information from our Center for Health Statistics as well as survey information from county health departments statewide. Our next step has been developing contacts with liaisons from local health departments and various organizations who actively work with these communities to assist us in reviewing current English materials and their relevancy to non-English populations. We have also established relationships with media that provide language-specific print and broadcast materials.

Culturally-appropriate?

ADPH, as part of our work with community liaisons, are seeking information on revisions that need to be made to materials designed for 6th-grade literacy English-speaking populations in order for them to be valuable to other groups. Issues include artwork depicting people, surroundings, and their available resources; color; design, and format of materials; knowledge and customs relating to food, health behaviors, and utilization of local resources; and channels for delivery of information.

Pictograms?

ADPH provides DVDs with pictograms to organizations working with populations needing this resource.

Available to special needs populations (such as disability communities, citizens with low level English comprehension and individuals with English as a second language?

The Pandemic Influenza plan of the Department of Public Health is accessible to those persons with special needs. The Special Needs Task Force has received handouts regarding PI to distribute to their staff and clients in an effort to get the message of precautions out to the people with special needs they serve. The Department has a computer literacy program that is used for ensuring that persons with low literacy levels can comprehend information produced.

Pandemic Influenza information has been published in Spanish, and the department has the capability of publishing all of its information in any language through a new contract with a Translation Service. The department is currently working with a publishing company to produce a work book for the elderly and disabled that will be available in large print. We also have the capability through our Video Communications Department to produce audio and video messages regarding a pandemic.

Identification of trusted leaders/liaisons in communities for information dissemination?

ADPH through the Area Emergency Preparedness Teams has developed relationships with trusted leaders within the communities across the state. These trusted leaders from various ethnic, religious, political and social backgrounds provide both input to ADPH in crafting our message, but also serve as valuable conduits of information out to their communities. During a pandemic, the information provided to the communities via these trusted leaders will be critical in achieving buy in from community members.

Sub-objective B.9.5 - Media Spokesperson
Does the plan include a list of trained spokespersons to work with the media?

The department has staff trained in crisis and risk communication at both the state and local level. The department's Information Officer Structure is comprised of a chief spokesperson, public information officers (with two alternates), and local area risk communicators. The chief spokesperson, lead public information officer, and two alternates, have all been trained in crisis and risk communication and also conduct risk communication training for staff and partners (see Table 18: ADPH Key Partners, Public Information Staff, and Risk Communicators).

The department also has at least one identified risk communicator or spokesperson who can handle media inquiries at the local level during emergency events. All of these spokespersons have been trained in crisis and risk communication. In a pandemic influenza event, standard responses will be developed and distributed to these communicators as necessary. The communicators will also be in constant communication with the department's lead public information officer to ensure that accurate and consistent information is being communicated to the media and public (see Table 18: ADPH Key Partners, Public Information Staff, and Risk Communicators).

Does the plan include an up-to-date contact list of key stakeholders and media contacts?

The plan contains a current listing of all statewide media contacts and key stakeholders that the department meets and coordinates with. Key stakeholders (see Table 18: ADPH Key Partners, Public Information Staff, and Risk Communicators and Table 19: ADPH Media Contact List).

Does the plan include a process for regular briefings and updates with key stakeholders to develop working relationships in the event of a pandemic:
Ethnic/language-specific media
Main media
Special needs/at risk populations

The department currently has a Pandemic Influenza Advisory Committee comprised of representatives from stakeholder agencies, media, hospitals, and special population organizations. This committee has face-to-face meetings on a regular basis to discuss various aspects of pandemic influenza response. In addition, the committee is divided into different sub-committees to discuss specific types more in depth. These sub-committees meet on a scheduled basis through conference calls.

The communication sub-committee, comprised of media representatives, special population representatives, and other social service organizations, focus on how to communicate effectively to the public before, during, and after a pandemic influenza event. In addition, members of this sub-committee attempt to further develop relationships and procedures that will enable them to communicate with, and assist each other during an influenza pandemic.

To ensure that information is being communicated to members of vulnerable and special populations, the department has established a Special Populations Task Force comprised of members from agencies and organizations representing groups such as persons who are blind, deaf/hard of hearing, and living with developmental/cognitive, physical and mental disabilities. The department currently holds scheduled meetings with the task force to assist the department on what materials are most useful for these groups and what format is most appropriate.

During and after a influenza pandemic, the department's public information staff and social work staff will continue to meet with these groups on a regular basis in whatever meeting format will be appropriate to update them throughout the pandemic about appropriate infection control measures that need to be taken and to receive assistance on how to communicate effectively with the public (see Table 19: ADPH Media Contact List).

Appendix B.10 Mitigate the Impact of an Influenza Pandemic on Workers in the State

Lead Individual name: Tom Surtees
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Lead Individual email: director@dir.alabama.gov

Supporting Activity

Prepare

Review State and federal benefit programs and services that may assist workers, particularly unemployed workers; assess triggers for these programs and services; implement any needed changes

The Alabama Department of Industrial Relations' (ADIR) primary goal during the pandemic and after the pandemic focuses on keeping people employed. During a pandemic, the primary concern will be keeping the non-affected people able to be employed to help with the large cut in employment due to the pandemic.

ADIR has five divisions that must resume work in order to keep functioning as an agency. All employees either named non-essential or belonging to a non-essential division shall remain at home as to aid in social distancing. The five divisions are as follows:

Employment Services (ES) will have one person at the central office to keep Alabama Job Link operational. This will help keep both state and private employers able to hire more employees during a pandemic for as long as possible. The Career Centers located in various cities and counties across the state will remain open unless they are located in an affected area. Depending on the severity of the pandemic, the career centers are to aid in helping workforce partners maintain high employment (see Table 20: ADIR Employment Service Career Centers). Information Systems (IS) will need to be located at the central office for as long as possible to keep the computer systems operating as long as possible. These programs are responsible for the distribution of benefits and processing of claims.

Mining and Reclamation is the least critical of the essential departments. Mining will be responsible, using reduced staff, to help inspect and possibly close all mines that are either unable to processed due to the number of employees infected or due to the severity of the pandemic. The mines will be to be closed by certain personnel to ensure that the mines are not hazardous during their closure.

Unemployment Services (UC) will be the only department that will retain as many employees as seen fit. The central office will hold all critical personnel and oversee operations. The Call Centers, located in Birmingham and Montgomery, will need additional support for the influx of calls regarding unemployment compensation and benefits. The Tax Department as part of UC will not be critical until 30 days after the pandemic has been declared. At that point, the essential personnel will be needed to collect money for benefits.

Workers' Compensation (WC) will continue at the central office for as long as possible. The staff has been reduced to seven people and will close the Compliant Office. Closing this office will reduce the amount of public contact as well as have available help at the Call Centers.

Assess whether services or benefits can be provided with social distancing practices in place and with a reduced State workforce; review agency plans to handle a potential increase in filing of claims or requests for service

ADIR did not answer this sub-objective.

Discuss pandemic plans and coordinate with current workforce partners

ADIR did not answer this sub-objective.

Assess what post-pandemic services or benefits may be needed for workers, particularly those that are unemployed (include psychological and social support)

ADIR did not answer this sub-objective.

Respond and Recover

Communicate to State workers the availability of any new programs or services (See Appendix B.9)

ADIR did not answer this sub-objective.

Implement any special programs/ triggers/statutes for assisting workers during a pandemic

ADIR did not answer this sub-objective.

Implement any special programs/ services for assisting workers after a pandemic (include psychological and social support)

ADIR did not answer this sub-objective.

Appendix B.11 Understand Official Communication Mechanisms for Foreign Missions, International Organizations, and Their Members in the United States

Lead Individual name: N/A

Lead Individual phone number: N/A

Lead Individual email: N/A

Supporting Activity

Respond and Recover

The State ensures that localities include foreign missions in the distribution lists of public messages regarding pandemic influenza and precautions needed to be taken by individuals.

N/A, Alabama has no foreign mission assignments.

Appendix B.12 Integrate EMS and 9-1-1 into Pandemic Preparedness

Lead Individual name: Dennis Blair

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Supporting Activity

Sub-objective 1: EMS Planning
Respond
Has the State adopted EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza?

The Alabama Department of Public Health (ADPH), Office of Emergency Medical Services and Trauma (OEMST), has the national US DOT EMS PI model plan and operational procedures and is in the process of revising them to fit the State's EMS system. The revisions will be specific to Alabama and will be completed by February 2009. The State Emergency Medical Control Committee (SEMCC) has the authority for approving initial protocols and operational procedures and cannot do so until the March of 2009. Upon SEMCC's approval, the Office of EMS and Trauma will then take the final approved document to the State Board for final approval, but no earlier than June of 2009.

Has the State established a Statewide program of pre-pandemic training and exercising to prepare EMS personnel for their role in preparing for, mitigating and responding to pandemic influenza?

ADPH OEMST has used one webcasts specifically targeting first responders with over 7600 registered particpants. This webcast included information on pandemic and seasonal flu, COOP legal responsibilities. Educational seminars and on–site training specific to pandemic have been offered at 14 different sites throughout the State. Eleven of these included fatality management and table top exercises. Lastly, in 2006, six functional bus exercises were conducted that included pandemic influenza in the scenario.

Has the State established a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies?

OEMST maintains a State licensure database (Alacert) and has the capability through it to communicate with all 312 licensed EMS provider serivices and over 11,000 licensed individual EMS personnel. We also have redundant means to communicate that have been tested and used during actual events. These means are: email blasts, newsletters, webcasts, website, ALERT, and the IT phone system to distribute PI related information. Emerging information, educational information, including updates in clinical practices and protocols will be distributed through all means as necessary.

Recover
Has the State established methods to integrate best practices or lessons learned during the previous pandemic wave into EMS system operations and to issue an after action report?

OEMST has used healthcare sector related experiences from other disasters as well as large incidents involving EMS to integrate best practices and after action reports. Real disaster experienced included the 2008 Springville school bus accident, 2008 Prattville tornado, 2007 Enterprise tornado, 2005 Hurricane Katrina, and 2004 Hurricane Ivan. ADPH broadcast a satellite course, "Bridge the Gap: Community Medical Surge and Resiliency" which along with other state agencies conducted and filmed interviews

regarding lessons learned and best practices. These are available for viewing on the Public Health Training Network, http://www.adph.org/alphtn/default.asp?templatenbr=3&deptid=143&templateid=4964.

Sub-objective 2: The Role of EMS in Influenza Surveillance and Mitigation Respond and Recover
Has the State established procedures for involving EMS agencies in ongoing disease surveillance?

OEMST has been collecting daily electronic patient care reporting from EMS agencies to be analyzed for surveillance trends beginning January 2009 by staff epidemiologist and research analyst.

Has the State identified procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment?

OEMST has provided PPE and pandemic influenza awareness training for EMS provider services in 14 statewide meetings. During the spring of 2009, the State will provide pandemic awareness and mitigation strategies at four designated training sites for PSAP/911 operators and personnel. All eighty-seven identified PSAP/911 agencies are requested to attend these training on awareness and mitigation strategies. Additionally, legal issues, including social distancing, isolation, and quarantine will be presented.

Sub-objective 3: Maintaining Continuity of EMS Operations During a Pandemic Respond and Recover
Does the State have backup plans to augment the local EMS workforce if needed?

OEMST has an existing rule that allows immediate suspension of licensure requirements based on the call of the State Health Officer or Governor in any event, including pandemic influenza. This rule would otherwise prohibit qualified medical personnel from within and outside other states and disciplines to provide backup response to existing State licensed EMS personnel..

Does the State have backup plans to address disruptions in the availability of EMS equipment, supplies and services throughout the State?

OEMST would request medical resources from ADPH warehoused medical supplies and equipment.

Does the State have an effective, reliable interoperable communications system among EMS, 9-1-1, emergency management, public safety, public health and health care agencies?

ADPH has purchased, trained and exercised an interoperable communications van. This van's capabilities include satellite TV and phone, GPS, GIS, VHF, UHF, 800 Trunking and digital communications. This van is one of many already located in the State owned by other State agencies. All agency frequencies are able to communicate thorough this van.

Is there a Statewide communications plan, including communications equipment and radio frequency plan to support common hospital diversion and bed capacity situational awareness at the local, State and regional level?

OMEST is assessing the various communication means to support common hospital diversion at the regional and State level. Currently, the H.E.A.R. system, Southern Link radio, and the Alabama Incident Management System (AIMS) are all available with published frequencies, channels and web sites to enable effective communications and monitor diversion. Each Alabama hospital will be surveyed in the Spring of 2009 to assess the current condition of each communication device. Afterwards, a gap analysis will be conducted..

Sub-objective 4: Legal Authority
Respond and Recover
Has the state established procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance?

OEMST's communications system, EMS medical direction and rules allow the ability to suspend and communicate changes in established procedures and protocols.

Has the state identified mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.)?

OEMST currently has no barriers to freedom of movement of EMS assets (reference Code of Alabama Title 31, http://alisondb.legislature.state.al.us/acas/ACASLogin.asp). The State should develop a means for free and safe movement of EMS assets and personnel.

Sub-objective 5: Clinical Standards and Treatment Protocols
Respond and Recover
Is there coordinated Statewide medical oversight of EMS pandemic influenza planning, mitigation and response?

OEMST has a coordinated Statewide medical oversight system in place. The State Emergency Medical Control Committee (SEMCC) will approve a model plan for response and mitigation that local EMS communities can adapt by June of 2009.

Has the State developed mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage/ treatment protocols before or during an influenza pandemic that are based upon the most recent scientific information?

OEMST maintains a State licensure database (Alacert) and has the capability through it to communicate with all 312 licensed EMS provider services and over 11,000 licensed individual EMS personnel. We also have redundant means to communicate that have been tested and used during actual events. These means are: email blasts, newsletters, webcasts, website, ALERT, and the IT phone system to distribute PI related information. Emerging information, educational information, including updates in clinical practices and protocols will be distributed through all means as necessary.

Has the State defined consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic?

OEMST has written procedures in our disaster response guidelines on how to utilize ALERT, A.I.M.S., and email blasts for rapid distribution of information to our EMS providers in the event treatment or protocols should change. Response guidelines are in the OEMST.

Has the State defined a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs?

OEMST will be to provide just-in-time training and instruction through our webcasting service, website, email blasts, ALERT and electronic newsletter. All means are connected to our licensure database that houses email, snail-mail and phone contact information.

Has the State defined the role of EMS providers in "treating and releasing" patients without transporting them to a healthcare facility?

OEMST has a protocol that allows patients to be treated and released. The Alabama EMS and Trauma protocols are updated and posted annually at www.adph.org/ems under the EMS rules and protocols tab. All actively licensed EMS personnel are mandated to be updated annually on these protocols by their service director and medical director.

Sub-objective 6: EMS Workforce Protection
Respond and Recover
Has the State identified strategies to assist local EMS agencies with the protection of the EMS and 9-1-1 workforce and their families during an influenza pandemic?

OEMST has published materials including webcasts on our CEP website at www.adph.org/ems for EMS agencies. The State has also provided awareness training to EMS providers in PI and resources related to protecting themselves and their families at fourteen sites statewide in 2008. Four more training sites are planned for 2009 to include all PSAP, 911, and EMS providers.

Does the State have requirements or recommendations for EMS agencies for basic infection control procedures?

OEMST has a protocol requiring basic infection control procedures that can be found at www.adph.org/ems under EMS rules and protocols tab. All actively licensed EMS personnel are mandated to be updated annually on these protocols by their service director and medical director. The rules also require infection control procedures and disposal plan for all licensed provider services. These plans are housed in the OEMS&T provider license service section.

Does the State have system-wide processes for providing vaccines and antiviral medication to personnel?

OEMST has a system-wide process located within CEP and Pharmacy that provides when and who will get vaccines and antiviral medications. In the state and federal plan, EMS is not identified specially as critical infrastructure. The Federal and State plan

does not identify EMS as critical infrastructure. Vaccines and antiviral medications to EMS personnel will be provided at the county level through the county health departments, providing EMS becomes part of the critical infrastructure.

Have State EMS agencies and public health agencies identified mechanisms to address issues associated with isolation and quarantine of EMS personnel?

Code of Alabama Title 31, http://alisondb.legislature.state.al.us/acas/ACASLogin.asp addresses issues with isolation and quarantine of EMS personnel. The US DOT adopted Pandemic influenza response protocol to be approved in June 2009 will additionally address this issue with all actively licensed EMS personnel.

Has the State defined processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic?

ADPH offers mental health services to personnel and their families though our CEP social services staff, faith based organizations and through designated CISD (critical incident stress debriefing) teams. These services will be posted available on our OEMS&T website (www.adph.org/ems) by January 2009 as well as notices distributed by newsletter beginning December 2008.

Appendix B.13 Integrate Public Safety Answering Points into Pandemic
B.13 Integrate Public Safety Answering Points into Pandemic Preparedness
Preparedness

Lead Individual name: Dennis Blair
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Supporting Activity
Sub-objective 1: Guiding Principles for Public Safety Answering Points (PSAPs) Respond
Does the Statewide pandemic influenza plan delineate the role of PSAPs?

The Alabama Department of Public Health (ADPH), Office of Emergency Medical Services and Trauma (OEMST) has identified at least 87 different organizations that dispatch locally. No single State agency controls these organizations. Each PSAP organization is independently regulated by boards, municipalities, and county governments. This broad range of organizations will make meeting these objectives difficult.

The Statewide pandemic influenza plan delineates the roles of PSAPs by including them in a Statewide protocol. The State has held 14 workshops to provide awareness training to health areas and included the opportunity for attendance of PSAP agencies. The State is planning 6 PI workshops specific training PSAP agencies.

Are PSAPs involved in Statewide pandemic influenza planning?

OEMST has several PSAP persons designated to our first responder planning committee as well as provide input on PI plans. OEMST is conducting 4 workshops in 2009 to present and modify PI response plans with all State dispatch, PSAP and 911

agencies.

Does the Statewide pandemic flu plan establish mechanisms for "Just-in-Time" training and education to call-takers and other PSAP personnel?

OEMST will use various public health media, including phone, email, webcasts, the Alabama Incident Management System (AIMS) and the Alabama Emergency Response Technology (ALERT) to provide just in time training and information.

Is there a consistent Statewide mechanism for communications of pandemic flu updates to PSAPs?

OEMST will provide just-in-time training and instruction through our webcasting service, website, email blasts, ALERT and electronic newsletter. All means are connected to our licensure database that houses email, snail-mail and phone contact information. This plan is currently being exercise regularly to share other relevant information to our EMS personnel. PSAP and 911 personnel are in initial phases of being integrated into the same information sharing methods. This component should be complete by end of fiscal year 2009.

Does the State pandemic influenza plan establish standardized 9-1-1 protocols that capture symptoms specific to the pandemic?

OEMST plans is to utilize the mandatory emergency medical response records (AL e-PCR NEMSIS compliant) captured by the EMS provider services relevant to pan flu symptoms. The symptom data is more reliable as PSAP call takers are not medical people. The e-PCR is electronically submitted daily and will be under surveillance by state epidemiologists.

Recover

Does the State have established processes for the integration of best practices or lessons learned during the previous pandemic wave across the 9-1-1 system and issue an after action report?

OEMST is using related experiences from other disasters as well as large incidents involving PSAPS and EMS to integrate best practices and after action reports. Public Health along with other state agencies have conducted and will continue to conduct and filmed interviews regarding lessons learned and best practices As well as participate in debriefing meetings where allowed to provide written reports that may be used to modify future responses. All current videos are available for viewing on the Public Health Training Network web site at http://www.adph.org/alphtn/.

Sub-objective 2: Provision of Information to the Public

Respond and Recover

Does the State have a mechanism and protocols in place to coordinate quickly the latest public health and other information and messages with PSAPs to assure a coordinated system-wide message?

OEMST will utilize phone, email, webcasts, AIMS and ALERT to provide coordinated information and messages to PSAPs. The OEMS&T licensure database (AlaCert) contains accurate contact points and information for 87 PSAP and 911 agencies. This allows rapid deployment of information through all means listed above.

Sub-objective 3: Facilitation of Call Screening
Respond and Recover
Does the State pandemic influenza surveillance system incorporate the role of the PSAPs in implementing automated data gathering and data packaging of specific symptoms for purposes of real-time analysis to identify geographic and temporal clusters of symptoms and patients?

OEMST will use the Alabama electronic Patient Care Report (e-PCR) to gather surveillance as most of the dispatch data comes from the PSAPs themselves. All 312 licensed EMS provider agencies are mandated to report all emergency responses to the OEMS&T. Surveillance and research analysis is being conducted within the OEMS&T and state epidemiology division.

Does the State have a mechanism established to disseminate rapid updates to pandemic influenza symptom set to PSAPs for caller screening and for data collection/analysis?

OEMST will utilize the OEMST database PSAP and 911 contacts to ensure that rapid updates and other pertinent information is disseminate through our email system, web page, news casts, phone and ALERT system.

Are there Statewide policies and procedures and legal protections for sharing pertinent data with State and local public health authorities?

OEMST EMS laws and rules and policies and procedures for legal protection and sharing pertinent data during an influenza pandemic. See Code of Alabama Title 31, http://alisondb.legislature.state.al.us/acas/ACASLogin.asp , EMS Rules and HIPAA exemptions for Public Health Agencies.

Are there Statewide protocols and procedures in place to guide PSAP triage and patient classification during an influenza pandemic?

OEMST adopted US DOT PI EMS response protocols to guide a PSAP triage and patient classification. OEMS&T advocates, but cannot mandate Emergency Medical Dispatch training for all EMS call takers and those various systems also contain medical instruction for influenza.

Sub-objective 4: Assistance with Priority Dispatch of Limited EMS
Respond and Recover
Is there Statewide legal authority and protocols to allow tiered response of different EMS unit during a pandemic influenza?

OEMST will develop the legal authority and protocols to allow a tiered response of different EMT units during a PI. The response will be BLS nontransport, BLS transport, ALS nontransport and ALS transport.

Does the State pandemic influenza plan establish mechanisms to identify those 9-1-1 callers or patients appropriate for transfer to a secondary triage specialist or alternate call center? Is there coordination between public health, EMS and PSAPs to coordinate this transfer?

The State PI EMS response protocol to be adopted June 2009 will address those

patients triaged at the PSAP level to be passed on to secondary triage specialist or alternate call centers. This component of the EMS PI response plan will include the coordination steps between, public health, EMS and PSAPs.

Sub-objective 5: Education and Training of PSAPs
Respond and Recover
Does the State identify PSAP pandemic influenza continuing education and training?

OEMST can identify PSAP PI continuing education. Conversely, OEMST cannot require or mandate continuing education for PSAPs. The eighty-seven PSAPs and 911 centers identified by OEMS&T are all independent agencies that are not regulated by any State agency. The OEMS&T will begin working with PSAP agencies and other venues to ensure PSAPs and 911 centers are aware of all training opportunities.

Does the State identify methods for pandemic influenza "just in time" training for PSAP personnel and their medical directors that is coordinated with EMS, public safety and public health?

OEMST has identified and utilized through fourteen on-site training (with 4 more scheduled for 2009), memorandums, emails, newsletters and phone conversations PI awareness training with good success. OEMS&T will continue to utilize these identified methods to provide any "just in time" training. Alabama PSAPs do not have medical directors.

Sub-objective 6: Continuity of Operations
Respond and Recover
Does the state define isolation and quarantine policies and procedures for PSAPs?

OEMST will define isolation and quarantine policies and procedures. The language does not specifically distinguish PSAP personnel. (Code of Alabama Title 31, http://alisondb.legislature.state.al.us/acas/ACASLogin.asp OEMST will work with the 87 identified PSAP/911 agencies during 2009 to define isolation and quarantine policies and procedures as part of their PI response plans.

Does the state define system-wide processes for vaccinating 9-1-1 personnel, as an element of the critical infrastructure.

OEMST should work with PSAPs to define vaccinations for 911 personnel can be vaccinated at the county health department level if the Federal guidelines allow them to become part of the critical infrastructure. Right now, EMS and PSAPs are not listed as critical components.

Does the state identify mechanisms for freedom of movement of PSAP personnel?

OEMST has no current restriction for freedom of movement of PSAP personnel (reference Alabama Title 31, http://alisondb.legislature.state.al.us/acas/ACASLogin.asp). The State will ensure a means to identify these personnel during a PI for safe and free passage.

Appendix B:14 Protect Citizens: Operating Readiness

Operating Objective	Tested? (Y/N)	What was tested and why?	How did result improve the Operating Plan?
Ensuring Continuity of Operations of State Agencies & Continuity of State Government:	N	Each State Agency is responsible for developing, Education of staff and testing their own COOP Plan. A State Wide Drill has not been conducted	
Telework plans (test for capability for people, processes, and technology; ensure teleworkers have access to vital records, databases and other files, consistent with encryption protocols)	AEMA Tested and uses Telecom muting in daily operations and disasters.	Essential Alabama EMA employees have laptops that have VPN Portals that allos them to work from home, on the road, remote locations and Air Cards are issued and/or available for checkout by these employees. The VPN Connections are secure links that allows employees to access AEMA Files and their personal drives. Other employees have access to emails and AEMA Websites from home computers through secure connections	
Communications plan and communications mechanisms	Y	June 11, 2008 ICS Communication Exercise to use all comm equipment and databases	Enhanced internal database capabiilties to support emergency operations; trained; tested; improved.
Other plans from Appendix A.1 related to actions to be taken during a pandemic	N/A	N/A	N/A
Public Health COOP	Y	June 11, 2008 ICS Communication Exercise to use all comm equipment and databases	Enhanced internal database capabiilties to support emergency operations; trained; tested; improved.
Food Supply System	N		
Uniform Military Services	Y	April 2008 Retrain ADPH Supervisors; May 2008 Supervisors train staff; June-Dec 2008 drill elements of COOP Plans	Drills will provide specifics for work units to modify COOP plans, and, thus the entire Pubilc Health COOP.
Agriculture	Y	June 17, 2008 FAD functional; Sept 13, 2007 FAD TTX	Coordination between multiple state agencies; unified command; joint information centers.
Transportation	Y	March 1-2, 2007 SNS Transportation Exercise	Identification of additional transportation partner for revisions to SNS plan,.
Ensure Surveillance and Laboratory Capability During Each phase of a Pandemic	Yes	June 17, 2008 FAD functional; Sept 13, 2007 FAD TTX	Coordination between multiple state agencies; unified command; joint information centers.
Assist with Controls at U.S. Ports of Entry	Yes	March 1-2, 2007 SNS Transportation Exercise	Identification of additional transportation partner for revisions to SNS plan,.
Implement community Mitigation Interventions	Yes	Aug 23, 2008 PI Lab Conference	Modified surveillance program by Public Health surveillance nurses and lab personnel.
Enhance Sate Plans to Enable Community Mitigation Through Student Dismissal and School Closure	Y	Jan-May 2007 School Closing TTXs	Al Dept of Education has revised state plan; schools have modified plans; Public Health & Education will collaborate on closure decisions.
Acquire and Distribute Medical Countermeasures	Y	November 2007 CRA Pilot Testing	2007 Seasonal flu drive through clinics in Areas 7 & 9; November 2007 CRA reporting test; identified need to select and train CRA staff.
Ensure Mass Vaccination Capability During Each Phase of a Pandemic	Y	2007 Seasonal Flu Drive Thru Clinics in Areas 7 & 9	Drive thru alternatives and CRA reporting are included in the operational plan.

Provide Healthcare	Y	July 24, 2007 PI Medical Surge Exercise	Use of medical stations to assist hospitals; mass dispensing of countermeasures; hospital alternate care sites.
Manage Mass Casualties	Y	March 5- May 6, 2008 Fatality Management Conferences	Identification of agency capabilities and limitations; how to access mass fatality resources locally.
Ensure Communication Capability During Each Phase of a Pandemic	Y	June 11, 2008 ICS Communication Exercise to use all comm equipment and databases; and, June - December 2008 COOP Drills	Redundant systems are in place; being improved as training and drills take place.
Mitigate the Impact of an Influenza Pandemic on Workers in the State	Y	Jan-May 2007; March 5-May 6, 2008 Fatality Mgt. Conferences	Development of COOP Plans; training on COOP; COOP drills.
Understand Official Communication Mechanisms For Foreign Missions, International Organizations, and Their Members in the United States	N/A	N/A	N/A
Integrate EMS and 9-1-1 into Pandemic Preparedness	Y	March 5- May 6, 2008 Fatality Management Conferences	EMS limitations and need for 911 dispatch centers to be part of planning.
Integrate Public Safety Answering Points into Pandemic Preparedness	N		
Public Safety and Law Enforcement	Y	March 5- May 6, 2008 Fatality Management Conferences	Public Safety & law enforcement limitations during a pandemic.
Define CIKR Protection, Planning and Preparedness Roles and Responsibilities	N		
Build Public-Private Partnerships and Support Networks	Y	School Closing, PI Med Surge, PI Rapid Response & Fatality Management Conferences	LEPCs, Advisory Council, new SMORT Work Group
Implement the NIPP Risk Management Framework for a Pandemic	N		
Bolster CIKR Information Sharing and Protection Initiatives	N	The Fusion Center is primarily responsible for CIKR Information and promoting Protection Initiatives. Each state agency has receive Pandemic Training which included	Page 4 The Alabama Fusion Center was created to serve as an information
Leverage Emergency Preparedness Activities for CIKR Protection, Planning and Preparedness	N	Each county has a PI Planning Council. The County EMA's are active participants with these Councils. Area Coordinator from State EMA participated in many of these Councils. The CIKR are part of these planning councils.	Page 4 The Alabama Fusion Center was created to serve as an information
Integrate Federal and State CIKR Protection, Planning and Preparedness Activities	N	Part of the CRIF Database and visits by State and Federal Homeland Security Officials is to promote CIKR Activities.	Page 15 - As diverse as the critical infrastructures Page 15 - As part of the U.S. Department of Homeland Security
Allocate Scarce Resources	N	In a disaster AEMA and other state Agencies work to allocate scarce resources.	Page 8 - The Alabama EMA's Operations and Logistic sections, the Alabama State

Appendix B.15: Public Safety and Law Enforcement

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Supporting Activity

Prepare

Has the State, in collaboration with local and tribal governments, reviewed their respective legal authorities relative to what may be needed during an influenza pandemic, assessed whether changes are needed in laws or regulations, and, if so, pursued legislative remedies?

The Alabama Department of Public Safety (ADPS) has by virtue of State Law, state-wide law enforcement authority and responsibility granted by The *Code of Alabama 1975.* Any action by ADPS will reflect the statutes denoted until such authorization is amended, replaced, or suspended. Currently no legislative action is pending that would be contrary to The *Code of Alabama 1975.* In the event of a Federal Declaration ADPS would, under the advisement of ADPS legal staff, follow and execute accordingly.

Has the State provided guidance for local and tribal law enforcement agencies regarding how to meet the potential security needs of medical facilities and countermeasure distribution centers during an influenza pandemic?

ADPS participated in a ADPH fatality management conferences that covered eleven sites across the State, The seminar brought together shareholders from first responders, funeral directors, hospitals, church and religious, public health, and others who would be affected by and charged to act prior to, during, and after a pandemic event. During these discussions, special attention was given to security measures that would need to be addressed and the potential problems related to the implementation of the recovery process.

Has the State provided local and tribal law enforcement agencies with training materials and guidance on protective measures for workforce sustainability as well as the meeting the needs of officers' household members?

ADPS has disseminated information to its employees on pandemic emergencies but on a limited scale. A department-wide effort is needed to inform employees of the hazards and potential safeguards that are needed.

Respond and Recover

How will State officials coordinate the actions of the interdependent components of the criminal justice system (to include courts, corrections, law enforcement agencies, prosecutors, and probation/parole officials) to avoid or limit interruption of essential services and functions during an influenza pandemic?

ADPS has recently implemented an electronic submission process (E-Ticket) in which traffic citations are forwarded to the court system wirelessly. Although the program is not fully utilized mainly due to the lack of infrastructure in some areas, the program allows law enforcement limited face-to-face contact with court personnel. However, testimony given in criminal and non-criminal cases that require physical appearances by law enforcement officers has not been directly addressed. ADPS will work closely with all aspects of the criminal justice system (i.e. courts/judicial system) to ensure that any

interruption of essential service pertaining to the courts and related offices are minimal.

ADPS is committed to identifying other shareholders (i.e. probation & parole, jails, & etc.) in preparing its COOP plan.

Are triggers and procedures in place use the National Guard to supplement State, local, or tribal law enforcement agencies?

The Alabama Army National Guard has been and continues to be an important resource that is available to the first responder community throughout the state. On numerous occasions in the past the ANG has responded to natural disasters and threats of civil unrest. Members of the ANG have been actively involved in meetings, discussions, and tabletop and practical exercises with other state agencies including the ADPS. Notification procedures are in place through the Alabama Emergency Management Agency. These procedures allow information to be disseminated to appropriate members of the ANG so as to expedite the activation of troops and equipment.

Are appropriate State officials aware of the procedures to request emergency federal law enforcement assistance?

ADPS has direct contact and access to the Alabama Emergency Management Agency by which information can be gathered and pushed up to the Federal level. ADPS is responsible for all law enforcement deployment during an incident which requires multiple agency responses to an effected area of the state. Officials at all levels of government are familiar with this procedure.

For jurisdictions which have international ports, airports or borders, has coordination been made with appropriate federal officials in the event security must be provided for facilities where individuals may be temporarily quarantined?

ADPS has not specifically addressed the isolation and quarantine aspects of a pandemic with federal partners. ADPS has held discussions with ADPH in addressing some legal issues regarding isolation and quarantine issues as related to the Alabama law enforcement community (i.e. enforcement of court orders).

Are appropriate State officials aware of the procedures to request federal military assistance to provide law enforcement functions, or military equipment and facilities, training, and maintenance support?

State officials are aware of notification request procedures concerning federal military assistance. Request for assistance by ADPS would be directed through the agency director to the governor.

Appendix C.1: Define CIKR Protection, Planning, Preparedness, Response, and Recovery Roles and Responsibilities

Lead Individual name: Brock Long
Lead Individual phone number: 205-280-2201
Lead Individual email: brock.long@ema.alabama.gov

Supporting Activity

Are the State, local, tribal, and territorial government surveillance, detection and protection actions described in the Implementation Plan for the National Strategy for Pandemic Influenza and the HHS Pandemic Influenza Implementation Plan being effectively implemented to help protect CIKR businesses?

The Alabama State Government encourages extensive two-way and multidirectional sharing between the public and private sectors of operational information and situational awareness related to potential or actual incidents. The State Government works cooperatively to develop and apply processes, procedures, and communication protocols that support such sharing at the strategic leadership and operational levels.

Does the State have a dedicated Pandemic Influenza Implementation Plan, and does this Plan clearly define the assigned roles and responsibilities of all State, local, tribal, and territorial government entities in supporting and sustaining CIKR essential businesses?

The collection of all the information compiled by the Alabama Department of Public Health (ADPH) is converted into a Pandemic Influenza (PI) Operational Plan (Op Plan) that will serve as the PI Incident Annex to the State of Alabama Emergency Operational Plan (EOP).

Is the State addressing potential gaps in the Plan between the State's current assignment and those roles and responsibilities outlined in the NIPP, SSP, and in CIKR Pandemic Guide?

As an incident specific annex to the EOP the Operational Plan will help address the potential gaps between the State of Alabama current "All Hazards EOP" and the specific needs and shortfalls that may arise in a Pandemic Influenza event.

Has the State identified the authorities and measures necessary for implementation of these temporary regulatory adjustments/waivers for CIKR?

Alabama State Code Section 31-9-13 establishes the process of how all orders, rules and regulations promulgated by the Governor as authorized by this chapter shall have the full force and effect of law, and the process of distribution to make the rule changes effective. http://alisondb.legislature.state.al.us/acas/ACASLogin.asp

Has the State identified and assessed the relevant Federal, State, local, tribal, and territorial government regulations and oversight requirements affecting public- and private-sector CIKR business continuity operations during a pandemic?

Alabama State Code 31-9-06 specifies the Governor's general powers and duties with respect to emergency management, and Alabama State Code 31-9-8 specifies the Governor's emergency powers. Alabama State Code Section 31-9-13 establishes the process of how all orders, rules and regulations promulgated by the Governor as authorized by this chapter shall have the full force and effect of law, and the process of

distribution to make the rule changes effective.
http://alisondb.legislature.state.al.us/acas/ACASLogin.asp

Has the State identified temporary adjustments/waivers to mitigate any negative impacts of these regulations and requirements on CIKR continuity of operations during a pandemic that the State and/or other authorized government regulators may consider using?

Draft Emergency Executive Orders and/or Proclamations are maintained by the independent state agencies and/or organizations that have jurisdictions and legal authorities to grant exceptions and or wavers that might be needed to support the critical needs infrastructures in a pandemic or other disaster event.

Has the State assessed the State's and/or other authorized Federal, tribal, territorial or local government regulators' authorities and other measures necessary for implementation of any temporary regulatory adjustments/waivers to support and sustain CIKR?

Draft Emergency Executive Orders and/or Proclamations are maintained by the independent state agencies and/or organizations that have jurisdictions and legal authorities to grant exceptions and or wavers that might be needed to support the critical needs infrastructures in a pandemic or other disaster event.

Has the State communicated and fully coordinated these potential temporary regulatory adjustments/waivers with all appropriate CIKR stakeholders?

Draft Emergency Executive Orders and/or Proclamations are maintained by the independent state agencies and/or organizations that have jurisdictions and legal authorities to grant exceptions and or wavers that might be needed to support the critical needs infrastructures in a pandemic or other disaster event.

Appendix C.2 Build Public-Private Partnerships and Support Networks
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Supporting Activity
What mechanism does the State plan to use to coordinate CIKR pandemic influenza response and recovery efforts?

The mandated function of the Alabama Emergency Management Agency is to ensure that preparations of the State are adequate to deal with disasters or emergencies resulting from enemy attack/sabotage, fire, flood, earthquake or other natural causes; to provide for the common defense and protection of the public peace, health and safety; to preserve the lives and property of the people of the State; and to promote mutual aid among Federal, State and local governments. It is one of the agencies responsible for performing the Law Enforcement and Emergency Powers function of Alabama government. In performance of its mandated function, the Alabama Emergency Management Agency may engage in the following sub-functions:

- **Promulgating and Planning.** Code of Alabama 1975, Section 31-9-6 empowers the Governor, through AEMA, to "…make, amend and rescind the necessary orders,

rules and regulations to carry out the provisions of the chapter (Alabama Emergency Management Act)." AEMA is also authorized to "…prepare a comprehensive plan and program for the emergency management of this State." and to "…coordinate the preparation of plans and programs for emergency management by the political subdivisions of this State."

- **Coordinating Preparedness Programs**. Code of Alabama, Section 31-9-6 (3) mandates the agency "…to institute training programs and public information programs, and to take all other preparatory steps, including the partial or full mobilization of emergency management organizations in advance of actual disaster, to ensure the furnishing of adequately trained and equipped forces of emergency management personnel in time of need." In order to ensure that preparations of the State are adequate to deal with disasters or emergencies resulting from natural causes or other human hostile action, staff members of the agency are responsible for coordinating several preparedness programs at both the State and local levels.
- **Training and Exercise Program** – AEMA staff conducts various training courses for State and local emergency response personnel on a regular basis. This includes training for first responders like fire fighters, law enforcement, emergency medical services, hospital workers, volunteer groups and local government staff members. All local government entities receiving Federal grant funding are required to conduct emergency exercises on a regular basis for assessment by AEMA.

Has the State identified unique geographical issues, including trans-border concerns, as well as critical interdependencies within and across sectors and jurisdictions within those geographical boundaries affecting CIKR?

Code of Alabama 1975, Section 31-9-6 empowers the Governor, through AEMA, to "…make, amend and rescind the necessary orders, rules and regulations to carry out the provisions of the chapter (Alabama Emergency Management Act)." AEMA is also authorized to "…prepare a comprehensive plan and program for the emergency management of this State." and to "…coordinate the preparation of plans and programs for emergency management by the political subdivisions of this State."
http://alisondb.legislature.state.al.us/acas/ACASLogin.asp

Has the State shared these issues with all appropriate public- and private-sector CIKR partners and support networks?

Code of Alabama 1975, Section 31-9-6 empowers the Governor, through AEMA, to "…make, amend and rescind the necessary orders, rules and regulations to carry out the provisions of the chapter (Alabama Emergency Management Act)." AEMA is also authorized to "…prepare a comprehensive plan and program for the emergency management of this State." and to "…coordinate the preparation of plans and programs for emergency management by the political subdivisions of this State."
http://alisondb.legislature.state.al.us/acas/ACASLogin.asp

What specific actions has the State taken to develop and implement systems to communicate and collaborate with all appropriate CIKR to build public-private partnerships at the State, regional and local levels during and after a pandemic influenza outbreak?

When an ESF is activated in response to an Incident of National Significance or

catastrophic event, support agencies are responsible for:

- Conducting operations, when requested by AEMA or the designated ESF primary agency, using their own authorities, subject-matter experts, capabilities or resources
- Participating in planning for short-term and long-term incident management and recovery operations and the development of supporting operational plans, SOGs, checklists or other job aids, in concert with existing first-responder standards
- Assisting in the conduct of situational assessments
- Furnishing available personnel, equipment, or other resource support as requested by AEMA or the ESF primary agency
- Providing input to periodic readiness assessments
- Participating in training and exercises aimed at continuous improvement of prevention, response and recovery capabilities
- Identifying new equipment or capabilities required to prevent or respond to new or emerging threats and hazards, or to improve the ability to address existing threats
- Nominating new technologies to AEMA for review and evaluation that have the potential to improve performance within or across functional areas
- Providing information or intelligence regarding their agency's area of expertise.

When requested, and upon approval of the Governor, the Alabama National Guard (ALNG) provides Defense Support of Civil Authorities (DSCA) during domestic incidents. Accordingly, ALNG is considered a support agency to all ESFs. For additional information on DSCA, refer to the EOP Base Plan and MSCD OPLAN.

One of the major roles of the Alabama Department of Homeland Security is to compile a critical infrastructure and key resource database. The formation of this database requires them to contact and establish a relationship with these infrastructures and resources. The primary focus of the ADHS has been law enforcement and anti-terrorism activities. A mechanism that has been set up for such information sharing is the Alabama Fusion Center. The Alabama Fusion Center was created to serve as an information portal between Federal, State and local governments, and law enforcement and the private sector. Their focus, however is shifting to all-hazards, and they can be, and do serve as a conduit for information-sharing, intelligence gathering, mitigation activities and/or response coordination activities.

These networks are designed much like the primary and support agencies as listed in the EOP, but are laid out to extend further into the critical infrastructure's non-governmental sectors. A State agency will serve as the primary agency for the designated area and, in turn, will serve as the coordination point of the other related State agencies who will serve in a support role. All these agencies will then establish communications links with other agencies, organizations, groups and associations who are representative of the type of entities identified by the sector profiles.

Appendix C.3 Implement NIPP Risk Management Framework for a Pandemic
Lead Individual name: Brock Long
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Supporting Activity
Does the State's Pandemic Plan include a method to determine risk to prioritized essential CIKR resources and services by combining potential direct and indirect

consequences of an influenza pandemic (including seasonal changes in consequences, and dependencies and interdependencies associated with each identified asset, system, or network) with known vulnerabilities?

As a result, the Fusion Center's intelligence and coordination activities working with ADPH, AEMA and ADHS will also enable the State Agencies to better prioritize essential resources and services by combining essential CIKR partners and goods to plan for, address and meet potential shortfalls in a pandemic event.

The Alabama Emergency Management Agency is tasked with the coordination of response and recovery to any emergency event in the State, whether it is terrorism, a natural hazard, a technical emergency and/or a pandemic disease. Alabama EMA assembles a unified effort, via a Multi-Agency Coordination Group in the State Emergency Operations Center (SEOC) to manage the flow of resources into and out of affected areas and to provide timely and accurate information to decision makers.

As part of the U.S. Department of Homeland Security and the Alabama Department of Homeland Security Critical Infrastructure Protection Programs, site visits are made to the CIKR sites as part of the ongoing documentation and preparedness activities. Alabama has two primary DHS Protective Security Advisors who work with ADHS to coordinate these site visits and establish and continue communication links with the CIKR facilities. Alabama EMA and ADPH representatives are invited to and do participate in these site visits in order to promote pandemic planning activities, communications and infrastructure support. These visits are coordinated by the DHS Protective Security Advisors.

In collaboration with appropriate public- and private-sector partners; has the State identified all the CIKR delivered "essential" resources and services necessary to sustain the nation's social and economic well-being?

The EOP, using the National Response Framework (NRF) and the National Incident Management System (NIMS), establishes the mechanisms to:

- Maximize the integration of incident-related prevention, preparedness, response and recovery activities
- Improve coordination and integration of State, County, local, Tribal, private-sector and nongovernmental organization partners
- Maximize efficient utilization of resources needed for effective incident management
- Improve communications and increase situational awareness
- Facilitate mutual aid and State support to County, local, and Tribal government
- Facilitate state-to-state support
- Provide proactive and integrated State response to catastrophic events
- Determine priorities and coordinate protection, response, and recovery of critical infrastructure.

Critical Infrastructure encompasses many different agencies, industries, disciplines and organizations, both governmental and private sector. As diverse as the critical infrastructures are so are the interdependencies between the different sectors. Alabama Department of Public Health, Alabama Department of Homeland Security and Alabama Emergency Management Agency work with other Federal, State, local and nongovernmental agencies to synergize efforts in disaster preparedness, mitigation, and resiliency and response activities. However, since pandemic influenza has multiple

jurisdictional implications and will affect all facets of life, the State of Alabama is organizing bi-directional communication and resource-sharing networks in addition to those previously listed in the Alabama Fusion Center and the State Emergency Operations Plans. These networks are designed much like the primary and support agencies as listed in the EOP, but are laid out to extend further into the critical infrastructure's non-governmental sectors. A State agency will serve as the primary agency for the designated area and, in turn, will serve as the coordination point of the other related State agencies who will serve in a support role. All these agencies will then establish communications links with other agencies, organizations, groups and associations who are representative of the type of entities identified by the sector profiles.

Has the State identified, all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?
Has the State assessed all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?
Has the State prioritized all CIKR delivered "essential" resources and services to ensure appropriate and timely allocation of limited government and private sector support in order to mitigate vulnerabilities and consequences?

In progress - The methods of communications, joint planning and coordination of resources that have been set up is allowing the State to identify "essential resources and services" but cannot say "all" have been appropriately identified.

Is there a mechanism in place to identify those individual or networks of public- and private-sector CIKR assets in a State that are most likely to be affected and most vulnerable during a pandemic, and thus may require special attention and support?

Representatives from State agencies have been summoned by the Governor and have had educational planning, and informational sharing meetings concerning pandemic influenza. These State agencies are being organized into primary and support agencies for each of the seventeen CIKR areas. The goal of each area is to have a lead agency that will work with other supporting State agencies to ensure that each sector of the critical infrastructure at the State level is communicating with, and is jointly planning and working together with every other sector to prepare and respond in the event of a pandemic event. Since each of the agencies has a different mission and area of focus, each may have areas of overlapping outreach within the State and with the private sectors. Each of the State agencies has regulatory oversight, communications, partnerships and/or organized associations with private sectors. By coordinating with and through these agencies in this fashion, AEMA, ADPH and ADHS will be able to establish a secondary two way communications and information-sharing network that can and will be used in any emergency situation, especially a pandemic event. Each State agency has compiled continuity of Operations Plans which provide for the essential functions and the goods and personnel needed to meet these identified functions.

Is there a mechanism that designates the State and private sector response and

recovery roles and responsibilities necessary to maintain the delivery of essential resources and services during and after a pandemic influenza outbreak?

Representatives from State agencies have been summoned by the Governor and have had educational planning, and informational sharing meetings concerning pandemic influenza. These State agencies are being organized into primary and support agencies for each of the seventeen CIKR areas. The goal of each area is to have a lead agency that will work with other supporting State agencies to ensure that each sector of the critical infrastructure at the State level is communicating with, and is jointly planning and working together with every other sector to prepare and respond in the event of a pandemic event. Since each of the agencies has a different mission and area of focus, each may have areas of overlapping outreach within the State and with the private sectors. Each of the State agencies has regulatory oversight, communications, partnerships and/or organized associations with private sectors. By coordinating with and through these agencies in this fashion, AEMA, ADPH and ADHS will be able to establish a secondary two way communications and information-sharing network that can and will be used in any emergency situation, especially a pandemic event. Each State agency has compiled continuity of Operations Plans which provide for the essential functions and the goods and personnel needed to meet these identified functions.

Has the State identified mission critical personnel (specifically, personnel that work with CIKR or high consequence systems) to participate in government- or private-sponsored CIKR response and recovery programs (i.e., credentialing programs)?

Each ESF is required to develop standard operating guidelines (SOGs) and notification protocols, and to maintain current rosters and contact information.

Each ESF Annex identifies the ESF coordinator and the primary and support agencies pertinent to the ESF. Several ESFs incorporate multiple components, with primary agencies designated for each component to ensure seamless integration of, and transition between, preparedness, prevention, response, recovery and mitigation activities. ESFs with multiple primary agencies designate an ESF coordinator for the purposes of pre-incident planning and coordination.

Appendix C.4 Bolster CIKR Information Sharing and Protection Initiatives

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Supporting Activity

Does the State have a public-private sector system in place to share information on CIKR preparedness, response and recovery actions during a pandemic influenza outbreak?

A mechanism that has been set up for such information sharing is the Alabama Fusion Center. The Alabama Fusion Center was created to serve as an information portal between Federal, State and local governments, and law enforcement and the private sector. Their focus, however is shifting to all-hazards, and they can be, and do serve as a conduit for information-sharing, intelligence gathering, mitigation activities and/or response coordination activities.

Does the State have a public-private sector system in place to share information on

CIKR preparedness, response, recovery and preparedness for next wave actions during and after a pandemic influenza outbreak?

One of the major roles of the Alabama Department of Homeland Security is to compile a critical infrastructure and key resource database. The formation of this database requires them to contact and establish a relationship with these infrastructures and resources.

As part of the U.S. Department of Homeland Security and the Alabama Department of Homeland Security Critical Infrastructure Protection Programs, site visits are made to the CIKR sites as part of the ongoing documentation and preparedness activities. Alabama has two primary DHS Protective Security Advisors who work with ADHS to coordinate these site visits and establish and continue communication links with the CIKR facilities. Alabama EMA and ADPH representatives are invited to and do participate in these site visits in order to promote pandemic planning activities, communications and infrastructure support. These visits are coordinated by the DHS Protective Security Advisors.

Does the State have a reliable and effective information management and protection system in place to satisfy privacy and security concerns of CIKR owners and operators who are willing to share information during a pandemic?

One of the major roles of the Alabama Department of Homeland Security is to compile a critical infrastructure and key resource database. The formation of this database requires them to contact and establish a relationship with these infrastructures and resources.

Since approximately 80% of the State's CIKR are found in the private sector, the Alabama Department of Homeland Security and the Alabama Fusion Center play a major role in the communications link between with these entities and other State agencies. Many of Alabama CIKR names, locations and missions are held as sensitive information; thus their contact information is kept in the CIKR Database which is not available for public release. Since the Alabama Fusion Center, as the key agency, maintains the CIKR Database for the State of Alabama, they have already established communication pathways with the most of Alabama's CIKR identities.

The purpose of these additional networks is to establish relationships and communications with organizations and agencies who may not be in the AEMA, DHS and Fusion Center's normal communications circles. ADPH is also using these networks to promote pandemic planning and preparedness activities throughout the State agencies and the private sectors while keeping sensitive information secure.

Has the State collected and appropriately shared other critical information/data on CIKR assets and systems that address cross-sector dependencies and interdependencies that affect CIKR functionality, performance and recovery?

The Alabama Fusion Center was created to serve as an information portal between Federal, State and local governments, and law enforcement and the private sector. Their focus, however is shifting to all-hazards, and they can be, and do serve as a conduit for information-sharing, intelligence gathering, mitigation activities and/or response coordination activities.

As part of the U.S. Department of Homeland Security and the Alabama Department of Homeland Security Critical Infrastructure Protection Programs, site visits are made to

the CIKR sites as part of the ongoing documentation and preparedness activities. Alabama has two primary DHS Protective Security Advisors who work with ADHS to coordinate these site visits and establish and continue communication links with the CIKR facilities. Alabama EMA and ADPH representatives are invited to and do participate in these site visits in order to promote pandemic planning activities, communications and infrastructure support. These visits are coordinated by the DHS Protective Security Advisors.

Has the State implemented a mechanism to update and report as necessary the changes in status of all CIKR and especially high-risk and high-consequence CIKR assets and interdependent cross-sector networks to all appropriate government and public- and private-sector CIKR partners and stakeholders?

The Alabama Fusion Center was created to serve as an information portal between Federal, State and local governments, and law enforcement and the private sector. Their focus, however is shifting to all-hazards, and they can be, and do serve as a conduit for information-sharing, intelligence gathering, mitigation activities and/or response coordination activities.

As part of the U.S. Department of Homeland Security and the Alabama Department of Homeland Security Critical Infrastructure Protection Programs, site visits are made to the CIKR sites as part of the ongoing documentation and preparedness activities. Alabama has two primary DHS Protective Security Advisors who work with ADHS to coordinate these site visits and establish and continue communication links with the CIKR facilities. Alabama EMA and ADPH representatives are invited to and do participate in these site visits in order to promote pandemic planning activities, communications and infrastructure support. These visits are coordinated by the DHS Protective Security Advisors.

Appendix C.5 Leverage Emergency Preparedness Activities for CIKR Protection, Planning, Preparedness, Response, and Recovery

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Supporting Activity

Has the State identified existing State, local, and/or tribal government and private sector emergency resources stockpiled for other disasters that may be useful for pandemic influenza response and recovery and incorporated them into their State Plan?

The Alabama EMA's Operations and Logistic sections, the Alabama State Department of Finance, and the Alabama Department of Public Health maintain resource databases and vendor contacts and/or contracts for goods and services for daily and emergency situations. Staging and distribution centers have been identified, setup up and mapped in each county. These sites are for delivery and distribution of needed goods, food, supplies and other item that might be needed in a disaster. ADPH has also identified SNS and Pandemic distribution sites in each county to deliver and dispense medical supplies, medicine and/or vaccines to the populations. Limited amounts of goods and supplies are stockpiled in various locations around the state by different departments and agencies. These include food, medications, medical supplies, cots,

blankets linens, generators, SNS Drugs, fatality management and cleaning supplies. Interagency communications and interagency logistical coordination efforts are used in the EOC to track and maintain accessibility to supplies in time of need. Each agency is responsible for maintaining their own supplies and contracts for just-in-time delivery of disaster supplies to include pandemic events. Also, the Governor's Office of Faith-Based and Community Initiatives has been tasked with the management of volunteers, donated goods and supplies for disaster events. They work with the State VOAD (Volunteer Organizations Active in Disasters) to manage the supply chains for these items.

Have existing Federal, State, local, territorial and/or tribal government and private sector formal and informal emergency response and recovery support networks for other type disasters been identified, enlisted and enhanced for pandemic influenza response?

Provisions of the Code of Alabama, Section 31-9-6 mandate the agency to cooperate with the President of the United States and other Federal/State agencies "…in matters pertaining to the emergency management of the State and nation and the incident thereof." Staff members of the agency coordinate and implement various response and recovery assistance programs before, during and after a disaster or emergency occurs.

The ESF coordinator has ongoing responsibilities throughout the prevention, preparedness, response, recovery and mitigation phases of incident management. The role of the ESF coordinator is carried out through a "unified command" approach as agreed upon collectively by the designated primary agencies. Responsibilities of the ESF coordinator include:

- Pre-incident planning and coordination
- Maintaining ongoing contact with ESF primary and support agencies
- Conducting periodic ESF meetings and conference calls
- Coordinating efforts with corresponding private-sector organizations
- Coordinating ESF activities as appropriate relating to catastrophic incident planning and critical infrastructure preparedness.

However, since pandemic influenza has multiple jurisdictional implications and will affect all facets of life, the State of Alabama is organizing bi-directional communication and resource-sharing networks in addition to those previously listed in the Alabama Fusion Center and the State Emergency Operations Plans

Appendix C.6 Integrate Federal, State, Local, Tribal, and Territorial Government with Public- and Private-Sector CIKR Protection, Planning, Preparedness, Response, and Recovery Activities

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Supporting Activity

Has the State employed a mechanism to report an accurate assessment of the status of CIKR with its Federal partners during and after a pandemic event?

AEMA assembles a unified effort, via a Multi-Agency Coordination Group in the State Emergency Operations Center (SEOC) to manage the flow of resources into and out of affected areas and to provide timely and accurate information to decision makers.

Provisions of the Code of Alabama, Section 31-9-6 mandate the agency to cooperate with the President of the United States and other Federal/State agencies "…in matters pertaining to the emergency management of the State and nation and the incident thereof." Staff members of the agency coordinate and implement various response and recovery assistance programs before, during and after a disaster or emergency occurs.

Has the State employed a mechanism to report an accurate assessment of the status of CIKR with its local and regional partners during and after a pandemic event?

One of the major roles of the Alabama Department of Homeland Security is to compile a critical infrastructure and key resource database. The formation of this database requires them to contact and establish a relationship with these infrastructures and resources.

Emergency Management Information Tracking System is a Lotus Notes based system that was developed especially for the Alabama Emergency Management Agency. Each County EMA office has a portal to enter information, up dates and/or request for assistance and unmet needs. The use of EMITS ensures an organized communication, request, and response to any situation and serves as an official record and documentation system used to document, track, response efforts, expenses and can be used for federal and state reimbursement purposes. EMITS also has extensive database capabilities where goods, services, personnel, shelters and other necessary items can be maintained in a central location. EMITS is used daily in the State's Emergency Communications Center and serves as a record of daily incidents and activities in the State of Alabama.

Has the State employed a mechanism to coordinate direct and indirect government and community support and relief?

AEMA operates and maintains the State Emergency Operations Center, located in Clanton, Alabama, on a twenty-four (24) hour basis. AEMA activates the center as ordered by the agency director or Governor when an emergency or disaster occurs. Various State agency representatives work together at the center to coordinate resources for response and recovery efforts.

Appendix C.7 Prioritize and Allocate Scarce Resources

Lead Individual name: Brock Long
Lead Individual phone number: 205-280-2201
Lead Individual email: brock.long@ema.alabama.gov

Supporting Activity

Has the State prioritized the mission critical personnel and essential public- and private-sector CIKR organizations and businesses in the State for resource stockpile support that are vital to sustaining CIKR operations and the nation's social and economic well-being?

Has the State assessed its disaster response stockpiles to ensure it has adequate types/quantities of appropriate medical and non-medical countermeasures and other pandemic-specific supplies and materials to support essential CIKR organizations and businesses and their mission critical personnel during possibly multiple response and recovery waves?

Has the State taken measures to procure and stockpile additional medical and non-medical supplies and material as required?

Has the State pre-negotiated, established, and maintained key contracts with vendors who supply critical resources and essential services for the State, and supporting similar arrangements for tribal, territorial and local government entities?
Has the State pre-negotiated, established, and maintained key contracts with vendors who supply critical resources and essential services for the State, and supporting similar arrangements for local, tribal, and territorial government entities?
Has the State supported CIKR businesses and organizations within the State to pre-negotiate, establish, and maintain key contracts with vendors who supply their critical resources and essential services?

The Alabama EMA's Operations and Logistic sections, the Alabama State Department of Finance, and the Alabama Department of Public Health maintain resource databases and vendor contacts and/or contracts for goods and services for daily and emergency situations. Staging and distribution centers have been identified, setup up and mapped in each county. These sites are for delivery and distribution of needed goods, food, supplies and other item that might be needed in a disaster. ADPH has also identified SNS and Pandemic distribution sites in each county to deliver and dispense medical supplies, medicine and/or vaccines to the populations. Limited amounts of goods and supplies are stockpiled in various locations around the state by different departments and agencies. These include food, medications, medical supplies, cots, blankets linens, generators, SNS Drugs, fatality management and cleaning supplies.

Are all State plans, procedures, and systems functional and pre-positioned to distribute all other direct and indirect government and community support and relief for CIKR securely and rapidly?

A State agency designated as an ESF primary agency serves as a State executive agent under the State of Alabama Codes and Statutes to accomplish the ESF mission. When an ESF is activated in response to an Incident of National Significance, the primary agency is responsible for:

- Orchestrating State support within the functional ICS structure (e.g., Command, Operations, Planning, Logistics, Finance and Administration) for an affected area
- Providing staff for the operations functions at fixed and field facilities
- Notifying and requesting assistance from support agencies
- Managing mission assignments and coordinating with support agencies, as well as other appropriate State agencies
- Working with appropriate private-sector organizations to maximize use of all available resources
- Supporting and keeping other ESFs and organizational elements informed of ESF operational priorities and activities
- Executing contracts and procuring goods and services as needed
- Ensuring financial and property accountability for ESF activities
- Planning for short-term and long-term incident management and recovery operations

Maintaining trained personnel to support interagency emergency response and support teams.

Do plans specify the State statutory and/executive order authorities for, officials responsible for, and process to be used, to allocate/ration scarce essential resources?

The mandated function of the Alabama Emergency Management Agency is to ensure that preparations of the State are adequate to deal with disasters or emergencies resulting from enemy attack/sabotage, fire, flood, earthquake or other natural causes; to provide for the common defense and protection of the public peace, health and safety; to preserve the lives and property of the people of the State; and to promote mutual aid among Federal, State and local governments.

Have officials identified public- and private-sector organizations/businesses in their State that play central roles in essential CIKR sectors?

Critical Infrastructure encompasses many different agencies, industries, disciplines and organizations, both governmental and private sector. As diverse as the critical infrastructures are so are the interdependencies between the different sectors. Alabama Department of Public Health, Alabama Department of Homeland Security and Alabama Emergency Management Agency work with other Federal, State, local and nongovernmental agencies to synergize efforts in disaster preparedness, mitigation, and resiliency and response activities. However, since pandemic influenza has multiple jurisdictional implications and will affect all facets of life, the State of Alabama is organizing bi-directional communication and resource-sharing networks in addition to those previously listed in the Alabama Fusion Center and the State Emergency Operations Plans. These networks are designed much like the primary and support agencies as listed in the EOP, but are laid out to extend further into the critical infrastructure's non-governmental sectors. A State agency will serve as the primary agency for the designated area and, in turn, will serve as the coordination point of the other related State agencies who will serve in a support role. All these agencies will then establish communications links with other agencies, organizations, groups and associations who are representative of the type of entities identified by the sector profiles.

Has the State identified and prioritized measures that will be required to speed economic and community recovery within the State and/or region?

A State agency designated as an ESF primary agency serves as a State executive agent under the State of Alabama Codes and Statutes to accomplish the ESF mission. When an ESF is activated in response to an Incident of National Significance, the primary agency is responsible for:

- Orchestrating State support within the functional ICS structure (e.g., Command, Operations, Planning, Logistics, Finance and Administration) for an affected area
- Providing staff for the operations functions at fixed and field facilities
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- Managing mission assignments and coordinating with support agencies, as well as other appropriate State agencies
- Working with appropriate private-sector organizations to maximize use of all available resources
- Supporting and keeping other ESFs and organizational elements informed of ESF operational priorities and activities

- Executing contracts and procuring goods and services as needed
- Ensuring financial and property accountability for ESF activities
- Planning for short-term and long-term incident management and recovery operations
- Maintaining trained personnel to support interagency emergency response and support teams.

Table 1: Alabama Department of Transportation (ALDOT) Administrative Personnel

Administrative	Name	Phone
Transportation Director	Joe McInnes	(334) 242-6311
Chief Engineer & Deputy Director	Don Vaughn	(334) 242-6319
Assistant Chief Engineer, Administration	Lamar Woodham	(334) 242-6342

Responsible Administrative Personnel by Bureau/Division

Aeronautics	Name	Phone
Bureau Chief	John Eagerton	(334) 242-6820
Aeronautics Manager	Frank Farmer	(334) 242-6825
Aeronautics Specialist	Kline Jeffcoat	(334) 353-6819
Air Transportation		
Chief Pilot	David Goodwin	(334) 242-4051
Office Coordinator	Debra Broadnax	(334) 242-4052
Bridge (U-201)		
Bureau Chief	John "Buddy" Black.	(334) 242-6004
Assistant Bureau Chief	Tim Colquett	(334) 242-6019
Bridge Design Section Supervisor	Jeff Huner	(334) 242-6673
Computer Services (S-101)		
Bureau Chief	Michael Stokes	(334) 242-6037
Assistant Bureau Chief, Division Support	Princess Harper	(334) 260-5266
Assistant Bureau Chief, Engineering Support	Alton Treadway	(334) 242-6587
Construction (G-101)		
Bureau Chief	Terry McDuffie	(334) 242-6208
Assistant Bureau Chief, Road Construction	Jeff Benefield	(334) 242-6213
Assistant Bureau Chief, Bridge Construction	Robert Holmberg	(334) 242-6210
County Transportation (D-101)		
Bureau Chief	Ed Phillips	(334) 242-6203

Assistant Bureau Chief	Mack Lovelady	(334) 242-6204
Assistant Bureau Chief, Administration	Ed Austin	(334) 242-6751
Design (T-201)		
Bureau Chief	William Adams	(334) 242-6488
Assistant Bureau Chief.	Steve Walker	(334) 242-6183
Consultant Management Engineer	Carey Kelly	(334) 242-6118
Equipment (F-101)		
Bureau Chief	Deborah Clark	(334) 242-6063
Assistant Bureau Chief	Ron Pruitt	(334) 242-6065
Assistant Bureau Chief	Mike Elmore	(334) 242-6248
Purchasing Supervisor	Stan Carlton	(334) 242-6058
Finance and Audits (P-101)		
Bureau Chief	Lamar McDavid	(334) 242-6359
Assistant Bureau Chief	Charles Grider	(334) 242-6379
Assistant Bureau Chief	Bill Flowers	(334) 242-6362
Legal (K-101)		
Chief Counsel	Jim Ippolito	(334) 242-6350
Assistant Counsel	Mitch Alton	(334) 242-6350
Assistant Counsel	Stacey Houston	(334) 242-6350
Maintenance (H-101)		
Bureau Chief	George Conner	(334) 242-6272
Assistant Bureau Chief, Roadways	Ron Newsome	(334) 242-6274
Emergency Management Coordinator	Lesley Morrissette.	(334) 242-6765
Materials and Tests		
Bureau Chief	Larry Lockett	(334) 206-2201
Assistant Bureau Chief	Lyndi Blackburn	(334) 206-2203
Hazardous Materials Coordinator	Jim Bearrentine	(334) 206-2284
Office Engineer (E-101)		
Bureau Chief	Ronnie Baldwin	(334) 242-6450
Assistant Bureau Chief, Engineering & Authorizations	Clay McBrien	(334) 242-6457
Assistant Bureau Chief, Plans and Proposals	Terry Robinson	(334) 242-6443
Personnel and Compliance (M-101)		
Bureau Chief	Ron Green	(334) 242-6328
Assistant Bureau Chief	Jim Begley	(334) 242-6865
Safety Coordinator	Ellis Paulk	(334) 213-1274
Public Affairs (Q-101)		
Special Assistant for Public Affairs	Tony Harris	(334) 242-6552
Bureau Chief	Norman Lumpkin	(334) 242-6640
Assistant Bureau Chief	Linda Crockett	(334) 242-6963
Research and Development		
Bureau Chief	Jeffery Brown	(334) 353-6941
Assistant Bureau Chief, Product Evaluation	J. Michelle Owens	.(334) 353-6943

Assistant Bureau Chief, Research	Ivy Harris	(334) 353-6944
Right of Way (I-101)		
Bureau Chief	Paul Bowlin	(334) 242-6187
Assistant Bureau Chief	George Dobbs	(334) 242-6188
Right of Way Manager	Danny Joyner	(334) 242-6193
Training Bureau (T-285)		
Bureau Chief.	Maxine Wheeler	(334) 213-2021
Engineering Programs Section Chief	Gene Elmore	(334) 213-2026
PEP Section Chief	Bridget Jones	(334) 213-2027
Transportation Planning Modal Programs		
Bureau Chief	Robert Jilla	(334) 242-6438
Assistant Bureau Chief, Transportation Planning	Bill Couch	(334) 242-6439
Assistant Bureau Chief, Modal Program		
First Division		
Division Engineer		
Asst. Division Engineer, Construction	Randy Hunt	(256) 505-6155
Asst. Division Engineer, Maintenance	Anthony Camp	(256) 505-6145
Second Division		
Division Engineer	James Brown	(256) 389-1401
Asst. Division Administrator, Construction	Shelby Smith	(256) 389-1405
Asst. Division Engineer, Maintenance	Mark Dale	(256) 389-1413
Third Division		
Division Engineer	Brian Davis	(205) 581-5603
Asst. Division Engineer, Construction	Michael Mahaffey	(205) 581-5615
Asst. Division Administrator, Maintenance	Charles Malone	(205) 581-5612
Fourth Division		
Division Engineer	DeJarvis Leonard	(256) 234-8401
Asst. Division Engineer, Construction	Mike Corley	(256) 234-8475
Asst Division Engineer, Maintenance	Robert Camp	(256) 234-8490
Fifth Division		
Division Engineer	Dee Rowe	(205) 554-3240
Asst. Division Engineer, Construction	Nicky Calhoun	(205) 554-3299
Asst. Division Engineer, Maintenance	Robin Rhoden	(205) 554-3230
Sixth Division		
Division Engineer	John Lorentson	(334) 241-8560
Asst. Division Engineer, Construction	David Bohannon	(334) 241-8550
Asst. Division Engineer, Maintenance	Steve Graben	(334) 241-8570
Seventh Division		
Division Engineer	Mike Griffin	(334) 670-2420
Asst. Division Engineer, Construction	James Adams	(334) 670-2444
Asst. Division Administrator,	Carroll Dunn	(334) 670-2448

Maintenance		
Eighth Division		
Division Engineer	Jerry Holt	(251) 275-4103
Asst. Division Engineer, Construction	Jim Henley	(251) 275-7202
Asst. Division Engineer, Maintenance	Wallace McAdory	(251) 275-7203
Ninth Division		
Division Engineer	Vince Calametti	(251) 470-8204
Asst. Division Engineer, Maintenance	Nick Amberger	(251) 470-8230
Asst. Division Engineer, Construction	Matt Ericksen	(251) 470-8250

Table 2: Alcohol Beverage Control Board (ABC) Essential Functions – Points of Contact

Division	Essential Function	Points of Contact		
		Primary	**Alternate**	**2nd Alternate**
Accounting	Accounts Payable	Cheryl Mason (334-260-5401)	Steve Brown (334-260-5401)	Kay Plant (334-260-5401)
Accounting	Accounts Receivable / Receipts	Kathy Burch (334-260-5401)	Amber Watson (334-260-5401)	-
Accounting	Purchasing	Amber Watson (334-260-5401)	Steve Brown (334-260-5401)	-
Accounting	Check Processing	Pamela Vojnovski (334-260-5401)	Kay Plant (334-260-5401)	Barbara Sellers (334-260-5401)
Accounting	Supplies and mail processing.	Jimmy Blagg (334-260-5401)	Herman McClure (334-260-5401)	Anthony Ervin (334-260-5401)
Auditing	Audit of private beer and table wine wholesale licensee.	Charles H. Andress (334-260-5408)	Melvin Smith (334-239-6603)	Barbara Hendon (334-239-1804)
Auditing	Audit ABC Liquor Stores	Charles H. Andress (334-260-5408)	Charles Stults (334-850-4449)	Jim Harry (334-239-1737)
Auditing	Audit Internal Accounting System of the ABC Board	Charles H. Andress (334-260-5408)	Jim Harry (334-239-1737)	Barbara Hendon (334-239-1804)
Auditing	Audit the ABC Central Warehouse	Charles H. Andress (334-260-5408)	Jim Harry (334-239-1737)	Charles Stults (334-850-4449)
Auditing	Audit Retail Licensees	Charles H. Andress (334-260-5408)	Charles Stults (334-850-4449)	Jennifer Jones (334-239-6527)

Enforcement	ABC Store and Warehouse security operations	Jeff Rogers (334-213-6300)	Vance Patton (334-213-6300)	Phillip Calvert (334-213-6300)
IT	Infrastructure	Stephen Mitchell (334-260-5409)	Shawn Melton (334-260-5504)	Chad Holton (334-260-5506)
IT	Field Support	Stephen Mitchell (334-260-5409)	John Rogers (334-395-6022)	Gary Casto (334-395-6022)
IT	Licensing Support	Pam Watters (334-290-4264)	Donna Spivey (334-260-5532)	Lekisha Leonard (334-260-5531)
IT	Warehouse Operations Support	Stephen Mitchell (334-260-5409)	Brandon Garrett (334-260-5505)	Shawn Melton (334-260-5504)
Personnel	Maintain staffing levels	Stan Goolsby (334-260-5416)	Keva Culpepper (334-260-5439)	Wy Crockett (334-260-5439)
Personnel	Administer payroll and benefits.	Felicia Mosley (334-260-5439)	Kay Folmar (334-260-5439)	Stan Goolsby (334-260-5416)
Personnel	Asst Divisions in implementing ABC Personnel Policies and Procedures.	Stan Goolsby (334-260-5416)	Kay Folmar (334-260-5439)	Nan Hahn (334-260-5439)
Product Mgmt	Inventory Control	Randall Smith (334-728-0958)	Roger Frank (334-560-9816)	Alison Law (334-850-5104)
Product Mgmt	Warehouse Operations	Randall Smith (334-728-0958)	Emmit Hardie (334-850-5429)	Roger Frank (334-560-9816)
Product Mgmt	Stores Operations	Randall Smith (334-728-0958)	Don White (334-534-6970)	Debra Larison (251-666-8935)

Table 3: The Alabama Department of Human Resources (ADHR) Essential Functions, Positions and Locations

Division/Office management of personnel and general office functions (i.e., fiscal operations, leave, payroll, mail, and telephone) will be considered an essential function of each unit and will not be listed separately for each unit in this document.

Division	Office	Essential Function	Essential Position/Personnel	Location
Administrative Hearings		The mission of Administrative Hearings Division is to provide Due Process and Administrative Hearings in Child Abuse/Neglect, Adult Services, Licensing and other matters where one is entitled to a hearing under the Administrative Procedures Act	William F. Prendergast, Chief Administrative Law Judge Diane Jamison	State House Room 229

Adult Protective Services Division		Provide program development, policy development, program consultation, training, and intake related to investigating, preventing, and remedying abuse, neglect, and exploitation of adults who cannot protect themselves and who have no one to do so.	Doris Ball, Director; Brenda McCary, Prg Manager Program Specialists: Veronica Jackson, Trudy Payne, Lutricia Harbin; Administrative Assistants: Shirley Bailey, Annie Harris Debra Causey, Prg. Spec. Carol Miller, Prg Spec. Rex Murphree, Prg. Spec. Judy Hardwick, Prg. Spec.	Room 2226 Gordon Persons Bldg Lee County Jefferson County Blount County Madison County
Child Care Services Division		The Child Care Services Division is the state's Child Care and Development Fund (CCDF) administrator, responsible for the childcare subsidy program and quality initiatives. In addition, the Division is also responsible for monitoring and licensing childcare centers for compliance with minimum standards.	Debbie Thomas, Director Jeannetta Green, Prg Manager Dianne Wright, Prg Manager	Gordon Persons Bldg Room 2130
Child Support Enforcement Division		The Child Support Enforcement (CSE or IV-D) Division is a joint Federal/State effort to help families sustain itself.	Faye Nelson, Director Minnie Thomas, Asst. Director Melanie Duncan, Prg Manager Jan Justice, Program Manager Patricia Brooks, Prg Manager	Gordon Persons Bldg Room 2343
Commissioner		The Commissioner is the chief executive officer and administrator of the State Department of Human Resources and as such, exercises all rights, powers, duties and authority vested in the state department. The Commissioner, in conjunction with the State Board and as prescribed by law, is responsible for the adoption of policies, rules and regulations for the effective operation of public assistance programs and social welfare services of the Department.	Page B. Walley, Ph.D., Commissioner Nancy S. Jinright, Chief of Staff Candice Lanier, Executive Assistant	Gordon Person Bldg Room 2118
Communications		The mission of the Office of Communications is to keep the public, the news media, and lawmakers informed about the operations of the Alabama Department of Human Resources.	Nancy Jinright, Acting Director Barry Spear, Public Info Officer John Hardy, Governmental Relations Manager	Gordon Persons Bldg Room 2104
Deputy Commissioner Children & Family Services		The mission of the Deputy Commissioner for Children & Family Services' Office is to develop and administer programs, policies, and standards that are directed at preventing or ameliorating abuse, neglect, dependency, and exploitation of children and elderly and disabled adults. The mission further seeks to develop and maintain a quality system of care for children and their families and for adults through the provision of services aimed at achieving safety, permanency, and improved well-being in their own homes as well as in out-of-home settings.	Carolyn B. Lapsley, Deputy Commissioner Doris Ball, Director, Adult Protective Services Tom Bernier, Director, FACTS Project Paul Butler, Director, Family Services Mary Ann Owens, Administrative Assistant	Gordon Persons Bldg Room 2106
Deputy Commissioner Family Resources		The Deputy Commissioner for Family Resources provides general direction in the management of social welfare services of the Department including the development and implementation of policies and procedures for the family resources social welfare programs including state and federal administrative requirements.	Terrie Reid, Deputy Commissioner Faye Nelson, Director Child Support Debbie Thomas, Director Day Care Mary Lois Monroe, Director Food Assistance Angelia D. Parker, Administrative Assistant	Gordon Persons Bldg Room 2112

Deputy Commissioner Field Administration		The Deputy Commissioner for Field Administration's Office includes Staff devoted to Emergency Welfare Services and Employee Safety, Field Operations, Staff Development, and Training. Field Administration provides coordination of services during disasters and emergencies, support to the State Office and County Departments on matters of safety, administrative guidance to Counties, programs to recruit and retain staff, and training designed to promote a high level of competence within the work force.	James Slaughter, Deputy Commissioner Charles Johnson, Director EWS Larry Ayers, DAS	Gordon Persons Bldg Room 2110 Decatur Regional Off
Deputy Commissioner Fiscal & Administrative Services		The Deputy Commissioner for Fiscal and Administrative Services assists in planning, directing, developing and implementing policies and procedures for all financial and administrative functions of the Department.	P.L. Corley, Deputy Commissioner	Gordon Persons Bldg Room 2118
Family Assistance Division		Programs of the Family Assistance Division include benefits and services to needy families with children. Services/benefits to eligible families include: • temporary cash payments • work and job training services	Terrie Reid, Interim Director Debby Wood, Asst Director Melody Armstrong, Prg Mngr Rozell Deere, Prg Manager	Gordon Persons Bldg Room 2236
Family Services Division	**Child Protective Services**	The Office of Child Protective Services provides the following functions: • Maintains the Central Registry on Child Abuse and Neglect • Administers the Interstate Compact on the Placement of Children (ICPC) which reviews and facilitates applications for travel, placements, foster care, and adoptions of children entering and leaving the state • Applies for and monitors grants for protective services projects • Provides case consultation services	Paul Butler, Director Sue Ash, Program Manager	Gordon Persons Bld Room 2204
	Interstate Compact on the Placement of Children	Administers the Interstate Compact on the Placement of Children (ICPC) provides the following function: Reviews and facilitates applications for travel, placements, foster care, and adoptions of children entering and leaving the state.	Phyllis Matthews, Program Manager	Gordon Persons Bldg Room 2204
	Office of Child Welfare Consultation	OCWC is responsible for supporting and enabling counties to implement and sustain child welfare reforms as a result of the R. C. Consent Decree. the goal is to support the State System of Care as it demonstrates sustainability and continuity of best practice in each county.	Susan Sorrells, Program Manager Program Supervisors: Sue Berry, Beth Schaffer, Cindy Perry, and Connie Byrne	Gordon Persons Bldg Room 2204
	Office of Child Welfare Eligibility	The OCWE is responsible for administering the Title IV-E Program and Aid to Children in Foster Care Medicaid Program. It is also responsible for maintenance of policies and procedures of the Emergency Assistance Program currently funded through the TANF Block Grant and Title XX.	Madgelyon Johnson, Program Mngr Jeanette Davis, Program Supervisor	Gordon Persons Bldg Room 2204
	Office of Child Welfare Policy	THE OCWP is responsible for developing child welfare policy required by State and federal legislation, and developing and revising all other policies as directed by each child welfare program (e.g., CPS, Office of Permanency). It is also responsible for coordinating revisions to the Minimum Standards for Child Care Facilities (Institutions and Group Homes), Foster	Margaret Livingston, Program Mngr	Gordon Persons Bldg Room 2204

		Family Homes and Child Placing Agencies, and incorporating into policy best practice goals and principles.		
	Office of Child Welfare Training	The Office of Child Welfare Training is responsible for training social work and supervisory staff of county departments in the basic child welfare skills curriculum, *Alabama Child Welfare Training (ACT I).*	Donna Spear, Program Supervisor	Gordon Persons Bldg Room 2204
	Office of Data Analysis	The Office of Data Analysis is responsible for the program support area of the Family Services System (FSS), Alabama Child Welfare Information System (ACWIS), and the current Statewide Automated Child Welfare Information System (SACWIS) Alabama Social Services Information System (ASSIST). The office is thoroughly involved in the conversion of these data systems to the new SACWIS System - Family, Adult, and Children Tracking System (FACTS which is currently under development.	Kim Desmond, Program Manager	Gordon Persons Bldg Room 2204
	Office of Finance Resource Management	The OFRM is responsible for updating policy, training social work and supervisory staff of county departments in the policy and claiming responsibilities for the Medicaid Rehabilitative Program and the Targeted Case Management (TCM) Program	Alice May, Program Manager Deborah Carter, Program Supervisor	Gordon Persons Bldg Room 2204
	Office of Permanency	Currently in Alabama, there are over six thousand children in foster care. Some simply need foster care for a matter of days. Others may need foster care until they are reunited with their biological family or a plan is made for them to be adopted. DHR recruits and prepares families willing to open their hearts and homes to waiting children. Adoption Assistance is provided for children adopted with special needs.	Marie Youngpeter, Program Manager	Gordon Persons Bldg Room 2204
	Office of Quality Assurance	The Office of Quality Assurance provides technical assistance to counties through QA Specialists assigned to work with individual counties by providing information, consultation, training staff, and QA Committee members, providing consultation on QA Committee membership, functions and activities, conducting reviews of county performance and assisting other consultants in the Family Services Division in providing instruction and guidance in practice areas.	Glenda Peters, Program Manager Sandy Holmes, Program Supervisor	Gordon Persons Bldg Room 2204
Finance		The mission of the Finance Division is to provide financial management services and support to the department.	Jin Connell, Director Conitha King, Assistant Director	Gordon Persons Bldg Room 2138
Fiscal Integrity	**Office of Audit & Compliance** **Office of Claims**	The Fiscal Integrity Division seeks to promote integrity and accountability in departmental programs and activities through various functions designed to detect, deter, prevent, and recoup losses due to fraud and overpayments; refer cases for prosecution; assist counties with funds accounting; and coordinate compliance activities. These functions include auditing, investigating, and managing both the AFNS automated system for accounting for county funds and the Comprehensive Claims System for collections of overpayments and debts owed to DHR, as well as recommending improvements and corrective actions, and maintaining related policy.	Charles Cook, Director Terry Brantley, Office Director Steve Burden, Accounting Manager Jim Williford, Office Director Marie Huckabee, CCS Manager Lisa Terrell, Collections Manager	Gordon Persons Bldg Room 2327

Food Assistance Division		The Food Assistance Division administers the Food Stamp Program in Alabama. Applications for the Food Stamp Program are available in all county DHR offices and on the Alabama DHR website. http://www.dhr.alabama.gov	Mary Lois Monroe, Director; Johnnie Cox, Valerie Davis, Pat Huffman, Beverly Nix, Gloria Roberts.	Gordon Persons Bldg Room 2234
General Services Division		The mission of the General Services Division is to provide efficient and cost effective administrative, logistical, and material support through teamwork and open lines of communication, with and for, all employees of the Department of Human Resources so they may meet their goals in providing for the children and adult, welfare needs of eligible citizens of Alabama. Theses services must be provided in accordance with applicable Department, State, and Federal laws, regulations, and procedures in a professional, responsive, and timely manner. Areas of support include housing (office space) purchasing, property management, supply acquisition, and distribution, printing, voice telecommunications, records management, and departmental mail delivery.	Lester Thomas, Director Kati Darnell, Assistant Director	401 N. Perry St.
Information Services Division		ISD maintains the communications, desktop systems, software, mainframe, and server based systems for the operation of the central office and county offices.	Cheri Martin, Director Ben Nichols, Lisa Townsend, Ross Smith, Frank Bentley	Folsom Bldg & 10 S. Hopper St.
Legal		The Assistant Attorneys General in the Department of Human Resources Legal Office act as in house legal counsel for the State and County Departments of Human Resources. The Legal Office consists of the State Legal Office and three branch offices--Montgomery Regional Legal Office, Birmingham Legal Office and Mobile Legal Office. The offices are staffed with Assistant Attorneys General and support personnel. The Department of Human Resources Legal Office does not provide representation, consultation, or legal services to the general public. The mission of the Legal Office is to defend and prosecute cases on behalf of the Department of Human Resources and to provide legal assistance to Department of Human Resources that will enable the Department to effectively carry out its programs. The function of the Legal Office is twofold: representation and consultation for the Department of Human Resources (DHR). The State Legal Office represents the Department and its employees in State and Federal trial and appellate courts. The attorneys provide consultation to DHR's own outside counsel (district attorneys and special appointees), court officials and other public officials regarding legal matters that have an impact on the Department and those individuals that the Department serves. The attorneys provide legal guidance to DHR staff in matters pertaining to departmental programs, personnel issues, legislative and regulatory matters, housing and contract issues, and other areas as appropriate. The State Legal Office also	Sharon Ficquette, Chief Legal Counsel James Long, Deputy Attorney General Felicia Brooks, Assistant Attorney General Jennifer Bush, Assistant Attorney General Joel Marsh, Assistant Attorney General Elizabeth Hendrix, Assistant Attorney General Karen Chambless, Assistant Attorney General Laura Dobbs, Legal Research Assistant David Smith, Assistant Attorney General Denise Anderson, Assistant Attorney General Daphne Rudicell, Assistant Attorney General Dianne Dunning, Assistant Attorney General	Gordon Person Bldg Room 2122 Montgomery County DHR Regional Office Baldwin County DHR Regional Office Mobile County DHR Regional Office Jefferson County DHR Regional Office

		provides administrative support to the sixty-seven county departments by obtaining authorization for the use of local assistant attorneys general (attorneys in private practice who are approved by the Attorney General to represent the department) and processing the legal fees for their representation. The Office also processes legal fees charged to the Department, which are submitted by courts, expert witnesses, court reporters, etc. The Office assists in the promulgation and filing of administrative rules of the agency with the Legislative Reference Service. The Department's Alabama Administrative Procedure Act Secretary is a staff member of the State Legal Office.		
	Criminal History Checks	The Office of Criminal History Checks is the centralized focus point for collecting and tracking requests for criminal history checks for the Department of Human Resources' employees who serve children and adults, licensed adult and child day care facility employees, students, mentors, volunteers, family coaches, and DHR contact providers.	Carolyn Rawls, Director Barbara Carter, Prg Supervisor Joyce Watts, Prg Specialist Angela Stanton, FSW ASAs: Kisha Agee, Daphne Norris, and Christina Pickett	Gordon Persons Bldg Room 2324
Management & Fiscal Analysis		The Office of Management & Fiscal Analysis is responsible for Federal and State statistical reports; for ongoing management of Work Sampling and Staff Allocation Systems; for data analysis, informational presentations, and trend analysis as requested by the Deputy Commissioner for Fiscal and Administrative Services and/or to support other agency units.	Mike Salter, Director Wayne Scott, Statistical Manager	Gordon Persons Bldg Room 2323
Office of Civil Rights/Equal Employment Opportunity		The Office of Civil Rights/Equal Employment Opportunity serves as the focal point for the State Department and local County Departments in activities involving Civil Rights and Equal Opportunity. Its staff maintains a system to ensure the Department's and its sub-grantees' compliance with appropriate laws and regulations. The staff also conducts reviews and audits of Department and its sub-grantees' programs; investigates and mediate complaints and other charges alleging discrimination or unequal treatment from employees and program participants; provides technical assistance, training and counseling to managers, supervisors, employees, clients, and the general public.	Desiree Jackson, Director, K.C. Hendrix, Analyst; Anne Thompson, Analyst; Patricia Brown, Analyst Asst	Gordon Persons Bldg Room 2329
Personnel		The Personnel Division provides administrative services and support to the employees of the Department. This includes all matters related to employee pay, employee hiring, promotions, terminations, separations and retirements. This Division also provides services related to performance appraisals, pay increases, probationary increases and administration of employee examinations. Services are provided in accordance with the Rules of the State Personnel Board and other regulations governing work activities.	Butch King, Director Vera Warren, Assistant Director Kelly Lever, Personnel Manager	Gordon Persons Bldg Room 2141

Quality Control		The Office of Quality Control (QC) performs monthly reviews of Food Stamp cases to ascertain whether or not the recipients' eligibility for benefits has been correctly determined by County Departments of Human Resources. Cases are selected for review on the basis of a random sampling methodology specified by the U.S. Department of Agriculture. Errors in eligibility for benefits revealed by the QC reviews are brought to the attention of the County Department of Human Resources and the Food Assistance Division in the State Department of Human Resources. The findings of Food Stamp-QC reviews are reported monthly to the U.S. Department of Agriculture. A monthly sub-sample of Food Stamp cases reviewed by QC is re-reviewed by Federal QC reviewers. The objectives of Food Stamp-QC reviews are to determine error rates and provide information on which to base corrective action at all levels of administration. The error rates are used as basis for determining eligibility for bonus monies and liability for fiscal sanction (when the state's error rate exceeds the national average).	Kay Pilgreen, Director Mattie Jackson, Program Manager Joan Rainwater, Program Supervisor Martha Moses, Program Supervisor	Gordon Persons Bldg Room 2227 Birmingham Regional Office Rainbow City Regional Office Pike County DHR
Resource Management/ Utilization Review		Resource Management/Utilization Review negotiates, manages, and monitors the Department's Social Service Contracts. These services include, but are not limited to, Homemaker Services for Adults, Homemaker Services for Children, Family Preservation Services, Family Service Centers, Foster Care Services, Residential Treatment Services for Children and Adolescents, and Therapeutic Foster Care Services.	Susan Ward, Director Johndlyn Strong, Assistant Director	Gordon Persons Bldg Room 2153

Table 4: Alabama Development Office (ADO)
Essential Functions and Responsible Parties

Essential Functions	Essential Position	Name
IT Technology		
Maintenance and security of computer system	ADO IT Manager	Wayne Nickols
	IT Systems Spec, Asso	Derek Bennett
	IT Systems Spec, Asso	Jimmy Morgan
Personnel Management		
Issuance of payroll, staff/leave monitoring	ADO Personnel Officer	Mark Yarbrough
during pandemic, distribution of infection	Personnel Asst II	Wanda Chrietzberg
prevention supplies to essential staff	Accountant	Liz Burgess
Office and Fiscal Operations		
Mail handling, switchboard, fiscal operations	Admin Div Director	Mark Yarbrough

	ADO Accountant	Liz Burgess
	Admin Div ASA1	Jeff Dorman

Senior Management Chain of Command
And Line of Succession

1. Agency Head — Neal Wade, ADO Director
2. Second in Line of Succession — Linda Swann, ADO Deputy Director
3. Third " " — David Hutchison, Recruitment Division Director
4. Fourth " " — Mark Yarbrough, Administrative Division Director

Table 5: Alabama Emergency Management Agency (AEMA) Daily Operations Mission Essential Functions

Office of the Director
• Director of the Alabama Emergency Management Agency (AEMA Director) - is appointed by the Governor of Alabama and services as the Executive Director of the Alabama EMA. He serves as a member of the Governor's staff, and as the State Coordinating Officer in the event of a federally declared disaster. The AEMA Director is ultimately responsible for all programs, activities and strategic direction for the Agency. May delegate operational activities to staff members during a COOP activation
• Executive Operations Officer – Serves an assistant to the AEMA Director, manager of special projects and is the senior policy analyst. Supports the AEMA Director at his will and will assist the Director of Operation with administrative details of the COOP activation. Duties include the following:
  o Responsible for supervising the general administrative procedures for the state office
  o Establishing operational procedures for emergency situations
  o Providing technical advice to the Director in emergency situations.
  o Establishing policies and procedures for the agency
  o Making recommendations of budget issues
  o Supervising Division Chiefs
  o Meeting and addressing local officials, public and private organizations, and representative of state and federal government agencies.
• Field Services Branch - The Field Services Branch consists of employees called Field Coordinators. These Field Coordinators are responsible for being liaisons between the Alabama Emergency Management Agency and County Emergency Management Agencies in the State of Alabama. The State of Alabama is divided into 9 regions and every region has a Field Coordinator assigned to it. In a COOP event, the Field Coordinators will be assigned COOP duties at the discretion of the Operations and Field Services Bureau Chief.
• Executive Secretary - Serves the Office of the providing administrative support, secretarial services, and services as assigned by the Director during COOP Activation.
• Public Information Officers – Serve AEMA as Public Information Officers and Public Affairs Liaison Officers. Interface with the local, state, and national media officials to provide timely press releases, oversee press conferences and serve as the gateway for public information and public access to the Agency.
• General Counsel – Serves as the legal counsel and agency expert on Emergency Management Law. Prepares and/or reviews any legal documents for the agency and document for official emergency management declarations for the Governor's Office. During a COOP Event, will serve at the discretion of the Director in meeting legal needs caused by the COOP Incident.

Operations Division

Operations Division Chief (Director of Operations) Chief overseeing the Operation Division. Duties include the following: • Assisting the Director in establishing policies and procedures for the Agency • Making recommendations of budget issues • Supervising Division Chiefs • Responsible for supervising the operational procedures for the state emergency operations • Implementing operational procedures for emergency situations • Coordinating a statewide emergency capability • Is the Director of the Operations Division to include the State Emergency Response Team (SERT), Emergency Operations Center (EOC), Medical/Strategic National Stockpile (SNS)/Chem Pack Programs, Operations Center Communications, Exercises, Training, Public Assistance, Mutual Aid, and Logistics • Serves as the AEMA COOP Director • Is responsible for overall response operations in an emergency situation, state of emergency and/or declared disaster. • Being responsible for supervising the response and recovery procedures for the state emergency operations; for implementing operational procedures for emergencies and for coordinating a state wide emergency capability.
Operations / Response Branch Chief • Assist Director of Operations with coordinating COOP Activities as directed • Coordinates Emergency Management Operations and EOC Operations • Coordinate Specific State Emergency Response Team (SERT) activities • Support the Operations Chief during Disaster • Provide overall direction for COOP Relocation Efforts • Serves as COOP Site Selection Coordinator • Provides Operational Support as directed by AEMA Administration
SERT / EOC Ops • Assist Director of Operations with coordinating COOP Activities as directed • Coordinates EOC and other EMA Activities with the State Emergency Response Team, other State Agencies and County EMA offices • Supports the Operations Chief as directed during COOP Activities and/or during disasters.
Medical / SNS / ChemPak • Assist Director of Operations with coordinating COOP Activities as directed • Serves as the AEMA Liaison to the Alabama Department of Public Health (ADPH) • Serves as Human services Branch Chief when the State EOC is activated. • Coordinates Special Needs programs and interfaces with ADPH, FEMA, The American Red Cross, Alabama Department of Human Resources During COOP Operations that involve EOC Activation. • Will serve as the AEMA ESC #8 liaison to provide operational support which includes the mobilization of medical resources, coordination of movement of supplies, equipment and support personnel to staffing areas, coordination of request from hospitals/medical facilities, and coordination of medical evacuations.
Ops Center Communications

Police Communications Officer – PCOII • Assist Director of Operations with coordinating COOP Activities as directed • Works diligently with AEMA Communications staff, commercial and governmental agencies as required to restore all communication links and hot lines at the COOP site with minimal interruption to communications networks. • Supervises and assists the AEMA Police Communications Officers – PCO I to maintain their duties as listed below.
Police Communications Officer – PCOI • Assist Director of Operations with coordinating COOP Activities as directed • Works diligently with AEMA Communications staff to restore all communication links and hot lines at the COOP site with minimal interruption to communications networks. • Communicates with citizens, emergency responders, elected officials (federal, state, county and local) federal and state agencies, using telephones, radios, computers, facsimile machines, checklists, etc., so that notification of emergencies, such as hazardous materials spills, accidents occurring at nuclear power plants or Anniston Army Depot, tornadoes, flooding, forest fires, and other critical information provided/obtained. • Serves as COOP notification point to initiate call downs to AEMA Employees, other state agencies and federal agencies once COOP plans are activated. • Maintains and updates warning notifications can be provided to impacted counties, agencies and AEMA employees. • Logs all events occurring during emergency response, COOP operations to include maintaining a record of all notifications, events, requests and actions taken using EMITS, Call logs and other methods of recording as required. • Continuously monitors all traffic on the 800mhz Southern Linc radios, CSEPP Hot Lines, NAWAS, REP Hotlines, TAL-WARN, and the National Weather Service and notifies the appropriate persons as necessary and per protocols.
Public Assistance Recovery Branch Chief / Deputy Public Assistance Officer • Assist Director of Operations with coordinating COOP Activities as directed • During COOP activation, the Director of Operations will evaluate the need to cancel or postpone any or all planned public assistance briefings or activities as dictated by the situation that causes the COOP activation. • Participates in emergency situations as directed by the Director of Operations as requested to include but not limited to, establishment of COOP sites, disaster damage assessment with federal, state, and local agencies. Will serve as the State's point of contact for guidance on rules, regulations and standards during emergency activities. • Serves as Public Assistance Officer in the management of the Public Assistance Program which provides disaster relief to cities, counties and PNP's to rebuild their infrastructure after a presidential declaration and reimburses them for eligible disaster relief. • Will activate and assign other PA Staff as the COOP/disaster situation dictates.

Mutual Aid Branch • Assist Director of Operations with coordinating COOP Activities as directed. • Provide oversight of the Alabama Mutual Aid System (AMAS). In the event there is a declared disaster with the COOP Activation, the Mutual Aid Officer will activate the member components of the AMAS system to provide needed logistical, manpower and/or administrative support as the COOP situation dictates. • During a disaster will provide coordination and supervision of deployment of AMAS teams to assist in response and recovery. Will provide supervision of the AMAS representatives assigned to the State EOC. • Responsible for the coordination of the Alabama Volunteers Active in Disasters (VOAD), the Citizens Corps (Governor's Office) during disaster operations. • Manage the Community Response Teams (CERT) Program. In the event of a disaster during a COOP Activation, assist county EMA officials with the organization of spontaneous volunteer activities and help provide critical support to the first responders.
Logistics Section • Assist Director of Operations with coordinating COOP Activities as directed. • Will oversee the initial logistical considerations involved with the location, setup and operation of the COOP Site. • To maintain oversight of the State of Alabama Emergency Management Contract to include oversight of critical federal resources requested and distributed to affected counties. To oversee a full-time warehouse of staged commodities and put into place a system for the storage, tracking and movement of any requested resources. • In the event the a disaster during the COOP Activation, will fill the Emergency Support Function of Resource Management (ESF 7) and will be responsible for oversight of a Stateside Inventory of Resources that will be used in support of an emergency event. • Will be the primary contact for federal, State, and Local jurisdictions in regards to resource management, storage, and movement.
Administrative Assistance Support • Assist Director of Operations with coordinating COOP Activities as directed. • Administrative Assistance Support will consist of two support personnel as a minimum and increase staffing as the COOP situation and/or situational needs dictate. • The Operations Section Administrative Assistant supports all members of the operations section with clerical, financial, logistical, coordination and secretarial services. • Administrative and Resources Support Division • Administrative and Resources Support Division Chief • Assist the Assist Director of Operations with coordinating COOP Activities as directed; to oversee all COOP and routine financial operations of the Alabama Emergency Management Agency • Manages a staff of professional, technical, and clerical personnel in accounting, budget, and other specialized functions; planning and coordinating with agency administrators in development of financial support for programs and operations; coordination of grants and contracts for compliance, accountability, and adequate and proper funding; and representing agency at meeting budget reviews, etc. as the Chief

Financial Officer. • To oversee actions of the following areas: Financial Services Branch, General Services, Procurement and Property Management, Facility Maintenance, Information Systems Management and Telecommunications. To oversee and expedite all purchase requirements and other financial arrangements as needed to establish and maintain the COOP Facility.
Financial Services Branch • The COOP Financial Services Branch Essential Functions are as follows: • Purchasing - to assist the Director of Operations and other AEMA personnel in procuring, renting and/or purchasing equipment and supplies needed to establish, maintain and operate the COOP Facility and/or COOP EOC. To track and all financial agreements, contracts, purchase orders, and other records following established AEMA policy and State of Alabama rules and guidelines. • Payroll – to track and account for all employee's Time and Attendance records to assured that all are appropriately compensated for their efforts to include overtime and comp time were appropriate. To insures that all records are maintained in accordance with AEMA policy and State of Alabama rules and guidelines. To insured that all employees receive their payroll checks as scheduled. • Accounts Payable – to ensure that all of AEMA's financial obligations are met as scheduled in accordance with established policy and guidelines. • Property Management – to document and track all AEMA's COOP purchases of property and to account for AEMA equipment that may become lost or damaged due to the COOP situation. To coordinate with State property and insurance officials to document all loss and damage property according to State and insurance industry guidelines and requirements.
General Services /Facility Maintenance • Assist Director of Operations with coordinating COOP Activities as directed • Provide logistical support in establishing COOP facility, assist with coordination of movement to the COOP facility. Provide general maintenance, logistical support, labor and custodial services for the COOP Facility. • Supervise cleanup and restoration services to the debilitated Alabama EMA EOC and office complex. • Assist with the reconstitution back to the Alabama EMA EOC and office complex and termination of the COOP Facility.
Information & Technology Division
Information & Technology Division Chief • Assist Director of Operations with coordinating COOP Activities as directed • Oversee all COOP and operational activities of the Information Technology and Telecommunications to insure that the needed computer networking systems are established, maintained and backed up to prevent the loss of data and to insure interoperative communications and information sharing. • Plan for and oversee the he reconstitution process back to the Alabama EMA EOC and office complex and termination of the COOP Facility.

Information Systems Management • Assist Director of Operations with coordinating COOP Activities as directed • Support the Information Technology Systems Branch Chief with COOP activities as directed. • Support the COOP process by providing technical guidance and follow COOP plans for the restoration of information technology network system resources to include the vital records and files. • Assist with the reconstitution process back to the Alabama EMA EOC and office complex and termination of the COOP Facility.
Telecommunications • Assist Director of Operations with coordinating COOP Activities as directed • Support the COOP process by providing technical guidance and follow COOP plans for the restoration of the communications technology system resources. • Maintain interoperative communication systems between AEMA, The State of Alabama, Emergency Management Coordinators (EMC), County and local Emergency Management Directors (EMP), Department of Homeland Security/FEMA, Department of Defense, and other agencies as needed. • Maintain the EOC Communications Center in the COOP site to include the appropriate hotlines. • Provide technical support for the COOP Site and/or COOP EOC if activated. • Assist with the reconstitution process back to the Alabama EMA EOC and office complex and termination of the COOP Facility.
Preparedness Division
Preparedness Division Chief • Assist Director of Operations with coordinating COOP Activities as directed • Responsible for the preparedness functions of planning, exercising, and training support agency initiatives to enhance the capability of state and local governments to plan for emergencies. • Oversees plans and preparedness for the CSEPP, the Mitigation program for AEMA and the State of Alabama, Natural Hazards planning, and Technical Hazards programs.

Preparedness Divisions Essential Personnel and Functions
• CSEPP
  o Oversee daily activities of the activities of the CSEPP program to include monitoring the hotlines of the CSEPP areas and serve as a resource in the event of a CSEPP incident emergency.
  o Assist Director of Operations and Preparedness Division Chief with coordinating COOP Activities as directed.
  o Assist with Planning Efforts for COOP site setup, operations, transition, reconstitution, and termination as directed.
  o If the COOP activation also involves the activation of the SEOC, to serve as a branch chief in the EOC Operations and/or any duties as directed byt the Director of Operations.
• Tech Hazards
  o Assist Director of Operations with coordinating COOP Activities as directed.
  o Oversee daily activities of the activities of the Technical program to include

monitoring the hotlines of the for Farley Nuclear Power Plant and Tennessee Valley Authority Nuclear Power Plant and serve as a resource in the event of a technical incident emergency.
    - Assist Director of Operations and Preparedness Division Chief with coordinating COOP Activities as directed.
    - Assist with Planning Efforts for COOP site setup, operations, transition, reconstitution, and termination as directed.
    - If the COOP activation also involves the activation of the SEOC, to serve as a branch chief in the EOC Operations and/or any duties as directed by the Director of Operations.
- Mitigation
    - Oversee daily activities of the activities of the mitigation program to include
    - Oversee the Mitigation Activities for the State, process Mitigation Grant Applications, interface with FEMA on behalf of the grant applicants.
    - Assist Director of Operations and Preparedness Division Chief with coordinating COOP Activities as directed.
    - Assist with Planning Efforts for COOP site setup, operations, transition, reconstitution, and termination as directed.
    - If the COOP activation also involves the activation of the SEOC, to serve in ESF 5 in the EOC Operations and/or any duties as directed by the Director of Operations.
    - In the event of a declared disaster, to serve in JFO Mitigation Section and an agent of the State of Alabama.
    - Natural Hazards
    - Assist Director of Operations with coordinating COOP Activities as directed.
    - Oversee daily activities of the activities of the Natural Hazards Preparedness and Planning
    - Assist Director of Operations and Preparedness Division Chief with coordinating COOP Activities as directed.
    - Assist with Planning Efforts for COOP site setup, operations, transition, reconstitution, and termination as directed.
    - If the COOP activation also involves the activation of the SEOC, to serve as a branch chief in the EOC Operations and/or any duties as directed by the Director of Operations.

o In the event of a declared disaster, to in the role as the AEMA contact for the following: Evacuation Liaison Team, Hurricane Liaison Team, National Weather Service.

o In the event of a declared disaster, to possibly serve in the role for the following: FEMA Joint Field Office (JFO), Disaster Recovery Center (DRC), Damage Assessment Team or other duties as assigned.

Preparedness Division Departmental Operations Specialist/Administrative Assistant • Assist Director of Operations and Preparedness Division Chief with coordinating COOP Activities as directed. • Administrative Assistance Support will consist of one support personnel as a minimum and increase staffing as the COOP situation and/or situational needs dictate. The Preparedness Division Administrative Assistant supports all members of the Preparedness section with clerical, financial, logistical, coordination and secretarial services.
Exercise Officer • Assist Director of Preparedness with coordinating COOP Activities as directed • Develops, coordinates and executes a comprehensive exercise program for communities, counties, state agencies, and volunteer agencies. • During COOP activation, the Director of Preparedness will evaluate the need to cancel or postpone any or all planned exercise activities as dictated by the situation that causes the COOP activation. • If the COOP activation is during a Federally Declared Disaster, the exercise officer may become a liaison to Federal ESFs and Maxwell AFB at the Main Staging Area for disaster support. His duties will include that he coordinate with the State EOC, Federal ESFs and Maxwell AFB to establish warehouse operations to ensure state resources are delivered to impacted counties. • If the COOP activation is during a disaster, the exercise officer may be expected to be deployed to the disaster location to establish communications with the State EOC, organize a Disaster Recovery Center, perform duties as a State Recovery Center Manager.

Table 6: Alabama Department of Industrial Relations (ADIR) Essential Personnel

Division	Essential Fuction	Essential Personnel	Location	1st Alternate	2nd Alternate
Employment Services					
ES	Keeping Alabama JobLink fuctioning; communicating with Career Centers in the field.	David White, Supervisor of ES Information Systems David.White@dir.alabama.gov	Central Office	Robert Rabon, Area Services Field Supervisor Robert.Rabon@dir.alabama.gov	Vivian Stephenson, Area Services Field Supervisor Vivian.Stephenson@dir.alabama.gov
ES	Career Center Management	see Table 2	Field Locations		
Information Systems					
IS	Computer Operations/Imaging	Paula Litton Paula.Litton@dir.alabama.gov	Central Office	Ramona Jordan Com-Ops@dir.alabama.gov	
IS	Computer Operations-1st Shift	Ramona Jordan Com-Ops@dir.alabama.gov	Central Office		
IS	Computer Operations- 2nd Shift	Rhonda Surratt	Central Office		
IS	Production Control/ Tape Library	Claudette Massey Pro-con@dir.alabama.gov	Central Office		

IS	Data Preparation/ New Hire	Wilma Fleming-Scott wilma.scott@dir.alabama.gov	Central Office		
IS	Wage Control	Ophelia Thomas Wage-con@dir.alabama.gov	Central Office	Renee McCants Renee.McCants@dir.alabama.gov	Willette Gaston Wage-con@dir.alabama.gov
IS	Desktop Support/Help Desk	Dan Griffin Dan.Griffin@dir.alabama.gov	Central Office		Ryan Frank Randall.Frank@dir.alabama.gov
IS	Call Center Support	Lisa Bush Lisa.Bush@dir.alabama.gov	Central Office	Brad Duckett Brad.Duckett@dir.alabama.gov	
IS	Sever Support	John Demas John.Demas@dir.alabama.gov	Central Office	Kevin Dejarnette Kevin.Dejarnette@dir.alabama.gov	Ryan Frank Randall.Frank@dir.alabama.gov
IS	IVR/RIC Support	Jim Simonton Jim.Simonton@dir.alabama.gov	Central Office	John Hayes John.Hayes@dir.alabama.gov	Meg Stringer Meg.Stringer@dir.alabama.gov
IS	Technical Support	Troy McMichael Troy.McMichael@dir.alabama.gov	Central Office	Rebecca Gill Rebecca.Gill@dir.alabama.gov	Dennis McKinney Dennis.McKinney@dir.alabama.gov
IS	Programming Tax	Vallarea Smith Vallarea.Smith@dir.alabama.gov	Central Office	Melanie Flowers Melanie.Flowers@dir.alabama.gov	Donnie Simpson Donnie.Simpson@dir.alabama.gov
IS	Programming Payments	Mike Jordan Michael.Jordan@dir.alabama.gov	Central Office	Candice Hollinghead Candice.Hollinghead@dir.alabama.gov	Rick Jones Rick.Jones@dir.alabama.gov
IS	Programming WC/Finance	George Tillmon George.Tillmon@dir.alabama.gov	Central Office	Will Stanford Will.Stanford@dir.alabama.gov	Jeannine Trotter Jeannine.Trotter@dir.alabama.gov
IS	Programming PC	Trent Hollon Trent.Hollon@dir.alabama.gov	Central Office	Joe Martin Joe.Martin@dir.alabama.gov	Shannon Avant Shannon.Avant@dir.alabama.gov
Workers' Comp					
WC	Maintain Workers Comp functions: provides benefits, handles claims	Scottie Spates, Division Director Scottie.Spates@dir.alabama.gov	Central Office	Teresa Davis Teresa.Davis @dir.alabama.gov	Al Pelham Al.Pelham@dir.alabama.gov
WC	Examiners: handles employer/employee rights and complaints	Steve Kaylor Steven.Kaylor@dir.alabama.gov	Central Office		
WC	Examiners: handles employer/employee rights and complaints	Brenda Hicks Brenda.Hicks@dir.alabama.gov	Central Office		
WC	Examiners: handles employer/employee rights and complaints	Joan Passmore Joan.Passmore@dir.alabama.gov	Central Office		
WC	Examiners: handles employer/employee rights and complaints	Trevor Perry Trevor.Perry@dir.alabama.gov	Central Office		
Unemployment Compensation					
UC	General Operations	Donald Gunn Donald.Gunn@dir.alabama.gov	Central Office	Marye Law Marye.Law@dir.alabama.gov	
UC	General Operations II	Mike Payne Mike.Payne@dir.alabama.gov	Central Office	Elizabeth Dawson Elizabeth.Dawson@dir.alabama.gov	Rosemary Patton Rosemary.Patton@dir.alabama.gov

UC	Call Center Management	Dora Pow Dora.Pow@dir.alabama.gov	Birmingham Call Center		Brenda Israel Brenda.Israel@dir.alabama.gov
UC	Disaster Response	Bonnie Lashley Bonnie.Lashley@dir.alabama.gov	Central Office	Jackie Atkins Jackie.Atkins@dir.alabama.gov	
UC	IS-Benefits/Payments	Martha Johnson Martha.Johnson@dir.alabama.gov	Central Office	Ashley Gatlin Ashley.Gatlin@dir.alabama.gov	
UC	Tax (Collections)	Larry Newcomb Larry.Newcomb@dir.alabama.gov	Central Office	Charlotte Lackey Charlotte.Lackey@dir.alabama.gov	
Mining and Reclamation					
Mining	Division Director	Michael Skates, Division Director Skates.Michael@dir.alabama.gov	Central Office	Brian Wittwer Brian.Wittwer@dir.alabama.gov	Pat Moss, ASA II Pat.Moss@dir.alabama.gov
Mining	Reclamation (AML)	John Brawell John.Braswell@dir.alabama.gov	Birimingham	Larry Barwick Larry.Barwick@dir.alabama.gov	Michael Vinson Michael.Vinson@dir.alabama.gov
Mining	Mine Safety Inspection	Gary Key, Mine Safety Chief Gary.Key@dir.alabama.gov	Birimingham	Eddie Sides Eddie.Sides@dir.alabama.gov	Larry Taft Larry.Taft@dir.alabama.gov
Mining	Mine Safety Inspection	Jimmy Rivers, Mine Safety Supervisor Jimmy.Rivers@dir.alabama.gov	Birimingham	Kenneth Knight Kenneth.Knight@dir.alabama.gov	Herbert Cordell Herbert.Cordell@dir.alabama.gov
Mining	Mine Safety Inspection	Robert Cagle Robert.Cagle@dir.alabama.gov	Birimingham	Donald Elliott Donald.Elliott@dir.alabama.gov	Leon Herren Leon.Herren@dir.alabama.gov
Mining	Mine Safety Inspection	Larry McCarty Larry.McCarty@dir.alabama.gov	Birimingham		James West James.West@dir.alabama.gov
Mining	Mine Safety Inspection	Samuel Mullenix Samuel.Mullenix@dir.alabama.gov	Birimingham	Terry Shelton Terry.Shelton@dir.alabama.gov	David Keeton David.Keeton@dir.alabama.gov

Table 7: Alabama Development Office (ADO) Employee Emergency Preparedness Contact List

Employee	Work #	Work Cell #	ADO E-mail
Anderson, Bruce	242-0439	546-1986	bruce.anderson@ado.alabama.gov
Bennett, Derek	353-0808	868-1975	derek.bennett@ado.alabama.gov
Burgess, Elizabeth (Liz)	353-1264		Liz.burgess@ado.alabama.gov
Chrietzberg, Wanda	242-0445		wanda.chrietzberg@ado.alabama.gov
Cope, Gail	353-8732	328-5555	gail.cope@ado.alabama.gov
Cosgrove, Heath	242-0450	467-3652	heath.cosgrove@ado.alabama.gov
Dial, Gerald	353-8286		Gerald.Dial@adeca.alabama.gov
Dorman, Jeff	242-0448		jeff.dorman@ado.alabama.gov
Drees, Hajo	205-410-0684		hajodrees@yahoo.com
Echols, David	242-0436	328-2454	david.echols@ado.alabama.gov
Faulkner, Gary	242-0464	328-2455	gary.faulkner@ado.alabama.gov

Fell, Tommy	242-3991		tommy.fell@ado.alabama.gov
Finkelstein, Dorothy	353-1877	328-2456	dorothy.finkelstein@ado.alabama.gov
Frank, Rosalyn	242-0431		rosalyn.frank@ado.alabama.gov
Gray, April	353-0281	451-0306	april.gray@ado.alabama.gov
Hatfield, Cheryl	242-0462		cheryl.hatfield@ado.alabama.gov
Hobbie, Brenda	242-4195		brenda.hobbie@ado.alabama.gov
Howard, Angela	242-0483		angela.howard@ado.alabama.gov
Hutchison, David	242-0437	328-2458	david.hutchison@ado.alabama.gov
Jones, Valicia	242-7982		valicia.jones@ado.alabama.gov
Lewis, RaShunda	242-0471		rashunda.lewis@ado.alabama.gov
Lockhart, Hilda	242-0442	328-2460	hilda.lockhart@ado.alabama.gov
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Nickols, Wayne	242-0428		wayne.nickols@ado.alabama.gov
Pegg, Hollie	242-0435	328-2464	hollie.pegg@ado.alabama.gov
Postell, Eddie	242-0485	868-3784	eddie.postell@ado.alabama.gov
Schaum, Fredrick (Pete)	242-0465	328-2463	pete.schaum@ado.alabama.gov
Smith, Robert	242-0412	324-7508	bob.smith@ado.alabama.gov
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Wade, Neal	353-1717	300-3801	neal.wade@ado.alabama.gov
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Table 8: Alabama Department of Public Health, (ADPH) Essential Functions and Positions

Bureau/Division management of personnel and general office functions (i.e., fiscal operations, leave, payroll, mail, and telephone) will be considered an essential function of each unit and will not be listed separately for each unit in this document.

Bureau/Office	Division	Essential Function	Essential Position/Personnel	Location
Children's Health Insurance	CHIP	Provide operational guidance to include Emergency Preparedness Team assignments and assist with pandemic response. Process subpoenas	Bureau Director-Cathy Caldwell, Assistant Administrator-Tamara Powell, Division Directors-Viki Brant, Teela Carmack, Ava Rozelle, Asst. Elig Dir-Keith Wright, Epid-Chris Sellers, Educ Outreadh Coord-Knoxye Williams, Contracts Coord-Debbie Robbins	RSA, Warehouse, home
Children's Health Insurance	CHIP	Receipt, security, and processing of mail and premium payments	Bureau Director-Cathy Caldwell, Assistant Administrator-Tamara Powell, Division Directors-Viki Brant, Teela Carmack, Ava Rozelle, Asst. Elig Dir-Keith Wright, Epid-Chris Sellers, Educ Outreadh Coord-Knoxye Williams, Contracts Coord-Debbie Robbins	RSA, Warehouse

Children's Health Insurance	CHIP	Process applications and renewals	Bureau Director-Cathy Caldwell, Assistant Administrator-Tamara Powell, Division Directors-Viki Brant, Teela Carmack, Ava Rozelle, Asst. Elig Dir-Keith Wright, Epid-Chris Sellers, Educ Outreadh Coord-Knoxye Williams, Contracts Coord-Debbie Robbins	RSA, Warehouse
Children's Health Insurance	CHIP	Implement emergency communication plan to enrollees, partners, providers, etc.	Bureau Director-Cathy Caldwell, Assistant Administrator-Tamara Powell, Division Directors-Viki Brant, Teela Carmack, Ava Rozelle, Asst. Elig Dir-Keith Wright, Epid-Chris Sellers, Educ Outreadh Coord-Knoxye Williams, Contracts Coord-Debbie Robbins	RSA, Warehouse, home
Clinical Laboratories	Birmingham, Mobile, Microbiology, Sanitary Bacteriology, Serology, Respiratory	Critical testing: water (public drinking water), milk: related to human consumption, rabies: related to human exposure, lead: children blood lead levels, microbiology testing. Report lab results. Other testing suspended. Microbiology: Flu, BT, Rabies (human exposure only), Botulism, specific outbreaks. Respiratory: TB from symptomatic patients only, mycology-systemic pathogens only Clinical Chemistry: Specimens with limited viability including CBCs and CD4 counts.	Dir - William Callan, Division Managers - Fleetwood Hines, William Smith, Valerie Lamb, Paula Lansdon, Ethel Oldham, Sharon Massingale, Joe Orban, Charles Crosby, Pete Preston, David Sherod, Michael Huff, Marian Woodman, Lab supervisors, Microbiologists, Lab Techs, analysts, ASA	Montgomery, Mobile, B'ham
Clinical Laboratories	Admin Support	Purchase reagents/supplies, Pay Invoices, Invoice agencies for lab work performed	Procurement Officer- Mary Jo Dyer, Account Clerks - Marchall Knox, Aquila Clark, Pat Thornton	RSA Tower, Home
Clinical Laboratories	Admin Support	Ship flu specimen kits to CHD and Labs; receive supplies, reagents, and specimens	Stock Clerk II - Sean Heard, Lab Tech – Art Elemore, BMET II – Randy Sexton	Smothers Road Warehouse
Clinical Laboratories	Mobile, B'ham	Beach, phytoplankton, shellfish testing and analysis will be suspended.	Microbiologist	Montgomery Lab Birmingham Lab
Clinical Lab Family Health Services	Newborn Screening-Lab	Continue all NBS tests and transmit all results to appropriate receivers. Maintain NBS computer functions for testing and reporting	NBS Lab Computer Technician, Derek Kennedy, Deannie Morris, Lynn Green, Danita Rollin	Montgomery Lab or out-of-state Lab
Communicable Disease	Administration	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Bureau Director - Charles Woernle; Deputy Director - Virginia Johns; Division Directors - Fred Grady, Jane Cheeks, Winkler Sims, Sandra Langston, Scott Jones	RSA, Warehouse, home
Communicable Disease	Epidemiology	Provide support and direction regarding influenza surveillance.	State Epidemiologist Dr. Charles Woernle Alternates: Sharon Thompson, Tina Pippin, Allison Smith	RSA/Warehouse/BCL/Home

Communicable Disease	Epidemiology	Answers calls from providers, public and staff regarding influenza and surveillance of communicable and notifiable diseases.	State Epidemiologist and State Toxicologist and State Veternarian: Dr. Charles Woernle, Dr. Neil Sass, Dr. Dee Jones, Alternates: Sharon Thompson, Cheryl Browder, Tina Pippin, Allison Smith	RSA/Warehouse/BCL/Home
Communicable Disease	Epidemiology	Notification of influenza and communicable disease to the CDC.	Electronic Surveillance Program Manager Fred Grady, Alternates: Dr. Sharada Adolph-Roy, Tina Pippin, Allison Smith	Home/BCL
Communicable Disease	Epidemiology	Provide necessary support and consultation during the pandemic.	Medical Consultants Dr. Charles Woernle, Fred Grady, Sharon Thompson	RSA/Warehouse/BCL/Home
Communicable Disease	Epidemiology	Analyze public health data to identify and describe clusters. Epidemiological analysis of outbreak investigations.	Analysis Program Manager Chris Sellers Alternates: Catina James	Home/BCL
Communicable Disease	Epidemiology	Provide consultation to public and private community regarding infection controls issues.	Infection Control Officer Sharon Thompson Alternate: Tina Pippin	RSA/Warehouse/BCL/Home
Communicable Disease	Immunization	Ordering and distribution of flu vaccine.	Dell Ross (Disease Intervention Supervisor) Chevonne Tyner (DIS) Mike Hudgens (Public Health Advisor). Beverly Jones (VDC Manager) Betty Helms (Administration Branch Director) Denise Strickland (ImmPRINT Enrollment Supervisor)	Vaccine Distribution Center @ Mitchell Young Road
Communicable Disease	Immunization	Surveillance of vaccine preventables and Hep B suspended to assist with pandemic response. Registry maintenance and programming suspended to assist with pandemic response.	Rebel Jackson (Outreach & Surveillance Branch Director) Nakema Gratton (Surveillance & Assessment DIS) Sherri Poole (Registry Branch Director). Sherri Poole (Registry Branch Director) Denise Strickland (ImmPRINT Enrollment Supervisor) Sharon Jenkins (Registry ASA III)	RSA
Communicable Disease	STD	STD activities suspended to assist with pandemic response.	Sandra Langston, Thomas Lee, Beverly Frank, Thomas Lee, Beverly Frank, Dorothy Easterly, Tonya Snider, Patricia Johnson-Smith, Thomas Lee, Beverly Frank, Dorothy Easterly, Tonya Snider, Patricia Johnson-Smith, Vurlie Dexter, John Keltner, Area Program Managers	RSA, Autauga County HD/Home
Communicable Disease	Tuberculosis Control	Assure that area-level staff provide a sufficient number of pre-packaged doses of TB meds to patients on therapy for active TB disease.	Scott Jones, Interim Director Pam Barrett, Field Services Coordinator Tammy Langlois, Nurse Consultant Bob Nyberg, Chief X-ray Technician	RSA, Laboratory

Communicable Disease	Tuberculosis Control	Routine TB surveillance and consultation activities at the state level will be re-prioritized to assure rapid response to shelter and/or provider requests relating to TB status of victims or shelterees.	Pam Barrett, Field Services Coordinator Scott Jones, Interim Director Tammy Langlois, Nurse Consultant Bob Nyberg, Chief X-ray Technician, Tammy Langlois, Nurse Consultant Pam Barrett, Field Services Coordinator Scott Jones, Interim Director Bob Nyberg, Chief X-ray Technician	RSA, Laboratory
Emergency Medical Services	EMS/Trauma	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	EMS Director, Dennis Blair; Alternates: Russell Crowley, Rachel Parrish	Home/Alt
Emergency Medical Services	EMS/Trauma	Monitor AIMS System	EMS Director, Dennis Blair; Alternates: Russell Crowley, Mark Jackson, Hugh Hollon, Gary Mackey	Home/Alt
Emergency Preparedness	Emergency Preparedness	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response. Coordinate ESF 8 Health and Medical Response.	CEP Director - Andy Mullins; Alternates: Jane Reeves, and Kelly Stevens	RSA/Alt. EOC
Emergency Preparedness	Emergency Preparedness	ICS Support, ALERT system, Response Team Database Management, Resource Management, EP Call Center, AIMS support	Internal Liaison - Andy Mullins, and Jane Reeves; ICS Chief Alternates and Liaisons - Kelly Stevens, Alice Floyd, Jim Lewandowski, ALERT Coordinator - Amy Coody; Alternates: Lynn Williams, Jessica Jones, and Keith Higginbotham, HR Leader - Ann Brantley, Alternates: Chastsie Hooper, Phyllis Cleveland, Emergency Management Planner II - Kent Speigner; Alternates: Lynn Williams and Alice Floyd, Call Center Coordinator: Michele Williams; Alternates: Angie Wright, Joni Cook, Suretta Smith, DeeAnn White, Charles Crawford, Patty Butler, Cindy Lesinger, Aims Support: Public Health Research Analyst II - Kuma Girdner; Alternates: Phyllis Cleveland	RSA/Alt. EOC
Emergency Preparedness	Emergency Preparedness	Duty Officer	CEP Staff; Alternates: Andy Mullins, CEP staff	Home
Environmental Services	Community Environmental Protection	Provide operational guidance. Onsite sewage, solid waste, and indoor air quality and lead activities will be suspended to assist with pandemic response. Limited Food Safety, Lodging, Milk & Food Processing, and Seafood Branch program activities.	Directors, ASA	RSA, Home

Facilities Management	Administration	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response. Space management. Assist with social distancing strategies in the RSA and warehouse locations.	Director - Victor Hunt	RSA & Warehouse
Family Health Services	Administration	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Director - Chris Haag, Assistant Health Officer, Dr. Miller, Dr. Hataway	RSA, Warehouse, home
Family Health Services	Administration	WIC Infant Formula checks	Accounting Technicians: Temeka Cooper, Accounting Technician, Greg Roberts; Alternate: Marshika Harrell, Accounting Technician	WIC Training Center
Family Health Services	Children's Health - Child Lead Program	Receive Elevated Blood Lead Levels (EBLL). Identify demographic and billing data for referral. Open case in STELLAR.	ASA II - Trena Perryman Olivia Smith -ASA II Theresa Wilson - ASA II	RSA, WIC Training Office
Family Health Services	Children's Health - Child Lead Program	Referrals for EBLLs care coordination and environmental investigations will be made per protocol.	Jackie Harris Dianne Sims Sharis LeMay	RSA, home
Family Health Services	Newborn Screening-Administration	Coordinate NBS Division activities. Insure PKU orders are placed in accordance with normal or emergency procedures.	NBS Division Director, Bob Hinds Danita Rollin, Cindy Ashley, NBS PKU Order Coordinator, Tarina Moores Wendy Caraway, Cindy Ashley	Home
Family Health Services	Newborn Screening-Follow-Up	All NBS tests will be accomplished by the NBS lab and results transmitted. Receive and record NBS test results from State Lab. Contact physician of record with test results. Contact NBS specialist with NBS test results.Contact parents of infant with NBS test results. Contact care coordinator if infant not located.	NBS Follow-Up Coordinator Cindy Ashley, Tracey England, Rachael Montgomery, Melissa Tucker, Data Entry Wendy Caraway, Cindy Ashley, Rachael Montgomery, Tracey England, Tarina Moores	Home
Family Health Services	Newborn Screening-Hearing	All NBS hearing tests will be accomplished and results sent. Receive and record NBS hearing test results.	NBS Hearing Data Entry, Wendy Caraway, Rachael Montgomery, Cindy Ashley, Tarina Moores	Home
Family Health Services	Newborn Screening-Hearing	All NBS hearing tests will be accomplished and results sent and coordinated. Contact physician of record with NBS hearing test results. Contact NBS specialist with NBS hearing test results. Contact parents of infant with NBS hearing test results. Contact care coordinator if infant not located.	NBS Hearing Coordinator, Melissa Tucker, Rachael Montgomery, Cindy Ashley, Wendy Caraway	Home
Family Health Services	Newborn Screening-Lab	Maintain NBS computer functions for testing and reporting	NBS Lab Computer Technician, Derek Kennedy Deannie Morris Danita Rollin	Lab, Birmingham or Mobile State Lab.

Family Health Services	WIC-Administration	Receive and distribute WIC instruments. Receive and distribute formula.	Carolyn Battle, HSA III, Jean Fulton, Acting NA , HSA II, Barbara Small ASA III, Robert Boyles, HSA II, Jim Koenig, HSA I, Twanna Brown, NAA, Pat Vick, Senior Nutritionist, Michell Grainger, Nurse Manager, Cassie Hooks, NAA, Kathy Law, ASAII, Evelyn Peterson, ASA II, Maxine Hawthorne, ASAII, Patty Geiger, Account clerk, Patty Geiger, Acct. Clerk, Dana Driscoll, HSA II	RSA, WIC training Center
Family Health Services	WIC-Nutrition Services	Consults with Areas and clinics. Provides guidance and approval to local clinic staff for formula prescriptions and issues/problems, food and water safety.	Jean Fulton, Acting Nutr Admin, Gail Mask, NAA, Twanna Brown, NAA	RSA, WIC training Center
Family Health Services	Women's Health - Social Work	Statewide distribution of newborn screening, newborn hearing and elevated lead referrals for care coordination.	Centralized Referral System Coordinator - Rhonda Hollon, LBSW; Stacey Neumann, LGSW; Carolyn Griggs, LCSW	Home
Family Health Services	Women's Health - Social Work	Answering MCH/FP Helpline to explain limited functions during a pandemic.	Medical Care Benefits Specialist I - Deborah Moulton; Stacey Neumann, LGSW; Carolyn Griggs, LCSW	Home
Family Health Services	Women's Health – Breast and Cervical Cancer	Case management of enrollees, Medicaid application process to allow providers to mover forward with screening or diagnostic services and to avoid delay in determining whether a cancer is present or not. Insure women with abnormal cases are processed for timely treatment.	Nurse supervisor, Program Director, Administrative Asst.	RSA, Warehouse
Family Health Services	Women's Health-Family Planning	Process contraceptive supplies for family planning clinics until supplies are depleted. Answer the Plan First Hotline	HSA I - Linda Green, ASA III - Linda Forney, Nurse Manager - Annie Vosel	Home
Financial Services	Administration and Clerical Support	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response. Approval of Special Vouchers, requisitions and emergency purchases.	Tom White, Accounting Director III	RSA, home
Financial Services	Administration and Clerical Support	Prepare and Bind Payment Vouchers	Dawn Tumlison, ASA III	RSA, Warehouse, home
Financial Services	Alabama Public Health Care Authority	Procurement and Disbursements	Allen Rowe, Accounting Manager, Joseph Osenton, Senior Accountant	RSA, Warehouse
Financial Services	Budget Unit	Vital Federal Cash Draws, Vital EDS Checkwriters, Vital Cash Needs, Vital Cash Transfers, Daily Cash/Check Deposits,Create Cash Transfer Reports, Vital Comptroller's Level Budget Revisions, State Level Budget Revision, County Level Budget Revision; Depository Accounts Reconcilation	LaShawn Pierce, Accountant; Donna Snyder, Senior Accountant; Daniel Opichka, Senior Accountant; Karen Rogers, Accounting Technician	RSA or warehouse

Financial Services	Grants and Contracts Unit	Vital WIC Wires and Draws, Vital CHIP Wires and Draws, Vital System Administration, Rent Payments, Payment Vouchers, FSRs and Invoices	Donna Reynolds, Senior Accountant, David Kirke, Senior Accountant; Deborah Dambach, Senior Accountant, Carissa Adams, Senior Accountant, Carolyn Johnson, Accounting Technician, Janis Pritchett, Senior Accountant	RSA or residence
Financial Services	Payables Unit	Process payments, process payroll, process emergency declarations	Alva Rene Haynes, Senior Accountant; Leslie Britt, Accountant; Sandra Collins, Accounting Manager	RSA or warehouse
General Counsel	General Counsel	Litigation, Legislation, Legal Advice. ICS Legal Officer.	2 Attys, John Wible, Brian Hale 1 Docket Clerk, Pat Ivie 1 ASA III 1 Legal Asst	RSA or warehouse
Health Promotion and Chronic Disease	Administration	Departmental Public Information Officer. Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Director, Jim McVay, Alt. Jack Hataway	RSA or warehouse
Health Promotion and Chronic Disease	Public Information/Health Marketing	Executes program of public relations	Public Information Director, Arrol Sheehan; Risk Communication Branch Director, Takenya Taylor	Warehouse, home, other designated site
Health Promotion and Chronic Disease	Video Communications & Distance Learning	Satellite and Web Broadcasts of News Conferences, Training & Education Programs, and Emergency Response Updates	4-8 staff, Michael Smith, Craig Young	Satellite Truck
Health Promotion and Chronic Disease	Video Communications & Distance Learning	Radio and TV Public Service Announcements	2 AV Production Specialists, Michael Smith, Craig Young	RSA or warehouse
Health Promotion and Chronic Disease	Wellness	Coordination and supervision of Wellness Staff and related contracts; expertise in Wellness screenings and adult flu vaccination throughout the State. Wellness Director over all 11 Public Health Areas.	Director of Wellness Ken Reid Primary. Carol Mysinger Director Administration, Alternate #1	RSA or Home
Health Promotion and Chronic Disease	Cancer Prevention, Cancer Registry, Cardiovascular Health, Chronic Disease, Diabetes, Injury Prevention, Steps, Tobacco Prevention	Suspended activities as needed to assist with pandemic response.	Dr. Jack Hataway, Janice Cook	RSA or Warehouse or home
Health Provider Standards	Health care facilities	Suspended to assist with pandemic response.	Rick Harris, Lisa Pezent, Sheila Underwood, Guy Nevins, Ray Shearer, Felicia Williams, Barbara Little, Nadine Crawford, Brenda Furlow, Queen Whitefield	RSA or Warehouse or home

Home and Community Services	Administration	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Grover Wedgeworth, State Home Care Director. Backups: Home Health and Life Care = Janice McIntosh, Director, Division of Home Care. Medicaid Waiver programs = Glenda Harris, Director, Division of Community Services. Home Care area and county budgets = Belinda Hensley, Director of Homecare Budget, Reimb. & Reporting Branch. Compliance and Contracts = Bernice Robertson, Director, Division of Compliance and Contracts. Billing issues = Eric Williams, Director, Division of Billing and Support. Bureau administrative issues: Carol Adair, Director, Division of Budget and Personnel.	RSA or Warehouse or home
Home and Community Services	Administration	Assists the State Home Care Director with organizing and setting up the Medical Needs Shelter Command Center	Sonya Salum, Administrative Assistant to the State Home Care Director. Backup: Glenda Harris, Director, Division of Community Services.	RSA or Warehouse or home
Home and Community Services	Administration	Assists and advises the State Home Care Director, Area Administrators, Area Home Care Directors, financial managers, and other staff regarding Home Care budgets, financial data, and production data.	Belinda Hensley, Director of Homecare Budget, Reimb. & Reporting Branch. Alternates: Grover Wedgeworth, Eric Williams, Kyung-hwa (K) Rafferty	RSA or Warehouse or home
Home and Community Services	Billing and Support	Determines Medicare eligibility, determines medicare switches to HMO, process medicaid and medicare claims, process third party insurance claims, Processes ED Waiver and Aids Waiver claims submitted by Private Providers, Posts Medicaid and Medicare payments	Branch Directors - Shelia Duncan, Cassandra Miles, Ellen Wells; Eligibility Support Reps - Debra Woods, Angela Richardson, Patricia Baron; Billing Support Representative - Teresa Deairy, Jaqueline Howard, Chiquita Dixon, Shenita Rivers, Angelia Moore, Carmen Rodriquez, Valerie Lewis, Patrick Miller; Private Provider Billing Support Representative - Del Manning, Payment Support Representatives - Lamekia Elliot, James McKeithen	RSA or Warehouse
Home and Community Services	Division of Compliance and Contracts	Process emergency professional services contracts; assist in processing emergency personal service contracts Monitor and audit for compliance to federal and state home care regulations and departmental policies; record and investigate findings; and address critical exceptions	Division Director, Bernice Robinson; Nurse Consultants, Barbara Davis, Debbie Buchanan	RSA, Home, or Warehouse
Home and Community Services	Division of Home & Community Services	PROGRAM DEVELOPMENT AND CLIENT ENROLLMENT FUNCTION: Daily review/coordination of applications for intake/enrollment	Nurse Consultants, Slot Manager, MCBS I MA II, ASA III, PHSW III	County Health Offices, Warehouse, Home

		and other documentation to determine Level of Care for waiver services.		
Home and Community Services	Division of Home & Community Services	CASE MANAGEMENT-HCBS WAIVERS FUNCTION: Provides consultation/supervision to case managers in county locations. Coordinates/conducts case staffings for active cases.	PHSW IV, PHSW III, Director, MA II, ASA III	County Health Offices, Warehouse, Home
Home and Community Services	Division of Home & Community Services	QUALITY ASSURANCE & DIRECT SERVICE PROVIDER ENROLLMENT FUNCTION: CASE MANAGEMENT: Monitors/reviews/audits/training for quality assurance of case management waiver records and activities to insure compliance with Alabama Medicaid. HOME DELIVERED MEALS: Monitors expenses, responds/resolves complaints/grievances Monitors meal service plans to include emergency planning to meet the needs.	PHSW III, Director, MA II, PHSW IV, Nurse Consultant, ASA III, HSA I, Nutritionist	County Health Offices, Warehouse, Home
Home and Community Services	Home Care Services	Manages the Home Care program	Director, Janice McIntosh, Debbie Buchanan, Barbara Davis	RSA, Enterprise
Home and Community Services	Home Care Services	Maintain limited home care services. Staff available to assist with pandemic response	Nurse Consultant, Debbie Buchanan, Janice McIntosh, Sharon Mitchell, Candace Hulsey, Brenda Elliott, Candace Hulsey, Sharon Mitchell, Brenda Elliott, Sharon Mitchell, Therapy Consultant Barbara Davis, Social Work Consultant Carolyn Hall, Nurse Consultant, Gayla Hollis, Shirley Offutt, Carolyn Hall, Choona Lang, Lisa Martin	Home, Warehouse, Morgan County, Enterprise
Home and Community Services	Home Care Services	Develops, implements, and evaluates HC software plan and community outreach program	Social work consultant Carolyn Hall, Janice McIntosh	RSA, Warehouse, Enterprise
Home and Community Services	Home Care Services	Develops, enters, maintains various database programs	AA, Stacey Sullivan, Angela Gaston, Julia White	RSA,Enterprise
Home and Community Services	Home Care Services	Administers and manages the Bureau's webpage and web application. Backup for the oversight, implementation, and support of the Horizon Software System.	Account Clerk, Julie White, Stacey Sullivan	RSA,Enterprise
Center for Health Statistics	Center for Health Statistics	Registration & QA -- Registration of Vital Records	Registration Director/Supervisor, Clerical Staff	RSA or Warehouse
Center for Health Statistics	Center for Health Statistics	Record Services – Phase 1 Record Services – Telephone & Mail Section Must have access to AS400	Record Services Director/Supervisor, Registration Director/Supervisor, Clerical staff	RSA or Warehouse
Information Services	Administration	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Director, John Heitman	RSA or Warehouse

Information Services	Center for Logistics	Maintain warehouse operations at 1635 Mitchell Young Road and 201 Smothers Road.	Andra Jackson, Warehouse Supervisor. Alfreda Arrington, Office Services Supervisor, John Blackmon, Michael Hassell, Director.	RSA or Warehouse
Information Services	Center for Logistics	Maintain inventory and fleet management control.	Janae Taylor, ADPH Property Manager. Guy Woodall, Inventory Control Officer. Matt Conner, Warehouse Worker.	RSA or Home
Information Services	Center for Logistics	Maintain mail distribution for ADPH State wide.	William Myrick, Mail Room Supervisor. Jason Dixon, Warehouse Worker. Stanley Cotton, Warehouse Worker.	1635 Mitchell Young Road Warehouse or 201 Smothers Road
Information Services	Computer Systems Center	Provide Lotus Notes email administration and related applications systems support	Leslie Hay, Systems Support Division Director, Darlene Smith, Jimmy Thompson	RSA or Warehouse
Information Services	Computer Systems Center	Provide programming and accounting for financial systems	Linda Hines, Finance Support Division Director, Randy Tatum, Gerry Knight	RSA or Warehouse
Information Services	Computer Systems Center	Provide data entry and operations support for departmental systems	Leslie Hay, Systems Support Division Director, Darlene Smith, Jimmy Thompson	RSA or Warehouse
Information Services	Computer Systems Center	Provide technical support and help desk assistance	Chuck Langley, Technical Support Division Director, James Coley, Gene Hill	RSA or Warehouse
Personnel and Staff Development	Personnel and Staff Development	Process requests to backfill essential adph functions during the pandemic. Reconstitution of vacant positions following the pandemic.	Michelle Zeigler, Personnel Manager/ ALT. Sheryl Elmore, PA; Linda Snell, PA	RSA or State Personnel
Personnel and Staff Development	Personnel and Staff Development	Completes the SEICTF, or State Employee Injury Compensation Trust Fund, payroll, and faxes to State Finance; reviews the Report of Injury forms and files reports.	Martina Russell, Personnel Assistant II/ ALT. Sheryl Elmore, PA; Sandra Wood, Director	RSA or State Personnel
Personnel and Staff Development	Personnel and Staff Development	Reviews initial and renewal of Personal Service Contracts and documentation; enters information into GHRS, sends contract to State Personnel or through routing procedure; notifies supervisor of approval date.	Martina Russell, Personnel Assistant II/ ALT. Michelle Zeigler, DPM; Toni Imler, ASA	RSA or State Personnel
Personnel and Staff Development	Personnel and Staff Development	Processes Probationary and Annual Appraisals	Linda Snell, Personnel Assistant III/ALT. Sheryl Elmore, PA; Michelle Zeigler, DPM	RSA or State Personnel
Personnel and Staff Development	Personnel and Staff Development	Enters leave usage into GHRS for Health Personnel staff; processes payroll report to Health Finance.	Daphne Williams, ASA III/ ALT. Susan McElvy, PA; Michelle Zeigler, DPM	RSA or State Personnel
Professional and Support Services	Professional and Support Services	Provide operational guidance. Fulfill ICS position functions and assist with pandemic response.	Frances Kennamer, Director; Alternate - Michele Jones	RSA, Warehouse, home
Professional and Support Services	Professional and Support Services	Licensed professional (nursing, social work, pharmacy) practice oversight	John Hankins, State Nursing Director; Dollie Hambrick, State SW Director; Charlie Thomas, State Pharmacy Director	RSA or warehouse
Professional and Support Services	Professional and Support Services	Health provider coverage coordination	Chuck Lail, Rural Health Director	Al Primary Care Assn

Professional and Support Services	Professional and Support Services	Community Resource Coordination	Maury West,EP SW Coordinator	RSA or warehouse
Professional and Support Services	Professional and Support Services	SNS, CRI	Chris Hutto, SNS Coordinator	RSA or warehouse
Professional and Support Services	Professional and Support Services	Prescription Drug Monitoring Program	Patti Stadlberger, PDMP Manager	Home
Professional and Support Services	Professional and Support Services	Volunteer Coordination	Jessica Hardy, EP Nurse	RSA or warehouse
Professional and Support Services	Professional and Support Services	ACORN (case management)	Arnita Shepard, ACORN Administrator	Home
Program Integrity	Administrative	Suspend to assist with pandemic response	ASA III - Bonnie Blue (Alternate = Account Clerk – Jean Leibe or Director - Debra Thrash)	RSA or Home
Radiation Control	Radiation Control	Radiological emergency response	1. Kirksey Whatley primary 2. James McNees primary 3. David Walter primary 4. David Turberville primary 5. Brad Grinstead primary 6. Tonya Appleyard primary NOTE: All are primary contacts!	1. For Farley NP, Houston County EMA office 2. for Browns Ferry NP, Morgan County EMA office 3. For others, Health Department alternate site

Table 9: Alabama Department of Public Health (ADPH) Critical Restoral Time – Vital Records and Databases

Bureau/ Office	System	System Description	< 24 hours	1 > 7 days	>7 days
All	Internet	Web	X		
All	Lotus Notes/email	Email and Notes	X		
All	VOIP/Telephones	Telephones	X		
All	State Network	Statewide ISD network	X		
CHIP	CHIP	Child Health Insurance Program			X
CHIP	WEES	Web Enabled Enrollment System			X
DC	ALNBS - Production	Alabama NEDSS Base System		X	
DC	Artemis	Perinatal Hepatitis B Case Management System		X	
DC	ImmPRINT	Immunization Provider Registry with Internet Technology		X	

DC	EPIC	Emergency Patient Information Compendium		X	
DC	CDCIS	Communicable Disease Care Management Info Sys		X	
EMS	Proserve	On-Line Renewals			X
EMS	ATR/AHSCIR	Alabama Trauma Registry Head and Spinal Cord Injury			X
EP	ALERT	Alabama Emergency Response Technology	X		
EP	Incident Action Plan	Lotus Incident Action System	X		
EP	Call Center & ICS Journal	Lotus Call Center and Journal	X		
EP	AIMS	Alabama Incident Management System	X		
FHS	Hearing Screen future	Hearing Screening			X
FHS	PHALCON	Public Health of Alabama County Operations Network		X	
FHS	BCCDMS (McCallie)	Breast and Cervical Cancer			X
FHS	ABCCEDP	Alabama Breast and Cervical Cancer Enroll			X
FHS WIC	Vendor Mgmt	Vendor Management			X
FHS lead	STELLAR	Information on elevated blood lead levels		X	
FHS lead	"L" Drive	Lead Programs		X	
FHS lead	MSIQ	Medicaid Online Client Benefits Database		X	
FHS lead	PHALCON	Public Health of Alabama County Operations Network		X	
Finance	Billing	Billing system			X
Finance	SAFE Reports	Financial reports			X
Finance	AFNS	Financial and Cost system		X	
Finance	eCats	Timekeeping			X
HCS	Slot Management	Slot Management		X	
HCS	Horizon	Horizon HomeCare		X	
HProm	Adph.org	Alabama Department of Public Health Website	X		
HProm	SWIMS	Standardized Web Information Management System	X		
HProm	Cancer, Tobacco Registries	Cancer, Tobacco Registries			X
HProm	ALPHTN	Alabama Public Health Training Network	X		
HPS	Grayco EMSIS	EMS Information System			X
HPS	Grayco Facman	Facilities Management			X
HPS	ASPEN	Aspen Central Office			X
Lab	LIS	Laboratory Information System			

Lab	NATUS	Newborn Screening		X	
Legal	Automated Contract System	Contract Management System			X
Legal	Time Matters	Time Matters			X
Logistics	IMS	Inventory Management System		X	
Logistics	Inventory Verification	On Line inventory of networked IT items			X
Personnel	GHRS	Personnel System		X	
PS	LCMS	Learning Content Management System		X	
PS	PDMP	Prescription Drug Monitoring Program			X
PS	ACORN	Case Management			X
VS	Super Micar	Super-MICAR			X
VS	ViSION	Vital Statisitics Image Oriented Network			X
VS	CHS Web Info	CHS Information Available on the Web			X
VS	EVERS Birth (EBR)	Electronic Vital Events Registration System		X	

Table 10: Alabama Department of Public Health (ADPH) IT and Resources

Bureau/ Office	Division	IT Needs	Available Resources
Children's Health Insurance	CHIP	Oracle, Protégé and Approach, Ph2srv55,Ph2srv36, Ph2srv37, Ph2srv81, Ph2srv45, Ph2srv133, Ph2srv134	20 Phones, 20 Workstations, 10 Printers, 90 work PCs
Clinical Laboratories	Admin Support	3270, Lotus Notes, Phones, Fax	3 ADPH laptops, 10 personal computers, 2 ADPH cell phones, 11 personal cell phones, 1 PDA, 1 home fax line
	Birmingham	Access to State Server, Lotus Notes	7 personal laptops, 1 ADPH cell phone, 14 personal cell phones, 13 personal home computers, 25 work PCs
	Clerical Division	Computers, Phones, Scanners, Printers, access to 3270, email, lotus notes, access to LIS (or current system) for verification	2 personal laptops, 6 personal cell phones, 6 personal home computers, 2 home fax lines, 202 work PCs total Montgomery lab
	Clinical Chemistry	LIS support, Phones, Fax, Personal Computers	2 laptops, 12 personal computers, 10 personal cell phones, 1 home fax line
	Microbiology	Telephones, Faxes, Computers, Lotus Notes, LIS and Internet Capabilities	6 personal laptops, 4 ADPH laptops, 14 personal computers, 3 ADPH Cell Phones, 1 PDA, 20 Personal cell phones, 5 home fax lines
	Mobile Division Laboratory	Internet access, Computers, Phones, Fax	2 personal laptops, 5 personal home computers, 6 personal cellphones, 27 work PCs

	Respiratory Disease	Lotus Notes, Computer services, Phone service, LIS capabilities	7 personal home computers, 9 personal cell phones,
	Sanitary Bacteriology/ Media	Not Needed	2 personal laptops, 9 personal cell phones, 7 personal home computers
	Serology	Access to server, internet, phones	11 personal computers, 11 personal cell phones
Communicable Diseases	Bureau Administration	MS Office, Lotus SmartSuite, Wire Pak; access to "p" drive, 3270	2 ADPH laptops, 3 personal computers, 2 PDA, 2 ADPH Cell Phones, 4 Personal Cell Phones, 1 Home Fax Line, 7 work PCs
	Epidemiology	Laptops, Verizon Cards, Laptop car chargers, Trios, Satellite phones, eFax, Pagers	9 laptop computers, 11 personal computers, 2 PDA, 4 ADPH Cell Phones, 13 personal cell phones, 1 Home Fax Line, 38 work PCs
	HIV/AIDS Prevention and Control	3-4 phone lines, fax machine at annex state lab, seven laptops with air cards, seven "southern linc" phones, Laptops with access to internet for lotus notes (email and databases), ESUM, finance reports, Computer/server access to: e-mail/lotus notes, internet.	5 ADPH Laptops, 14 Personal computers, 2 PDA, 1 ADPH Cell Phone, 16 Personal Cell Phones, 2 Home Fax Lines, 39 work PCs
	Immunization Division	VacMan, ImmPRINT, NEDDS, Artemis, Inventory Management System, 3270, GRATIS, VOFA, SAFE, Oracle, sql server, Ph2srv54, Ph2srv111, Ph2srv39, Ph2srv101, Ph2srv102, Ph2srv133, Ph2srv134, ADPHD01	1 ADPH Laptop, 5 Personal Laptops, 3 ADPH Cell Phones, 13 Personal Cell Phones, 13 Personal Home Computers, 3 PDA, 3 Home Fax Lines, 29 work PCs
	STD	STD*MIS, F Drive, Printers, Copier, Wy-Fi access, VPN/Desktop, Laptops, Telephones, Cellphones, Fax Machine, Medication Order, Computer	6 laptop computers, 6 personal computers, 9 Personal Cell Phones, 2 Home Fax Lines, 22 work PCs
	Tuberculosis Control	Three laptops with wireless connectivity and VPN to access ADPH servers and Internet	3 Laptop Computers, 6 Personal Computers, 4 ADPH Cell Phones, 5 Personal Cell Phones, 24 work PCs
Emergency Medical Services		PC with access to Lotus Notes,3270, Automated Contract System, internet, ALACERT and e-PCR Database,telephone,cell phones,fax, and copier	28 work PCs
Emergency Preparedness	Emergency Preparedness	Internet, Access to p:// drive, Lotus Notes (Workspace applications on laptops, Remote Desktop, VPN), CDC Secure Data Network (SDN), Wireless Laptops - may need additional air cards, Access to 3270	9 ADPH Laptops, 1 Personal Laptop, 10 ADPH Cell Phones, 15 personal cell phones, 14 personal home computers, 8 PDA, 1 home fax line, 50 work PCs
Environmental Services	Community Environmental Protection	Internet, Wireless laptops, printer, phones, fax.	10 Laptop computers, 13 Personal computers, 11 PDA, 11 ADPH Cell Phones, 14 Personal Cell Phones, 1 Home Fax Line, 29 work PCs

	Environmental Health Administration	Internet, Access to M:// drive, Lotus Notes, Wireless Laptops, Access to 3270, printer, phone, fax	2 Personal Computers, 2 PDA, 2 ADPH Cell Phones, 2 Personal Cell Phones
	Food, Milk, Lodging	Internet Access, Lotus Notes, Wireless Laptop Computers, phones, fax, copier.	6 Laptop computers, 1 Personal Computers, 16 PDA, 16 ADPH Cell Phones, 5 Personal Cell Phones, 19 work PCs
Facities Management	Administration	Computer, printer, phone, fax, Lotus Notes, Lotus SmartSuite	4 Personal Computers, 4 ADPH Cell Phones, 3 Personal Cell Phones, 1 Home Fax Line, 15 work PCx
	Technical Services	Lotus SmartSuite, ACO (ASPEN), Lotus Notes, telephone, printer, fax, computers	3 personal Laptops, 5 Personal home Computers, 10 Personal Cell Phones, 1 Home Fax Line, 1PDA
Family Health Services	Administration	PC with access to Lotus Notes, AFNS,3270, Automated Contract System, internet, B & C Access Database, telephone, fax, and copier	1 ADPH Laptop, 6 Personal cell phones, 2 personal home computers, 109 work PCs total Family Health
	Children's Health-Abstinence Program		13 ADPH laptops, 1 personal laptop, 1 ADPH cell phone, 18 personal cell phones, 16 personal home computers, 2 PDA, 2 Home Fax Lines
	Children's Health - Child Death Review		13 ADPH Laptops, 1 personal laptop, 1 ADPH cell phone, 18 personal cell phones, 16 personal home computers, 2 PDA, 2 Home Fax Lines
	Children's Health - Child Lead Program	STELLAR , L Drive, Lotus Notes, SAS, EPI INFO, phone, FAX machine, copier, printer, internet capability, MSIQ access	13 ADPH Laptops, 1 personal laptops, 1 ADPH Cell Phones, 18 Personal cell phones, 16 pesonal home computers, 2 PDA, 2 Home fax lines
	Children's Health - Foster/Adoptive Parent Child Health Training Network		13 ADPH laptops, 1 personal laptops, 1 ADPH cell phone, 18 personal cell phones, 16 personal home computers, 2 PDA, 2 Home Fax Lines
	Children's Health-Healthy Childcare Alabama	Laptop, Lotus Notes, I-Notes, phone,	13 ADPH Laptops, 1 personal laptop, 1 ADPH cell phone, 18 personal cell phones, 16 personal home computers, 2 PDA, 2 Home Fax Lines
	Children's Health - School/ Adolescent Health		13 ADPH laptops, 1 personal laptops, 1 ADPH cell phones, 18 personal cell phones, 16 personal home computers, 2 PDA, 2 Home Fax Lines
	Newborn Screening-Administration	Laptop with Lotus Notes/Internet access; Telephone; Printer; Access to Ameri Source via telephone or computer; Fax machine; access to Finance Admin for BH # receipt	9 ADPH laptops, 5 personal laptops, 23 personal cell phones, 25 personal home computers, 1 PDA, 1Home Fax Lines
	Newborn Screening -Follow Up	Laptop with Lotus Notes/Internet access; telephone; fax machine; Medicaid database; Phalcon database; NBS test results from lab; demographic data from lab	9 ADPH laptops, 5 personal laptops, 23 personal cell phones, 25 personal home computers. 1 PDA, 1 Home Fax lines

	Newborn Screening-Hearing	Laptop with Lotus Notes/Internet access; telephone; fax machine; Medicaid database; Phalcon database; NBS hearing test results from lab; demographic data from lab	9 ADPH laptops, 5 personal laptops, 23 personal cell phones, 25 personal home computers, 1 PDA, 1 Home fax line
	Newborn Screening - Lab	Computer network services with ADPH; Perkin Elmer computer/software access; Natus computer/software access; Lotus Notes; Telephone; Fax	9 ADPH laptops, 5 personal computers, 23 personal cell phones, 25 personal home computers, 1 PDA, 1 home fax line
	WIC-Administration	Personal computer with Lotus notes, Excel, Lotus 123, Word, COPA, PHALCON and network printer, access to WIC reports. Dan needs access to USDA database, Personal computer or laptop with Lotus Notes, Lotus 123, printer	20 home computers, 6 laptops, 23 cell phones, 32 work PCs WIC total
	WIC-Data Management	PCs with Lotus Notes, Excel and Lotus 123,Word, internet access, PHALCON and COPA, access to WIC reports, desktop and/or network printer.	20 home computers, 6 laptops, 23 cell phones
	WIC-Nutrition Services	PCs with Lotus Notes, Excel and Lotus 123,Word, internet access, PHALCON, access to WIC reports, desktop and/or network printer	20 home computers, 6 laptops, 23 cell phones
	WIC-Vendor Management	PCs with Lotus Notes, Excel and Lotus 123,Word, internet access, PHALCON and COPA, access to WIC reports, desktop and/or network printer	20 home computers, 6 laptops, 23 cell phones
	Women's Health-Family Planning	Computer with Lotus and MSIQ applications, Amerisource Telzon Computer Relay System, Telephone, Fax Machine	6 ADPH laptops, 8 personal laptops, 15 personal cell phones, 13 personal home computers, 4 home fax lines
	Women's Health - Social Work	Working from home would require ADPH IT to provide access to all ADPH computer programs at the individual's home. Would also need the 1-800 numbers re-routed to the residence. Needed: Computer; telephone with 1-800 line, access to Medicaid Eligibility website, MSIQ, Area/County telephone/fax numbers, phone numbers for other State agencies, list of resources	6 ADPH laptops, 8 personal laptops, 15 personal cell phones, 13 personal home computers, 4 home fax lines

Financial Services	Administration and Clerical Support	Computer with e-mail/Lotus Notes and internet access; telephone; fax (with copy/scan capabilities)	2 ADPH laptops, 2 personal laptops, 2 ADPH cell phones, 3 personal computers, 4 personal cell phones, 63 work PCs Finance total
	Alabama Public Health Care Authority	Computer / printer capabilities; access to Peachtree Software; e-mail access for communication/audit purposes; copier machine; telephone and fax	3 ADPH laptops, 3 personal computers, 3 ADPH cell phones, 2 personal cell phones
	Budget Unit	3270 system; internet access; lotus notes and Wachovia Token	5 personal computers, 3 personal cell phones
	Cost Accounting Unit		1 ADPH laptop, 1 personal cell phone
	Grants and Contracts Unit	Computer with e-mail/Lotus Notes and internet access; AFNS access; 3270 access; telephone; fax (with copy/scan capabilities)	1 ADPH laptop, 9 personal computers, 2 ADPH cell phones, 6 personal cell phones
	Payables Unit	Computer with e-mail/Lotus Notes and internet access; 3270 access; telephone; fax (with copy/scan capabilities)	2 laptop computers, 3 personal computers, 4 personal cell phones
	Payroll Unit	Computer with e-mail/Lotus Notes and internet access; 3270 access; GHRS access; telephone; fax (with copy/scan capabilities)	2 laptop computers, 3 personal computers, 3 personal cell phones, 1 home fax line
	Procurement Unit	AFNS; 3270; telephone and fax capability.	1 ADPH laptop, 1 personal computer, 2 personal cell phones
General Counsel	General Counsel	Time Matters, Lotus Notes, Leave Database, Westlaw, Word	7 laptops, 8 personal computers, 8 ADPH cell phones, 9 personal cell phones, 16 work PCs
Health Promotion and Chronic Disease	Alabama Comprehensive Cancer Control Program	All positions will need access to telephone, fax, internet, Lotus Notes, e-Cats and work desktop, access to 3270. The Research Analyst would need access to SAS.	2 ADPH laptops, 2 personal laptops, 3 personal cell phones, 3 personal home computers,
	Arthritis Prevention Branch	Access to telephone, fax and personal computer with internet capability to access 3270, lotus notes, e-cats and website	1 ADPH laptop, 1 personal laptop, 2 personal home computers, 2 personal cell phones, 2 home fax lines
	Bureau Director	Access to personal computer with Internet and e-mail capabilities, telephone and fax machine	4 ADPH laptop, 1 personal laptop, 3 ADPH cell phones, 6 personal cell phones, 7 personal home computers, 2 PDA, 120 work PCs Health Promo
	Cancer Prevention	Access to personal computer with internet and e-mail capabilities, telephone and fax machine	4 ADPH laptops, 5 personal cell phones, 2 personal computers
	Cancer Registry Division	All positions need PC with access to CRS database, Internet, Lotus notes, and e-CATS; phone and fax capabilities. Access to 3270.	11 ADPH laptops, 1 personal laptop, 12 personal cell phones, 9 personal home computers, 1 PDA, 1 Home Fax

	Cardiovascular Health	The Cardiovascular Health Director and Health Educator would need remote desk top hardware.	3 ADPH laptops, 3 personal cell phones, 3 personal home computers
	Chronic Disease	Access to personal computer with internet and e-mail capabilities, telephone and fax machine	4 ADPH laptops, 5 personal cell phones, 2 personal home computers
	Chronic Disease Epidemiology Unit	All positions will need computers with access to the internet, lotus notes, and e-Cats. All positions will need access to a phone and fax machine.	2 ADPH laptops, 2 personal cell phones, 1 personal home computer
	Diabetes Branch	Access to telephone, fax, and personal computer with 3270, contracts, lotus notes, e-cats, and VPN network	4 laptop computers, 5 personal computers, 5 personal cell phones, 1 home fax line
	Injury Prevention Branch	Laptop/PC with access to Lotus Notes	2 ADPH laptops, 1 personal laptop, 3 personal cell phones, 1 personal home computer
	Public Information/ Health Marketing	Lotus Notes Access, Internet Access, Access to Mainframe Computer 3270, RightFax support	7 ADPH laptops, 1 ADPH cell phone, 13 personal cell phones, 6 personal home computers,
	Steps Program	Laptop/PC, Lotus Notes, 3270, telephones, fax machine	2 ADPH laptops, 2 personal cell phones, 2 personal home computers
	Tobacco Prevention and Control Division	Access to personal computer/laptop with Internet and e-mail capabilities, telephone and fax machine	1 ADPH laptop, 2 personal laptops, 8 personal cell phones, 7 personal home computers
	Video Communications and Distance Learning	Helix Video Servers (2) must be operational; Internet in Suite #940; phones; Bellsouth phone lines in Master Control (5), VPN from mobile encoding pc to Helix Video Servers (2); Internet from anywhere including the satellite truck.	7 ADPH laptops, 1 ADPH cell phones, 8 personal cell phones, 9 personal home computers, 29 work PCs
	Wellness	Laptop/PC, Lotus Notes/remote desktop, Telephones, and Fax Machine	1 personal cell phone, 1 personal home computer, 12 work PCs
Health Provider Standards	Health care facilities	Computers - ASPEN, ACTS, OSCAR/ODIE, Lotus Notes, MS Office and internet access; telephone; multi-functional printer/fax.	3 work PCs
Health Statistics	Center for Health Statistics	AS400; computers with capability to view images; scanners; printers; server for births and eventually electronic filing of deaths; phones. Note that plan is to lease AS 400 and have it brought to remote location. Needed computers and other equipment would be purchased if equipment could not be retreived from the	3 ADPH laptops, 6 personal laptops, 2 ADPH cell phones, 53 personal cell phones, 44 personal home computers, 4 PDA, 8 home fax lines, 105 work PCs

		RSA Tower.	
Home and Community Services	Administration	Access to PH2SRV36, SQL and Citrix servers, 3270, Excel, Lotus Notes, email, Lotus 123, SAFE reports, Horizon Homecare, and Crystal Reports	1 ADPH laptop, 1 ADPH cell phone, 2 personal cell phones, 2 personal home computers, 1 PDA, 199 work PCs Health Care Facilities, 92 work PCs Health and Community Services
	Billing and Support	Need access to personal computer with Lotus Notes; access to ATT secure dial up for DDE; access to private provider Access database; telephone, fax and high speed printers as well as access to Citrix servers with Horizon database	7 laptops, 1 ADPH cell phone, 15 personal home computers, 19 personal cell phones, 1 PDA, 7 Home Fax Lines
	Budget and Personnel	PC with access to 3270, GHRS, Lotus Notes, SAFE Reports, Lotus 123	1 personal laptop, 5 personal cell phones, 3 personal home computers, 1 home fax line
	Division of compliance and contracts		1 ADPH laptop, 1 personal cell phone, 1 personal home computer, 1 PDA, 1 home fax line
	Division of Home and community services	All personnel would need access to personal computers with Lotus Notes, Internet and Remote Access, Microsoft Word Applications, ACORN, MSIQ, EDW Long Term Care Admissions, Fax, Copier, Printer, Telephone, Cell Phone/Blackberry, Access to State Vehicles, Access to client records, Case Manager files, direct service provider file, general desk supplies	5 ADPH laptops, 2 ADPH cell phones, 12 personal cell phones, 12 personal home computers, 2 PDA
	Home Care Services	All positions need access to telephone, fax and PC with lotus notes, e-cats, internet, access to Horizon server	5 ADPH laptops, 8 personal laptops, 9 ADPH cell phones, 11 personal cell phones, 9 personal home computers, 6 PDA, 1 home fax line
Information Services	Center for Logistics	Need access to personal computer, Lotus Notes, internet, and telephone	2 ADPH laptops, 6 personal laptops, 10 ADPH cell phones, 12 personal cell phones, 12 personal home computers, 2 home fax lines,
	Computer Systems Center	CSC Tech Support will respond to requirements in the Warehouse and for home based employees as required	5 laptop computers, 12 personal computers, 10 ADPH cell phones, 12 personal cell phones, 2 home fax lines, 224 work PCs CSC, 11 work PCs supply warehouse, 7 PCs new warehouse, 3 work PCs mailroom
Personal and Staff Development	Personal Staff and Development	Access to Personal Computer with GHRS and lotus notes, telephone, and fax	3 laptop computers, 11 personal computers, 9 personal cell phone, 1 PDA, 1 home fax line, 13 work PCs
Professional and support Services	Professional and Support Services	Continuous access to desk top computers, lap tops, TREOs, cell phones, fax machines, write-fax, Lotus Notes, ACORN, PDMP database, practice Sites System, LCMS.	14 laptops, 11 personal computers, 9 PDA, 15 ADPH cell phones, 33 personal cell phones, 2 home fax lines, 80 work PCs
Program Integrity	Administrative	3270 access to GHRS system, phone, fax, internet	12 ADPH laptops, 1 ADPH cell phone, 11 personal cell phones, 11 personal home

		access, servers	computers, 3 home fax lines, 19 work PCs
	Central Office Audits	laptop, internet access, servers, Lotus Notes, phones, possibly 3270	12 ADPH laptops, 1 ADPH cell phone, 11 personal cell phones, 11 personal home computers, 3 home fax lines
	County Audit	laptops, internet access, Lotus Notes, servers, PHALCON, ACORN, MSIQ, HORIZON	12 ADPH laptops, 1 ADPH cell phone, 11 personal cell phones, 11 personal home computers, 3 home fax lines
Radiation Control		At Health Department alternate EOC, Southern Link radios need to operate. Computer access to internet needs to be available. Fax machines and copiers need to be available. Telephones need to be available (minimum of two).	2 laptop computers, 6 personal computers, 6 PDA, 6 ADPH cell phones, 3 personal cell phones, 1 home fax line, 41 work PCs

Table 11: Alabama Department of Public Health (ADPH)
ICS Positions Chart

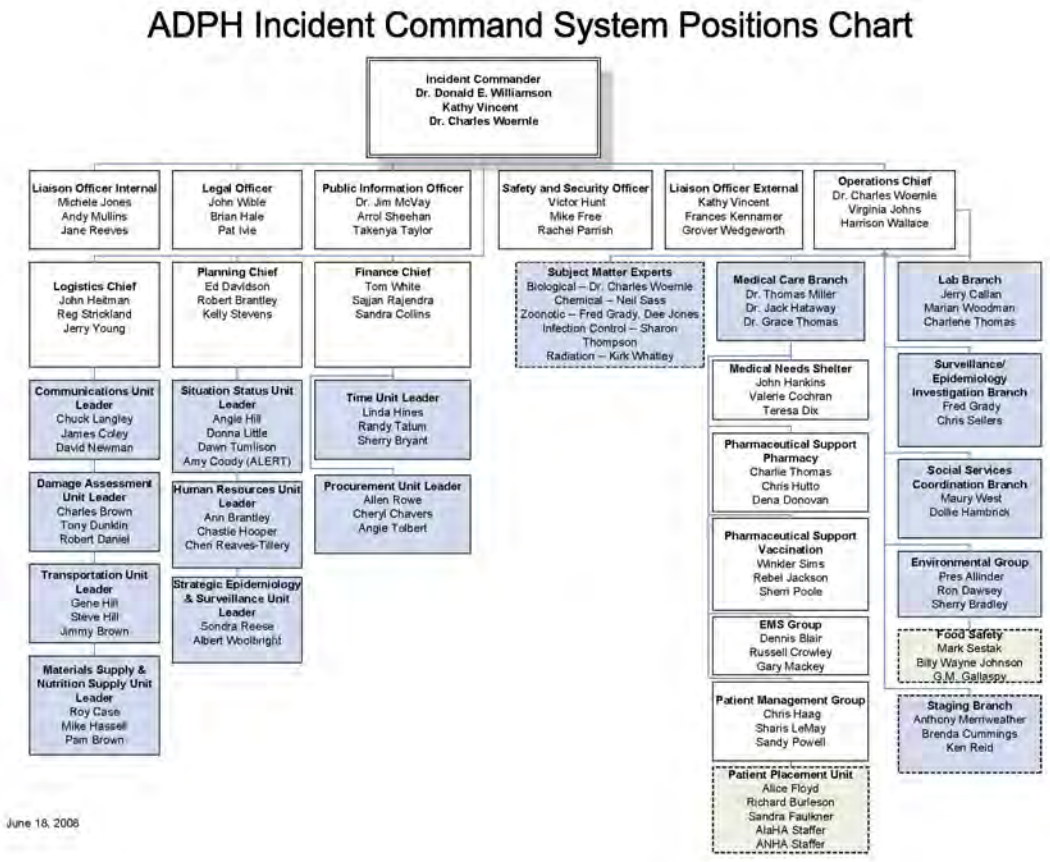

Table 12: Alabama Department of Public Health (ADPH) Primary and Secondary Individuals for Core Functional Roles per ICS

Core Functional Areas:	Primary and Secondary	Contact Information
Assessment of health/medical needs	Dr. Thomas Miller Dr. Jack Hataway Dr. Grace Thomas	334-206-2940 tmiller@adph.state.al.us 334-206-5616 jhataway@adph.state.al.us 334-206-3879 GraceThomas@adph.state.al.us
Health Surveillance	Tina Pippin Sherri Davidson Michele Williams	1-800-338-8374 334-206-5971 tinapippin@adph.state.al.us 334-206-2050 sdavidson@adph.state.al.us 334-206-5940 mwilliams@adph.state.al.us
Medical Care Personnel	John Hankins Valerie Cochran Teresa Dix	334-206-5648 jhankins@adph.state.al.us 334-206-2047 vcochran@adph.state.al.us 334-206-7926 thresadix@adph.state.al.us
Health/Medical Equipment and Supplies	Roy Case Mike Hassell Pam Brown	334-206-7000 roycase@adph.state.al.us 334-288-5038 mikehassell@adph.state.al.us 334-206-7015 pambrown@adph.state.al.us
Patient Evacuation	Alice Floyd Richard Burleson Sandra Faulkner	334-206-3898 alicefloyd@adph.state.al.us 334-206-2938 rburleson@adph.state.al.us 334-206-5141 sfaulkner@adph.state.al.us
In-hospital Care	Chris Haag Sharis LeMay Sandy Powell	334-206-5331 chaag@adph.state.al.us 334-206-2965 slemay@adph.state.al.us 334-206-5050 sandypowell@adph.state.al.us
Food/Drug/Medical Device Safety	Charlie Thomas Chris Hutto Dena Donovan	334-206-5666 charliethomas@adph.state.al.us 334-206-3378 cshutto@adph.state.al.us 334-206-3378 ddonovan@adph.state.al.us
Worker Health/Safety	Sharon Thompson Victor Hunt	334-206-5932 sthompson@adph.state.al.us 334-206-5218 vchunt@adph.state.al.us
Radiological, Chemical, Biological Hazards	RAD - Kirksey Watley, RAD - James McNees RAD - David Walter CHEM – Neil Sass BIO – Dr. Charles Woernle	334-206-5391 kwhatley@adph.state.al.us 334-206-5391 jmcnees@adph.state.al.us 334-206-5391 dwalter@adph.state.al.us 334-206-5973 nsass@adph.state.al.us 334-206-5325 cwoernle@adph.state.al.us
Consultation	Dr. Donald Williamson Dr. Charles	334-206-5200 donwilliamson@adph.state.al.us 334-206-5325 cwoernle@adph.state.al.us 334-206-2940 tmiller@adph.state.al.us 334-206-5616 jhataway@adph.state.al.us

	Woernle Dr. Thomas Miller Dr. Jack Hataway	
Mental Health Care	Maury West Dollie Hambrick	334-206-3383 maurywest@adph.state.al.us 334-206-5664 dhambrick@adph.state.al.us
Public Health Information	Dr. Jim McVay Arrol Sheehan Takenya Taylor	334-206-5600 jmcvay@adph.state.al.us 334-206-5510 asheehan@adph.state.al.us 334-206-7026 ttaylor@adph.state.al.us
Vector Control	Dr. Dee Jones Kelly Stevens Steve McDaniel	334-206-2051 deejones@adph.state.al.us 334-206-7934 kstevens@adph.state.al.us 334-206-5796 smcdaniel@adph.state.al.us
Potable Water/Wastewater and Solid Waste	William Allinder Sherry Bradley Jimmy Coles	334-206-5373 wallinder@adph.state.al.us 334-206-5375 sbradley@adph.state.al.us 334-206-5373 jmcoles@adph.state.al.us
Disposal	William Allinder Sherry Bradley Jimmy Coles	334-206-5373 wallinder@adph.state.al.us 334-206-5375 sbradley@adph.state.al.us 334-206-5373 jmcoles@adph.state.al.us
Veterinary Services	Dr. Dee Jones Dr. Brad Fields	334-206-2051 deejones@adph.state.al.us 334-240-6596 brad.fields@agi.alabama.gov
Activity Added by State	EP Public Health Response Team Database (ESF #8 Health & Medical Response Teams, Radiological Response Teams, Central Office Teams, Epi and Environmental Teams)	Contact information stored in three systems: ALERT , LCMS, Lotus Notes

Table 13: Alabama Department of Public Health (ADPH) Antiviral Distribution by County

County by PHA	County Population*	Percent of State Pop		State** Antivirals		Federal *** Antivirals	Total Antivirals
Colbert	54,824	1.21%		6,104		8,122	14,226
Franklin	30,823	0.68%		3,432		4,566	7,998
Lauderdale	87,515	1.93%		9,743		12,966	22,709
Marion	30,267	0.67%		3,370		4,484	7,854
Walker	70,005	1.55%		7,794		10,371	18,165
Winston	24,475	0.54%		2,725		3,626	6,351
PHA 1 Total	297,909	6.58%		33,168		44,136	77,303

Cullman	79,189	1.75%		8,816		11,732	20,549
Jackson	53,821	1.19%		5,992		7,974	13,966
Lawrence	34,418	0.76%		3,832		5,099	8,931
Limestone	69,387	1.53%		7,725		10,280	18,005
Madison	293,072	6.47%		32,629		43,419	76,048
Marshall	84,781	1.87%		9,439		12,560	22,000
Morgan	113,211	2.50%		12,604		16,772	29,377
PHA 2 Total	727,879	16.07%		81,038		107,837	188,875
Bibb	21,317	0.47%		2,373		3,158	5,531
Fayette	18,273	0.40%		2,034		2,707	4,742
Greene	9,746	0.22%		1,085		1,444	2,529
Lamar	14,975	0.33%		1,667		2,219	3,886
Pickens	20,401	0.45%		2,271		3,022	5,294
Tuscaloosa	167,104	3.69%		18,604		24,757	43,361
PHA 3 Total	251,816	5.56%		28,036		37,307	65,343
Jefferson	658,495	14.54%		73,313		97,557	170,871
PHA 4 Total	658,495	14.54%		73,313		97,557	170,871
Blount	54,988	1.21%		6,122		8,147	14,269
Cherokee	24,525	0.54%		2,730		3,633	6,364
DeKalb	66,935	1.48%		7,452		9,917	17,369
Etowah	103,250	2.28%		11,495		15,297	26,792
Shelby	165,677	3.66%		18,446		24,545	42,991
St. Clair	70,245	1.55%		7,821		10,407	18,228
PHA 5 Total	485,620	10.72%		54,066		71,946	126,012
Calhoun	112,425	2.48%		12,517		16,656	29,173
Chambers	35,567	0.79%		3,960		5,269	9,229
Clay	14,092	0.31%		1,569		2,088	3,657
Cleburne	14,458	0.32%		1,610		2,142	3,752
Coosa	11,368	0.25%		1,266		1,684	2,950
Randolph	22,603	0.50%		2,517		3,349	5,865
Talladega	80,277	1.77%		8,938		11,893	20,831
Tallapoosa	40,861	0.90%		4,549		6,054	10,603
PHA 6 Total	331,651	7.32%		36,924		49,135	86,059
Choctaw	15,238	0.34%		1,697		2,258	3,954
Dallas	44,884	0.99%		4,997		6,650	11,647
Hale	18,275	0.40%		2,035		2,707	4,742
Marengo	22,084	0.49%		2,459		3,272	5,731
Perry	11,522	0.25%		1,283		1,707	2,990
Sumter	14,141	0.31%		1,574		2,095	3,669
Wilcox	12,958	0.29%		1,443		1,920	3,362

PHA 7 Total	139,102	3.07%		15,487		20,608	36,095
Autauga	47,468	1.05%		5,285		7,032	12,317
Bullock	11,229	0.25%		1,250		1,664	2,914
Chilton	41,466	0.92%		4,617		6,143	10,760
Elmore	71,944	1.59%		8,010		10,659	18,669
Lee	120,714	2.66%		13,440		17,884	31,324
Lowndes	13,210	0.29%		1,471		1,957	3,428
Macon	23,179	0.51%		2,581		3,434	6,015
Montgomery	222,559	4.91%		24,779		32,973	57,751
Russell	49,262	1.09%		5,485		7,298	12,783
PHA 8 Total	601,031	13.27%		66,916		89,044	155,960
Baldwin	156,701	3.46%		17,446		23,216	40,662
Butler	20,764	0.46%		2,312		3,076	5,388
Clarke	27,422	0.61%		3,053		4,063	7,116
Conecuh	13,453	0.30%		1,498		1,993	3,491
Covington	36,875	0.81%		4,105		5,463	9,569
Escambia	38,336	0.85%		4,268		5,680	9,948
Monroe	23,725	0.52%		2,641		3,515	6,156
Washington	17,906	0.40%		1,994		2,653	4,646
PHA 9 Total	335,182	7.40%		37,317		49,658	86,975
Barbour	28,557	0.63%		3,179		4,231	7,410
Coffee	45,041	0.99%		5,015		6,673	11,688
Crenshaw	13,610	0.30%		1,515		2,016	3,532
Dale	49,122	1.08%		5,469		7,278	12,747
Geneva	25,599	0.57%		2,850		3,793	6,643
Henry	16,699	0.37%		1,859		2,474	4,333
Houston	92,947	2.05%		10,348		13,770	24,119
Pike	29,396	0.65%		3,273		4,355	7,628
PHA 10 Total	300,971	6.64%		33,509		44,589	78,098
Mobile	400,526	8.84%		44,592		59,339	103,931
PHA 11 Total	400,526	8.84%		44,592		59,339	103,931
AL Pop	**4,530,182**	**100.00%**		**504,367**		**671,156**	**1,175,523**
* 2004 Census Data							
** Purchased with federal EP or DHS funds, state funds or a combination							
*** SNS Medical Countermeasure Distribution for Pandemic Influenza,							
Exercise Guide, 2/8/2007.							04/10/2007

Table 14: Alabama Department of Public Health (ADPH) RSS/RDS Information

Montgomery (Primary) RSS US Foodservice 2850 Selma Highway Montgomery, Alabama 36108 Contact: Craig Freeland 334.288-3111 334.391.2951 Facility Owner: US Food Service	Jefferson RDS Jefferson County General Service Building 520 Medco Road Birmingham, AL 35217 Contact: Ricky Hill (205) 849-2391 Facility Owner: Jefferson County
Dothan RDS Houston County Farm Center 1689 Ross Clark Circle Dothan, AL 36301 Contact: Clarke Matthews 334-794-9720 Facility Owner: Houston County 334-677-4741	Mobile RDS Greater Gulf State Fair, Inc. 1035 Cody Road Mobile, AL 36608 Contact: Dale Byrne 251-460-8000 Facility Owner: Mobile County
Huntsville RDS Huntsville International Airport Intermodal Facility warehouse 2850 Wall Triana Blvd Huntsville, AL 35824 Contact: Huntsville-Madison County EMA 256-427-5130 256-722-7120 (After Hours #) Facility Owner: Huntsville International Airport 256- 461-1115 (Public Safety Dept Dispatch)	

Table 15: Alabama Department of Public Health (ADPH) Key Personnel with Contact Information

Lead Agency Alabama Department of Public Health (ADPH) 201 Monroe Street Montgomery, AL 36104	Partner Agencies Alabama Emergency Management Agency 5898 County Road 41 P.O. Drawer 2160 Clanton, Alabama 35046-2160 Phone: 205-280-2200 Fax: 205-280-2495
ADPH Contacts Charles C. Thomas, BPharm, R.Ph, FAPhA State Pharmacy Director	Dothan/Houston County Emergency Management Agency Clark Matthews, Director

Phone: 334-206-5666 Email: charliethomas@adph.state.al.us	348 P.O. Drawer 6406 Dothan, AL 36302 Phone: 334-794-9720 Email: ecmatthews@houstoncounty.org
Christopher S. Hutto, MBA, EMT-P SNS Coordinator Phone: 334-206-3378 Email: cshutto@adph.state.al.us	Dothan/Houston County Emergency Management Agency Clark Matthews, Director 348 P.O. Drawer 6406 Dothan, AL 36302 Phone: 334-794-9720 Email: ecmatthews@houstoncounty.org
F. Winkler Sims Immunization Division Director Phone: 334-206-5023 Email: wsims@adph.state.al.us	Huntsville - Madison County Emergency Management Agency Rusty Russell, Director 320 Fountain Circle Huntsville AL 35804-0308 Phone: 256-427-5130 Email: john.russell@hsvcity.com
Ronada Anderson Vaccine Safety Coordinator Phone: 334-206-7974 Email: RonadaAnderson@adph.state.al.us	Jefferson County Emergency Management Agency Allen Knipher, Director 709 North 19th Street Birmingham, AL 36203 Phone: 205-254-2039 Email: kniphfera@jccal.org
Montgomery City/County EMA Mr. Steve Jones, Deputy Director 911 Communications Parkway Montgomery, AL 36104 Phone: 334-241-2339 Email: sjones@montgomeryal.gov	Mobile County Emergency Management Agency Walt Dickerson, Director 348 North McGregor Avenue Mobile, AL 36608 Phone: 251-460-8000 Email: wdickerson@mcema.net

Table 16: Alabama Department of Public Health (ADPH) Fatality Management Activities

Purpose of Grant	Sub-grantee	Item(s)
Increase cold storage capabilities	Cullman County EMA	refrigerated trailer
Increase cold storage capabilities	Mobile County EMA	refrigerated trailer
Increase cold storage capabilities	Jefferson County EMA	refrigerated trailer
Increase cold storage capabilities	ADPH purchased an 18 capacity cold storage unit	refrigerated trailer
Provide f/m supplies/equipment to improve response capabilities	Cullman Co. EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters

Provide f/m supplies/equipment to improve response capabilities	Montgomery Co. EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Provide f/m supplies/equipment to improve response capabilities	Marengo Co. EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Provide f/m supplies/equipment to improve response capabilities	Poarch Creek Tribe	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Provide f/m supplies/equipment to improve response capabilities	Houston Co. EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Provide f/m supplies/equipment to improve response capabilities	Mobile County EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Provide f/m supplies/equipment to improve response capabilities	Lee County EMA	F/M cache - DNA cards, needles/syringes, Bioseal, litter carrier, litters
Promote local F/M planning efforts to develop plan or update and enhance plans to incoorportate into local EOP	Association of County Commissions of AL	Provide grant funds to EMAs who complete and submit F/M and/or PI/Coop planning template
Provide logistical support during mass fatality response	Jefferson Co. EMA	FM response trailer with mortuary equipment and supplies
Stockpile decedent containainment system	AL Department of Forensic Sciences	Bioseal Mass Fatality Pak™ can handle up to 1,500 decedents
Stockpile decedent containainment system	Jefferson Co. EMA	Bioseal Mass Fatality Pak™ can handle up to 1,500 decedents
Stockpile decedent containainment system	Huntsville/Madison County EMA	Bioseal Mass Fatality Pak™ can handle up to 1,500 decedents
Stockpile decedent containainment system	Mobile County EMA	Bioseal Mass Fatality Pak™ can handle up to 1,500 decedents
Stockpile decedent containainment system	ADPH purchased	2 - Bioseal Mass Fatality Pak™ can handle up to 1,500 decedents
Training for SMORT	Alabama Funeral Directors Association (SMORT sponsor)	Provided funds for team member training and associated travel costs
Enhance response capabilities	Lee County EMA	Deployable portable morgue unit (DPMU)
Standardize day to day operations for coroners and collect data for daily death counts and surveillance	Alabama Coroners Association	laptops for coroners and online software program
Enhance/expand response capabilities -	Cullman County EMA	climate controlled tent
Enhance/expand response capabilities -	Mobile County EMA	climate controlled tent and retrofit current unit with drain

Assist ADPH and partnering agencies to conduct 11 fatality management table top exercises	University of Alabama B'ham	

Fatality Management Summary of Activities

- December 2006 - ADPH met with representatives from AEMA, AL Dept. of Forensic Sciences (ADFS), Cullman County EMA, Mobile County EMA and the Alabama Funeral Directors Association (AFDA) to begin FM planning.
- June 2007 – PI Grant funding provided to Mobile and Cullman County EMAs to purchase supplies and equipment for the fatality management teams.
- July 2007 – ASPR (formerly HRSA) Grant funding provided to Mobile, Cullman and Jefferson County EMAs to purchase refrigerated trailers. ADPH also plans to purchase one of these trailers.
- July 11, 2007, a Memorandum of Understanding was sent to ADFS and the Funeral Directors Association for providing fatality management during a mass fatality incident or disaster. Fall of 2007 the AL Coroners Association (ACA) was added to the MOU.
- August 3, 2007, several Fatality Management members met with DFS and Coroners Association to explore potential training requirements for response teams, protocol development and FM planning
- December of 2007, ADPH met with the Board of Funeral Services to develop executive orders for the Governor to execute during a Pandemic Influenza.
- February 7, 2007 members of the planning group met with Sheriff's Association and Association of County Commissions of AL (ACCA) to update the groups on SMORT activities and the upcoming Fatality Management (FM) conferences

2008

- Eleven Fatality Management table top exercises were conducted throughout the state. Local Emergency Managers, Coroners, Funeral Directors, City/County representatives, hospital representatives, local public health, fire and EMS were the targeted audience. Discussion was provided as to importance of planning for f/m specific events including PI. Attendees were advised local planning crucial for PI as regular resources (supplies, staff, etc.) would not be available yet deaths would continue to occur.
- Grants provided to local EMAs to purchase and store small caches of FM supplies (cache includes: litter carrier, 5 litters, DNA cards, syringes, small BioSeal kit) to: Lee, Houston, Madison, Montgomery, Cullman, Mobile, Marengo, counties
- Grant provided to Cullman County EMA, Mobile County EMA and Lee County EMA to purchase climate controlled tent
- Grant provided to Mobile County EMA to retrofit the DPMU with drain
- Grant provided to enhance SMORT (Cullman County) response capabilities– laptops and printer for DPMU
- Grant provided to Mobile County EMA, Jefferson County EMA, Huntsville/Madison County and ADFS to purchase – Mass Fatality Bioseal Pak™ (can handle up to 1,500 decedents)
- Grant provided to Lee County EMA to purchase a deployable morgue unit

- Grant provided to Alabama Funeral Directors Association for SMORT Team – training and exercise grant
- Grant provided to Jefferson County EMA for mortuary response trailer to provide logistical support to SMORT team
- Grant provided to Association of County Commissions of AL (ACCA) to encourage local emergency managers to develop/update/enhance their emergency operations plans to include a Fatality Management and PI annex. A workshop was held June 12 to inform each EMA the importance of fatality management planning and the requirements of the grant.
- Grant provided to Alabama Coroners Association to purchase laptops and online soft ware to standardize their day to day operations and help with daily death counts during a pandemic or other mass fatality event
- ADPH Purchased 2 Bioseal Mass Fatality Pak™ (3,000 decedent capacity)
- July 2008, ADPH held a two day workshop for state fatality management planning group to begin drafting a written fatality management plan and operating guidelines for response teams.
- Dental identification personnel included in planning and response
- Grant provided to ADFS to purchase and begin using 2 small Bioseal kits in satellite offices

Table 17: Alabama Department of Public Health (ADPH)
Operating Guidelines and Communication Plan for Communications Unit

Normal Department Communication Resources
The Department provides a full complement of communication resources to support Departmental business. These resources are provided to enable employees to conduct day to day business. Computer Systems Center supports these resources continuously before, during, and after an emergency incident. These resources include the following:
• Cellular phones/PDAs assigned to key personnel • Southern Linc phones assigned to key personnel • Central Office and County/Area Office Telephone systems • Lotus Notes email and specialized applications • Lotus Notes Address database containing all employees and their contact information • Access to ALERT (Health Alert Network), AIMS, and other applications • Internet and State network • Desktop and laptop computers • Alternate Data Center to ensure 100% availability of critical systems
Activation of the Communications Unit

Upon receiving ALERT message, the Communications Unit Leader will report to the ADPH EOC with the ICS Logistics Chief for the pre-event briefing. Upon activation of the ADPH EOC, the Communications Unit Leader will stand up the Communications Unit. Activation of the Communications Unit will include the following actions:

- Staffing for the distribution of incident related communication equipment
- Staffing for support of communication equipment
- Distribute equipment as required
- Implement departmental Call Centers as required
- Have Communication Vehicles ready and available for dispatch
- Review shift schedules to determine ongoing staffing of the Communications Unit

The Communication Unit will be staffed to meet the requirements of the event, which may possibly require shift work to cover up to 24 hours per day until the ICS Logistics Chief and Incident Commander determines otherwise. Shift schedules will be adjusted as needed to ensure efficient operation of Communication Unit.

Communication Resource Distribution

Communication Resources will be issued at time of the incident based upon the direction of the ICS Commander. All incident related communication resources will be activated for duration of the event with priority being given to the EOC and Medical Needs Shelters. The incident related resources include the following:

- Satellite Phones – ADPH has twenty satellite phones. Three are permanently assigned to the three area administrators in the southern tier of the state. The remaining phones are stored in the RSA Tower ready for issuance and use.
- Southern Linc ICS phones – One Southern Linc phone will be issued to each ICS Chief position. These phones will remain activated, charged and programmed with phone numbers at all times. Additionally, a phone directory for ICS phones and key personnel will be provided at the time of issuance.
- Laptops with air cards – ADPH has 4952 PCs and laptops currently used daily and additional 50 laptops with aircards are available and on standby for use during incidents. They will be issued to responder personnel as determined during any incident. Each laptop will have detailed instructions on how to use the equipment. Additionally, the Communications Unit will train responder personnel on how to use the equipment.
- Multiple Needs Medical Shelter Kits: - Ten of these are available for use at any time. They will be issued to the first responders going to staff a Medical Needs Shelter. Each kit will be stored in a hard case with detailed instructions on how to use the equipment. Additionally, the Communications Unit will train responder personnel on how to use the equipment. Kit Contents include, two Walkie Talkies, two laptop computers with air cards, one portable printer, and two Southern Linc phones

Special Applications Support

The following applications may require special support during an incident. Specifics will be determined by talking with affected bureaus.

- AIMS
- ALERT
- Lotus Notes ICS applications
- ADPH.org
- LCMS
- Lotus Notes
- Call Centers in EP, Operations, etc

Alternate EOC

Alternate EOC at the Mitchell Young warehouse may be activated in the event that the Primary EOC is nonfunctional. Upon activation, the Communications Unit will:

- Activate connectivity to Alternate EOC systems to connect them to the internet, the state network, and the Alternate Data Center systems
- Install and support work area computers and phones in the Alternate EOC

Communication Vehicles

Communication vehicles are available for deployment as directed by Incident Commander. The Communications Unit provides the following vehicles with support personnel:

- Health Promotion Satellite Truck
- Remote Communications Van – When purchased this van will provide internet access, wireless access, satellite phone access and satellite television access.

Support Desk

The Support Desk will be staffed at the appropriate level required to support the incident. This may require up to 24 X 7 manning. The personnel to staff the Support Desk will be provided from CSC resources. The Support Desk will continue to receive and answer support calls, forward work requests, and dispatch technical support to areas/counties/central office locations.

Standing Down of Communications Unit

Upon Incident Commander's decision to stand down ADPH EOC, the ICS Logistics Chief will direct the Communications Unit Leader to keep communications established until the event has completely ceased. In the event that an Alternate EOC has been established, the Communications Unit Leader will determine the protocol for reestablishing connectivity to the Primary EOC.

Training, Testing, and Exercises

Successful implementation of this Communication Plan requires frequent training and exercising of the communications resources by ADPH staff. The Communication Unit Chief will create scenarios to quarterly exercise and train CSC communication personnel and responder personnel in the use of the communication resources to be used during an incident. Training and exercises will be combined with related Emergency Preparedness exercises to provide as much realism as possible and to make the most efficient use of the time of the responders.

ADPH has trained personnel in the basic use of these devices via day-to-day hands on approach. Most of the users already have Southern Linc Phones and Aircards for there individual laptops and we provide technical assistance as requested. ADPH has coordinated with CEP on training times for personnel across the state and have provided

the training on Southern Linc Phones , Aircards, and Laptops. We also provide training to the personnel when they receive there Medical Shelter Kits before teams are deployed.
Job Action for Communication Unit Leader
Upon Receipt of ALERT • Report to EOC for initial briefing. • Obtain briefing from the Incident Commander. • Verify communications resources are activated and ready for issuance • Initiate log of all actions • Initiate status reporting • Provide Situation Status with staffing information
Upon Activation of the EOC Checklist
• Report to EOC • Activate staffing plan for Communications Unit • Issue ICS phones and phone directory • Meet with key ICS staff and identify communication resources needs • Activate communications for departmental call centers • Prepare communications vehicles for dispatch • Prepare to issue Medical Needs Shelter communication kits • Prepare to issue laptops with air cards • Prepare to issue satellite phones • Prepare to activate Alternate EOC communications • Staff support desk to meet requirements of incident • Update communications status chart
Daily Activities During Event
• Attend EOC meetings as directed by Logistics Chief • Provide staffing to meet tasking • Update communications status chart • Maintain and support communications equipment for central office, county, shelters, and other staff • Issue communications systems • Respond to tasking from EOC
Upon Standing Down of the ICS
• Receive and account for issued communication equipment • Update communications status chart • Participate in event response debriefing. • Complete After Incident Report.

Table 18: Alabama Department of Public Health (ADPH)
Key Partners, Public Information Staff, and Risk Communicators

Alabama FBI	(Birmingham Division) Paul E. Daymond, Media and Public Affairs Coordinator, 205.279.1457,	(Mobile Division) Angela Tobon, Media and Public Affairs Coordinator, 251.415.3276, Angela.Tobon@ci.fbi.gov

	Paul.Daymond@ci.fbi.gov	
Alabama Emergency Management Agency	Yasamie Richardson, Public Information Manager, 205.280.2275, yasamier@ema.alabama.gov	
Alabama Department of Homeland Security	Lauren Bethune, Public Information, 334.353.3054, lbethune@dhs.alabama.gov	
Alabama Department of Transportation	Tony Harris, Special Assistant to Director, 334.242.6552, harrist@dot.state.al.us	
Alabama Department of Public Safety	Sgt. Tracy Nelson, Public Information/Education Unit Field Officer, 334.242.4445, tnelson@dps.alabama.gov	Martha Earnhardt, Public Information Manager, 334.242.4445, mearnhardt@dps.alabama.gov
Alabama Department of Human Resources	Barry Spear, Public Information Officer, 334.242.1850, barry.spear@dhr.alabama.gov	
Alabama Department of Rehabilitation Services	Kathleen McGehee, Public Information Manager, 334.293.7130	
Alabama Institute for the Deaf and Blind	Jessica Ross, Assistant Director of Public Relations, 256.761.3234, ross.jessica@aidb.state.al.us	
Alabama Department of Senior Services	Russ Black, Senior Services Program Manager, 334.353.8457, russ.black@adss.alabama.gov	
Alabama's Governor's Office	Jeff Emerson, Governor's Communication Director, 334.242.7150, jeff.emerson@governor.alabama.gov	
Alabama State Department of Education	Mitch Edwards, Director of Communications, 334.242.9950, medwards@alsde.edu	
American Red Cross of Central Alabama	Jill Corbin, Public Support Director, 334.260.4017, corbinj@montgomeryarc.org	
Volunteer and Information Center	Camilla Prince, Executive Director, 334.264.3335, cprince@clickvic.org	

ADPH Public Information Staff

Chief Spokesperson State Health Officer	Public Information Officer Director, Public Information Branch

Donald Williamson, M.D. donwilliamson@adph.state.al.us 334.206.5200 (work) 334.318.4288 (cellular)	Arrol Sheehan, M.A. asheehan@adph.state.al.us 334.206.5510 (work) 334.300.3233 (cellular)
Lead Public Information Officer Director, Bureau of Health Promotion and Chronic Disease Jim McVay, Dr. P.A. jmcvay@adph.state.al.us 334.206.5600 (work) 334.201.8660 (cellular) 334.850.1290 (BT cellular)	Public Information Officer Director, Risk Communication Branch Takenya Taylor, J.D. ttaylor@adph.state.al.us 334.206.7026 (work) 334.201.8568 (cellular) 334.850.2329 (BT cellular)
Video Communications Director, Video Communications and Distance Learning Division Michael Smith, M.S.P.H. michalsmith@adph.state.al.us 334.206.5618 (work) 334.328.2888 (cellular)	Internet Communications Director, Health Marketing Division Sally Palmer spalmer@adph.state.al.us 334.206.5309 (work) 334.235.1298 (cellular)
Internet Communications Director, Development Media Branch Laura Ahmann LauraAhmann@adph.state.al.us 334.206.7988 (work) 334.451.1554 (cellular)	Departmental Print Shop Director Jeff Ward JeffWard@adph.state.al.us 334.206.5641 (work) 334. 398.1699 (cellular)

ADPH Risk Communicators

Central Office Staff	Area Risk Communicators
Chief Spokesperson State Health Officer Donald Williamson, M.D. donwilliamson@adph.state.al.us 334.206.5200 (work) 334.318.4288 (cellular)	Area 1 Dr. Karen Landers, Area Health Officer klanders@adph.state.al.us 256.383.1231
Lead Public Information Officer Director, Bureau of Health Promotion and Chronic Disease Jim McVay, Dr. P.A. jmcvay@adph.state.al.us 334.206.5600 (work) 334.201.8660 (cellular) 334.850.1290 (BT cellular)	Area 2 Judy Smith, RN, MPH, Area Administrator jsmith@adph.state.al.us 256.340.2113 Mike Tyler, MSW, LGSW, EP Social Worker MichaelKTyler@adph.state.al.us 256.301.6713, So. Linc 635*1679 Sondra Nassetta snassetta@adph.state.al.us 256.340.2113, So. Linc 635*1758 Bart Crabtree, Assistant Area Administrator, EP Coordinator marleycrabtree@adph.state.al.us

	256.301.6712 Cellular 256.622.0081
Public Information Officer Director, Public Information Branch Arrol Sheehan, M.A. asheehan@adph.state.al.us 334.206.5510 (work) 334.300.3233 (cellular)	Area 3 Tommy Dockery, EP Coordinator tdockery@adph.state.al.us 205.554.4539, So. Linc 635*1688 Cellular 205.361.5755 Dr. Albert White, Area Health Officer awhite@adph.state.al.us awhitejr@pol.net 205.554.4500
Public Information Officer Director, Risk Communication Branch Takenya Taylor, J.D. ttaylor@adph.state.al.us 334.206.7026 (work) 334.201.8568 (cellular) 334.850.2329 (EP cellular)	Area 4 Wanda Heard, Public Information Director wanda.heard@jcdh.org 205.930.1483 Carlos Torrez carlos.torrez@jcdh.org 205.930.1438
Pandemic Influenza and Smallpox Coordinator Cindy Lesinger clesinger@adph.state.al.us 334.206.2018 (work) 334.850.4591 (EP cellular)	Area 5 Mary Gomillion, Area Administrator mgomillion@adph.state.al.us 256.927.7000 Mark Johnson, Assistant Area Administrator mjohnson@adph.state.al.us 256.547.5012 Jim Hollins, Environmental Director jhollins@adph.state.al.us 205.620.1650
Video Communications Director, Video Communications and Distance Learning Division Michael Smith, M.S.P.H. michalsmith@adph.state.al.us 334.206.5618 (work) 334.328.2888 (cellular)	Area 6 Tom Robertson, Disease Intervention Specialist, HIV Educator trobertson@adph.state.al.us 256.237.1896 Mark Hendrix, Senior PH Environmentalist, EP Coordinator mhendrix@adph.state.al.us 256.237.1896, So. Linc 635*1762 John Davis, Senior Public Health Environmentalist jdavis@adph.state.al.us 256.237.4324 So. Linc 635*4392
Internet Communications Director, Health Marketing Division Sally Palmer spalmer@adph.state.al.us 334.206.5309 (work)	Area 7 Stacey Adams, MS, Community Development/Outreach Coordinator staceyadams@adph.state.al.us 334.877.2832

334.235.1298 (cellular)	Natalie Quinney, LGSW, Area Social Work Manager nquinney@adph.state.al.us 334.295.4205, Extension 272 Jackie Holliday, Area Administrator jholliday@adph.state.al.us 334.295.1000 Diana Fendley, EP Coordinator dfendley@adph.state.al.us 334.295.1000
Internet Communications Director, Development Media Branch Laura Ahmann LauraAhmann@adph.state.al.us 334.206.7988 (work) 334.451.1554 (cellular)	Area 8 Seratia Johnson sjohnson@adph.state.al.us 334.567.1165, So. Inc 635*1737
Departmental Print Shop Director Jeff Ward JeffWard@adph.state.al.us 334.206.5641 (work) 334. 398.1699 (cellular)	Area 9 Ruth Underwood, Area Administrator runderwood@adph.state.al.us 251.947.6206 Kimberly Taylor 251.947.6206 ktaylor@adph.state.al.us Ricky Elliott, Assistant Area Administrator RElliott@adph.state.al.us 251.867.5765 Teresa Porter PHA IX Emergency Preparedness Team Coordinator/Surveillance Nurse tporter@adph.state.al.us 251.947.6206
	Area 10 Peggy Blakeney, Area Administrator pblakeney@adph.state.al.us 334.792.9070 Ron Wheeler, Assistant Area Administrator rwheeler@adph.state.al.us 334.566.2660 Joseph Ellington jellington@adph.state.al.us 334.678.2800, extension 332

Table 19: Alabama Department of Public Health (ADPH) Media Contact List

Newspaper and Television

County	Company Name	Work Phone	Fax Number	E-mail Address
Autauga	Prattville Progress	334-365-6739	334-365-1400	smstephens@gannett.com
Baldwin	Ledger	251-943-2151	251-943-3441	onlooker@gulfcoastnewspapers.com
Baldwin	Fairhope Courier	251-928-2321	251-928-9963	courier@gulfcoastnewspapers.com
Baldwin	Independent	251-947-7712	251-947-7652	independent@gulfcoastnewspapers.com
Baldwin	Baldwin Times	251-937-2511	251-937-1831	times@gulfcoastnewspapers.com
Baldwin	Bulletin	251-626-9300	251-626-0144	bulletin@gulfcoastnewspapers.com
Baldwin	Onlooker	251-943-2151	251-943-3441	onlooker@gulfcoastnewspapers.com
Baldwin	Islander	251-968-6414	251-968-5233	islander@gulfcoastnewspapers.com
Barbour	Clayton Record	334-775-3254	334-775-8554	claytonrecord@earthlink.com
Barbour	Eufaula Tribune	334-687-3506	334-687-3229	editor@eufaulatribune.com, patrick@eufaulatribune.
Bibb	Centreville Press	205-926-9769	205-926-9760	lorrie@centrevillepress.com
Blount	Blount Countian	205-625-3231	205-625-3239	countian@otelco.net
Bullock	Union Springs Herald	334-738-2360	334-738-2342	editor@unionspringsherald.com
Butler	Butler County News	334-382-3111	334-382-7104	
Butler	Greenville Advocate	334-382-3111	334-382-7104	editor@greenvilleadvocate.com
Calhoun	Anniston Star	256-236-1551	256-241-1991	news@annistonstar.com
Calhoun	Journal Independent	334-447-2837	334-447-9964	news@thepiedmontjournal.com
Calhoun	Jacksonville News	256-435-5021	256-435-1028	news@jaxnews.com
Chambers	Valley Times-News	334-644-1101	334-644-5587	vt-n@mindspring.com
Chambers	Lafayette Sun	334-864-8885	334-864-8310	thelafayettesun@emailnc.com
Cherokee	Post	256-927-4476	256-927-7678	info@postpaper.com
Cherokee	Cherokee County Herald	256-927-5037	256-927-4853	KRoe@cherokeeherald.com
Chilton	Clanton Advertiser	205-755-5747	205-755-5857	mike.kelley@clantonadvertiser.com
Choctaw	Choctaw Advocate	205-459-2836	205-459-3000	advocatenews@yahoo.com
Clarke	Clarke County Democrat	251-275-3375	251-275-3060	ccdemo@mygalaxyexpress.com
Clarke	South Alabamian	251-246-4494	251-246-7486	news@thesouthalabamian.com
Clarke	Thomasville Times	334-636-2214	334-636-9822	newsroom@thethomasvilletimes.com
Clay	Clay Times Journal, Inc.	256-396-5760		timesjournal@centurytel.net
Cleburne	Cleburne News	256-463-2872	256-463-7127	news@cleburnenews.com
Coffee	Daleville Sun-Courier/Southeast Sun	334-393-2969	334-393-2987	news@southeastsun.com
Coffee	Elba Clipper	334-897-2823	334-897-3434	clipper@alaweb.com
Coffee	Enterprise Ledger	334-347-9533	334-347-0825	csobey@eprisenow.com
Colbert	Colbert County Reporter	256-383-8471	356-383-8476	colbertcountyreporter@earthlink.net
Conecuh	Evergreen Courant, Inc.	251-578-1492	251-578-1496	evergreencourant@earthlink.net
Coosa	Coosa County News	256-377-2525	256-377-2422	editor@coosanews.com
Covington	Florala News	334-858-3342	334-858-3786	floralanews@gtcom.net

Covington	Opp News	334-493-3595	334-493-4901	oppnews@oppcatv.com
Covington	Andalusia Star-News	334-222-2402	334-222-6597	stephanie.nelson@analusiastarnews.com
Cullman	Cullman Tribune	256-739-1351	256-739-4422	culltrib@bellsouth.net
Cullman	Cullman Times	256-734-2131	256-737-1006	cullmantimes@cullmantimes.com
Dale	Southern Star	334-774-8715	334-774-9616	southstar@centurytel.net
Dallas	Selma Times-Journal	334-875-2110	334-872-4588	jesse.lindsey@selmatimesjournal.com
DeKalb	Weekly Post	256-638-4027	256-638-2329	dewayne@theweeklypost.com
DeKalb	Fort Payne Times-Journal	256-845-2550	256-845-7459	tjnews@times-journal.com
Elmore	Tallassee Tribune	334-283-6568	334-283-6569	editor@tallasseetribune.com
Elmore	Wetumpka Herald	334-567-7811	334-567-3284	news@thewetumpkaherald.com
Escambia	Atmore Advance	251-368-2123	251-368-2124	newsroom@atmoreadvance.com
Escambia	Brewton Standard	251-867-4876	251-867-4877	newsroom@brewtonstandard.com
Escambia	Tri-City Ledger	251-296-3491	251-296-0010	newsroom@tricityledger.com
Etowah	Gadsden	256-549-2000	256-549-2105	news@gadsdentimes.com
Fayette	Times-Record	205-932-6271	205-932-6998	trnews@watvc.com
Franklin	W45CF-TV/channel 45/W46CF-TV/channel 46	256-331-0806	256-331-0861	ubn2@bellsouth.net
Franklin	Franklin County Times	256-332-1881	256-332-1883	stanley.allison@franklincountytimes.com
Franklin	Red Bay News	256-356-2148	256-356-2787	rbnews@hiwaay.net
Geneva	Geneva County Reaper	334-684-2280	334-684-3099	genevacountyreaper@centurytel.net
Greene	Greene County Democrat	205-372-3373	205-372-2243	jzippert@aol.com
Greene	Greene County Independent	205-372-2232		greenecoind@aol.com
Hale	Greensboro Watchman	334-624-8323	334-624-8327	gwatchman@bellsouth.net
Hale	Moundville Times	205-371-2488	205-371-2788	times@mound.net
Henry	Abbeville Herald	334-585-2331	334-585-6835	heraldnews@centurytel.net
Houston	WJJN-TV/channel 13	334-677-1753	334-677-6923	
Houston	WDFX-TV/channel 34	334-794-3434	334-794-0034	
Houston	WTVY-TV/channel 4	334-792-3195	334-712-7452	newsroom@wtvynews4.com
Houston	Dothan Eagle	334-792-3141	334-712-7979	news@dothaneagle.com
Houston	Dothan Progress	334-792-3141	334-702-6043	ebrackin@dothanprogress.com
Houston	WDHN-TV/channel 18	334-793-1818	334-793-9658	news18@wdhn.com
Jackson	Daily Sentinel	256-259-1020	256-259-2709	dsnews@thedailysentinel.com
Jackson	North Jackson Progress	256-437-2395	256-436-2592	njprogresslog@aol.com
Jefferson	WVTM-TV/channel 13	205-933-1313	205-323-3314	
Jefferson	WIAT-TV/channel 42	205-322-4200	205-320-2722	42news@wiat.com
Jefferson	WBRC-TV Fox 6	205-583-4333	205-583-4356	newstip@wbrc.com
Jefferson	Birmingham Weekly	205-939-4030	205-212-1005	editor@bhamweekly.com
Jefferson	North Jefferson News	205-631-8716	205-631-9902	newsroom@njeffersonnews.com
Jefferson	AP- Birmingham	205-251-4221	205-323-1527	jreeves@ap.org
Jefferson	Birmingham News	205-325-4444	205-325-2283	vmartin@bhamnews.com
Jefferson	WCFT-TV/channel 33 and WJSU/channel 40	205-403-3340	205-982-3942	garryk@abc3340.com
Jefferson	Birmingham Times	205-251-5158	205-323-2294	celdridge@birminghamtimes.com

Jefferson	WABM-TV/channel 68 and WTTO-TV/channel 21	205-943-2168	205-290-2114	
Jefferson	Western Times	205-424-7827	205-424-8118	editor@thewesternstarnews.com
Jefferson	Leeds News	205-699-2214	205-669-3157	editor@leedsnews.net
Jefferson	Alabama Public Television	205-328-8756	334-264-7045	
Lamar	West Alabama Gazette	205-662-4296	205-662-4740	gazette@bamacomm.com
Lamar	Lamar Ledger	205-698-8148	205-698-8146	leader@bamacomm.com
Lamar	Lamar Democrat	205-695-7029	205-695-9501	democrat@fayette.net
Lauderdale	TimesDaily	334-766-3434	334-740-4717	
Lauderdale	WBCF-TV/channel 3	256-764-8170		news@wbcf.com
Lauderdale	East Lauderdale News	256-247-5565	256-247-1902	elnewsrog@aol.com
Lauderdale	Courier Journal	256-764-4680	256-760-9618	editor@courierjournal.net
Lawrence	Moulton Advertiser	256-974-1114	256-974-3097	luke@moultonadvertiser.com
Lee	Auburn Plainsman	334-844-4130	334-844-9114	plainsm@mail.auburn.edu
Lee	WLGA-TV/channel 66	334-749-5766	334-749-5768	wgix@pappastv.com
Lee	WTVM-TV/channel 9	334-745-3517	334-745-3518	newsleader@wtvm.com
Lee	Opelika-Auburn News	334-749-6271	334-749-1228	
Lee	Corner News	334-821-7150	334-887-0037	news@thecornernews.com
Limestone	News Courier	256-233-2720	256-233-7733	sonny@athensnews-courier.com
Macon	Tuskegee News	334-727-3020	334-727-7700	tuskegeenews@bellsouth.net
Madison	WZDX-TV/channel 54	256-533-5454	256-533-5315	
Madison	Madison County Record	256-772-6677	256-772-6655	news@madisoncountyrecord.com
Madison	WHDF-TV/channel 15	256-536-1550	256-536-8286	info@upntv.tv
Madison	WAFF-TV/channel 48	256-533-4848	256-534-4101	news@waff.com
Madison	WAAY-TV/channel 31	256-533-3131	256-533-6616	ward@waaytv.com
Madison	WHNT-TV/ channel 19	256-533-1919	256-536-9468	whnt@whnt.com
Madison	Speakin' Out News	256-551-1020	256-551-0607	wsmoth3193@aol.com
Madison	Huntsville Times	256-532-4000	256-532-4420	htimes@htimes.com
Marengo	Demopolis Times	334-289-4017	334-289-4019	news@demopolistimes.com
Marengo	Democrat-Reporter	334-295-5224	334-295-5563	dreporter2@yahoo.com
Marion	Journal Record	205-921-3104	205-921-3105	tjr@sonet.net
Marshall	Sand Mountain Reporter	256-840-3000	256-840-2987	dclemons@sandmountainreporter.com
Marshall	Arab Tribune	256-586-3188	256-586-3190	tribnews@otelco.net
Marshall	Advertiser-Gleam	256-582-3232	256-582-3231	news@advertisergleam.com
Mobile	Mobile Beacon	251-479-0629	251-479-0610	mobilebeaconinc@bellsouth.net
Mobile	WMPV-TV/channel 21	251-661-2101	251-661-7121	ldixon@tbn.org
Mobile	WALA-TV/channel 10	251-434-1010	251-434-1023	
Mobile	AP- Mobile	251-433-7269	251-433-2755	gmitchell@ap.org
Mobile	WKRG-TV/channel 5	251-479-5555	251-662-3071	tv5@wkrg.com
Mobile	WEAR-TV/channel 3	251-433-3333	251-432-5339	news@wear.sbgnet.com
Mobile	Call News	251-866-5998	251-866-5981	callnews@bellsouth.net
Mobile	Mobile Register	251-219-5632	251-219-5799	newsroom@press-register.com

Mobile	WJTC-TV/channel 44 and WPMI-TV/channel 15	251-602-1544	251-602-1550	nbc15@wpmi.com
Monroe	Monroe Journal	251-575-3282	251-575-3284	news@monroejournal.com
Montgomery	Montgomery Advertiser	334-262-1611	334-261-1521	skitchen@gannett.com
Montgomery	WMCF-TV/channel 45	334-272-0045	334-277-6635	wmcf@tbn.org
Montgomery	WAKA-TV/channel 8	334-271-8888	334-244-7859	news@waka.com
Montgomery	Montgomery Independent	334-265-7323	334-265-7320	bob@montgomeryindependent.com
Montgomery	WSFA-TV/channel 12	334-288-1212	334-613-8303	news@wsfa.com
Montgomery	AP-Montgomery	334-262-5947	334-265-7177	moge@ap.org
Montgomery	WNCF-TV/channel 32	334-270-3200	334-271-6348	news@wncftv.com
Morgan	Decatur Daily	256-353-4612	256-340-2392	news@decaturdaily.com
Morgan	WYAM-TV/channel 56	256-355-4567	256-351-1234	wileywg@acninc.net
Morgan	Hartselle Enquirer, Inc.	256-773-6566	256-773-1953	news@hartselleenquirer.com
Perry	Marion Times Standard	334-683-6318	334-683-4616	brandi@mariontimes.com
Pickens	Pickens County Herald	205-367-2217		theherald@nctv.com
Pike	Bonus/Messenger	334-566-4270	334-566-4281	stacy.graning@troymessenger.com
Pike	WRJM-TV/channel 67	334-670-6766	256-670-6711	bjohnson@wrjm.com
Randolph	Randolph Leader	334-863-2819	334-863-4006	vanessa@therandolphleader.com
Russell	Citizen News	334-298-0679	334-298-0690	averton@phenixcitizen.com
Shelby	Shelby County Reporter	205-669-3131	205-669-4217	shelbynews@shelbycountyreporter.com
Sumter	Sumter County Record-Journal	205-652-6100	205-652-4466	news@recordjournal.net
Talladega	Daily Home	256-362-1000	256-299-2192	news@dailyhome.com
Talladega	WOIL-TV/channel 47	256-362-6209	256-362-5313	talladega47@charter.net
Tallapoosa	Dadeville Record	256-234-4281	256-234-6550	kevin.taylor@alexcityoutlook.com
Tallapoosa	WAXC-TV/channel 64 and WETU-TV/channel 39	256-234-6464	256-234-0088	waxc@charter.net
Tallapoosa	Alexander City Outlook	256-234-4281	256-234-6550	tim.reeves@alexcityoutlook.com
Tuscaloosa	Tuscaloosa News	205-345-0505	205-722-0118	newsroom@tuscaloosanews.com
Tuscaloosa	Crimson White	205-348-6144	205-348-4116	
Tuscaloosa	Northport Gazette	205-759-3091	205-759-5449	northportgazette@northportgazette.com
Tuscaloosa	WVUA-TV/channel 7	205-348-7000	205-348-7002	news@wvua7.com
Walker	W55BJ-TV/channel 55	205-387-8320	205-384-0408	W55BJ@yahoo.com
Walker	Daily Mountain Eagle	205-221-2840	205-221-6203	jasper@mountaineagle.com
Winston	Northwest Alabamian	205-486-9461	205-486-4849	nwanews@sonet.net

Radio

County	Company Name	Work Phone	Fax Number	E-mail Address
Marshall	WAVU/WQSB	256-878-8575	256-878-1051	wqsb@aol.com
Covington	WAAO	334-222-1166	334-222-1167	waao@waao.com
Covington	WFFX	334-222-2222	334-427-8888	wfxx@alaweb.com
Calhoun	WANA	256-237-1627	334-237-1628	am1490wana@cableone.net
Calhoun	WDNG	256-236-	256-239-8292	

		8291		
Marshall	WAFN	256-586-9300	256-586-9301	funradio@hiwaay.net
Marshall	WRAB	256-586-4123	256-586-4124	wrab@otelco.net
Clay	WTRBWZZX	256-354-4601	256-354-7224	wasz@acs-isp.com
Limestone	WHRP/WUMP/WVNN/WZYP	256-830-8300	256-232-6842	wvnn@wvnn.com
Limestone	WKAC	256-232-6827	256-232-6828	wkac@companet.net
Lee	WANI	334-826-2929	334-826-9151	aburcham@aunetwork.com
Lee	WAUD	334-887-9599	334-826-9599	
Lee	WEGL	334-844-4116	334-844-4118	wegl@auburn.edu
Lee	WQNRW	334-887-9999	334-826-9599	
Baldwin	WBCA	251-368-2511	251-368-4227	wbca@greatamericanradio.com
Jefferson	WCGX	205-428-0146	205-426-3178	raulortal@aol.com
Jefferson	WAGG	205-322-2987	205-322-2667	
Jefferson	WAPI	205-945-4646	205-945-3999	
Jefferson	WATV	205-780-2014	205-780-4034	jlockin@watv9006oldwatv.com
Jefferson	WAYE	205-786-9293	205-786-9296	wayegm@aol.com
Jefferson	WBHJ/WBHK/	205-322-2987	205-322-2667	
Jefferson	WBHM	205-934-2606	205-934-5075	info@wbhm.org
Jefferson	WBPT/WNCB	205-916-1100	205-916-1145	don.dailey@cox.com
Jefferson	WDXB/WENN/WERC/WMJJ	205-439-9600	205-439-8390	
Jefferson	WGIB	205-323-1516	205-252-5432	gibc@gleniris.net
Jefferson	WJLD	205-942-1776	205-942-4814	wjld@juno.com
Jefferson	WJOX/WRAX/WYSF/WZRR	205-945-4646	205-945-3999	
Jefferson	WJSR	205-856-7702	205-856-7702	redwards@jeffstateonline.net
Jefferson	WXJC/WXJC/WYDE	205-942-9033	205-942-1087	wyde@bellsouth.net
Jefferson	WZZK	205-916-1100	205-916-1152	
Marshall	WBSA	256-593-4264	256-593-4265	1300@wbsaam.com
Escambia	WEBJ	251-867-5717	256-867-5718	webj@webjradio.com
Escambia	WKNU	251-867-4824	251-867-7003	wknu@bellsouth.net
Choctaw	WPRN	205-459-3222	205-459-4140	realcountry@tds.com
Cherokee	WEIS	256-927-5152	256-927-6503	weis@powernet.org
Cherokee	WZTQ	256-927-4027	256-927-4028	edsmith@joychristian.com
Shelby	WZLM	256-825-4221	256-825-4270	wzlm@charter.net

Chilton	WEZZ/WKLF	205-755-0980	205-280-0980	wklfwezz@earthlink.net
Cullman	WFMH	256-734-3271	256-734-3622	wfhm@adelphia.net
Cullman	WKUL	256-734-0183	256-739-2999	wkul@wkul.com
Tallapoosa	WELL	256-825-6456	256-825-6426	cassiekeyes@hotmail.com
Morgan	WYAM	256-355-4567	256-351-1234	wileywg@acninc.net
Marengo	WINL	334-289-9850	334-289-9811	win985@westal.net
Marengo	WZNJ	334-289-1400	334-289-9811	
Marengo	WMBV	334-992-2425	334-992-2637	wmbv@moody.edu
Houston	WAGF	334-671-1753	334-677-6923	
Houston	WDBT/WDJR/WESP	334-712-9233	334-712-0374	wdjr@wdjr.com
Houston	WIZB	334-699-5672	334-699-5034	mail@hisradio943.com
Houston	WKMX/WTVY	334-792-0047	334-712-9346	wkmxfm@wkmx.com
Houston	WOOF	334-792-1149	334-677-4612	woof@ala.net
Houston	WWNT	334-671-0075	334-671-0091	newstalk1450@comcast.net
Coffee	WELB/WZTZ	334-897-2216	334-897-3694	wztz@alaweb.com
Barbour	WRVX/WULA	334-616-0097	334-687-3600	wrvxfm@bellsouth.net
Conecuh	WIJK/WPGG	251-578-3693	251-578-5399	
Baldwin	WABF	251-928-2384	251-928-9229	wabf1220@bellsouth.net
Lauderdale	WBCF	256-764-8170	256-764-8340	sales@wbcf.com
Lauderdale	WFIX	256-764-9964	256-764-9154	wfix@wfix.net
Lauderdale	WMSR	256-766-9436	256-760-9454	thechief@star94.net
Lauderdale	WQLT/WSBM/WXFL	256-764-8121	256-764-8169	jt@wqlt.com
Baldwin	WHEP	251-943-7131	251-943-7031	whepnews@yahoo.com
Dekalb	WZOB	256-845-2810	256-845-7521	
Etowah	WAAX/WGMZ	256-543-9229	256-543-8777	z93@clearchannel.com
Etowah	WGAD	256-546-1611	256-547-9062	wgad@cybrtyme.com
Etowah	WJBY	256-442-1222	256-442-1229	wjby@comcast.net
Etowah	WMGJ	256-546-4434	256-546-9645	floyddonald@aol.com
Butler	WKXK/WKXN	334-382-6555	334-382-7770	
Butler	WQZK	334-382-6633	334-382-6634	Q94@Q94.net
Baldwin	WCSN	251-967-1057	251-967-1050	sunny105@gulftel.com
Marshall	WGSV/WTWX	256-582-8131	256-582-4347	
Winston	WJBB	205-486-	205-486-3905	wjbb@hotmail.com

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Marion	WERH	205-921-3481	205-921-7187	werh@sonet.net
Madison	WEUP	256-837-9387	256-837-9404	news@103weup.com

Table 20: Alabama Department of Industrial Relations (ADIR) Employment Service Career Centers

Career Center Location	Manager	Phone	Email
Alabaster	Greg Minor	(205) 663-2542	Alabaster.ESO@dir.alabama.gov
Albertville	Glenda Miller	(256) 878-3031	Albertville.ESO@dir.alabama.gov
Cheaha	James Hilley	(256) 832-0147	Anniston.ESO@dir.alabama.gov
Bay Minette	Steve Woolley	(251) 937-4161	Foley.ESO@dir.alabama.gov
Birmingham	Yvette Fields	(205) 254-1300	Birmingham.ESO@dir.alabama.gov
Blountsville	Charles Hammett	(205) 429-4311	Trussville.ESO@dir.alabama.gov
Brewton	Janice Grayson	(251) 867-4376	Greenville.ESO@dir.alabama.gov
Cullman	Don Willoughby	(256) 734-4911	Cullman.ESO@dir.alabama.gov
Decatur	Abott Wood	(256) 355-0142	Decatur.ESO@dir.alabama.gov
Demopolis	Kelly Lee	(334) 289-0202	Demopolis.ESO@dir.alabama.gov
Dothan	Pam Cutchens	(334) 792-2121	Dothan.ESO@dir.alabama.gov
Enterprise	Gerald Warren	(334) 393-0958	Enterprise.ESO@dir.alabama.gov
Eufaula	Pam Cutchens	(334) 687-8251	Dothan.ESO@dir.alabama.gov
Foley	Steve Woolley	(251) 943-1575	Foley.ESO@dir.alabama.gov
Fort Payne	Linda McCain	(256) 845-2900	FortPayne.ESO@dir.alabama.gov
Gadsden	Larry Foster	(256) 546-4667	Gadsden.ESO@dir.alabama.gov
Greenville	Janice Grayson	(334) 382-3128	Greenville.ESO@dir.alabama.gov
Hamilton	Adine Kimbrough	(205) 921-7657	Sheffield.ESO@dir.alabama.gov
Huntsville	Kathy Evans	(256) 851-0537	Huntsville.ESO@dir.alabama.gov
Jackson	Linda Holston	(251) 246-2453	Jackson.ESO@dir.alabama.gov
Walker County	Pam Fikes	(205) 221-2576	Jasper.ESO@dir.alabama.gov
Mobile Area	Richard Mallini	(251) 461-	Mobile.ESO@dir.alabama.gov

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Monroeville	Linda Holston	(251) 575-3894	Jackson.ESO@dir.alabama.gov
Montgomery	Carolyn Walker	(334) 286-1746	Montgomery.ESO@dir.alabama.gov
Opelika		(334) 749-5065	Opelika.ESO@dir.alabama.gov
Roanoke		(334) 863-8114	Opelika.ESO@dir.alabama.gov
Scottsboro	Glenda Miller	(256) 574-1720	Albertville.ESO@dir.alabama.gov
Selma	Margaret Hardy	(334) 872-0471	Selma.ESO@dir.alabama.gov
Shoals	Kerry Sutherlin	(256) 383-5610	Sheffield.ESO@dir.alabama.gov
Talladega	Gwen Taylor	(256) 480-2109	Talladega.ESO@dir.alabama.gov
Troy	Carolyn Walker	(334) 566-3920	Montgomery.ESO@dir.alabama.gov
Trussville	Charles Hammett	(205) 655-0395	Trussville.ESO@dir.alabama.gov