

Public Health Emergency Preparedness Plan

For

Eastern Highlands Health District

Attachment 1 to Annex G (Health and Medical) of Appendix I—Functional Areas

AND

Attachment 1 to Annex G (Terrorism) of Appendix II—Hazard Specific
Considerations

**Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield,
Scotland, Tolland, and Willington**

Emergency Operations Plans

2010 Revision

Foreword

Connecticut's local public health districts and departments have responded to a number of biological incidents (e.g., meningococcal encephalitis at University of Connecticut, West Nile Virus, and anthrax in Oxford) in the past. Biological threats such as pandemic influenza, smallpox and SARS could trigger a larger emergency response involving multiple local Director of Healths, the state laboratory, hospitals, community health centers, mental health providers, law enforcement and emergency management authorities. Local public health emergency plans must be designed to coordinate with broader, emerging plans at the regional, state and national level.

The development, updating, and training on the use of public health emergency preparation plans are opportunities to strengthen the public health infrastructure in our community and beyond. These systems can be used for disease surveillance, all types of disease outbreaks and/or natural disasters. Community partnerships can also strengthen efforts to organize and collaborate on other public health issues such as health education and promotion on topics such as obesity, diabetes or flu vaccinations for the elderly.

This plan is designed as an-hazards approach to preparedness and response at both the municipal and regional level. It can serve as a framework for recruiting volunteers, identifying resources and filling in gaps. Orientation and training for new municipal employees should include an awareness level introduction to this document.

This plan is designed to be frequently updated with appendices, additional plans and situation-specific addenda. For example, there is a separate plan dealing with the response to smallpox, to pandemic flu and to anthrax exposure in the community.

Public health emergency responsibilities and activities are broken down into the four phases of mitigation, preparedness, response, and recovery. Included in this document are explanations, definitions, theoretical bases, assumptions, and projections that guide the work required to safeguard the public's health.

TABLE OF CONTENTS

i. Foreword	i
ii. Table of Contents	ii
I. Introduction	1
A. Purpose	1
B. Scope	1
C. Authority	1
D. Public Health Emergency Planning Team	1
E. Community Profile	2
F. Concept of Operations	
II. Situations and Assumptions	2
A. Situation	2
B. Assumptions	3
III. Operation Plans	3
A. Roles and Responsibilities of the Local Health Department (LHD)	3
1. Preparedness Phase	
2. Response Phase	
3. Recovery Phase	
4. Evaluation and Maintenance	
5. LHD Chain of Command	
B. Preparedness	6
1. Vulnerability Assessment and Mitigation	6
2. Surveillance	6
a. Non-Traditional Syndromic Surveillance	
b. Syndromic Surveillance and HASS	
3. Epidemiologic Preparedness	7
a. Capacity for Local Epidemiological Investigation	
b. Protocols and SOPs	
c. Traditional Public Health Surveillance	
4. Laboratory Capacity	8
5. Risk Communication and Public Education	9
6. Staff Training and Education	14
7. Special Needs and Fixed Populations	14
a. Identification of Special Needs Populations	
b. Resources to Work with Special Needs Populations	
C. Response / Emergency Phase	18
1. Command and Control	18
ICS/UCS - EOC	

2. Communications	20
3. Surveillance/Step for Epidemiological Investigation	21
a. Verify and Confirm Diagnosis	
b. Interview cases	
c. Analyze Data	
d. Tabulate and orient data by person, and time	
e. Describe Case Group	
f. Perform Epi analysis by comparing groups	
g. Develop Hypothesis	
h. Explain Cause	
i. Continue Epi Investigation	
j. Implement Control and Prevention Measures	
k. Communicate Findings	
4. Laboratory Diagnosis and Specimen Submission	23
5. Mass Immunization, Prophylaxis and Pharmaceutical Stockpiles	23
a. Location	
b. Strategic National Stockpile and MMRS	
c. Supplies	
6. Quarantine and Isolation	24
7. Patient Decontamination	25
8. Security and Crowd Control	25
a. Site of Release	
b. Health Department	
c. Crowd Control	
9. Mass Care and Mental Health Care.....	26
a. LHD Roles and Responsibilities	
b. Provision of Mental Health Care	
10. Protection and Safety of Public Health Staff & First Responders.....	28
11. Probate Courts	29
12. Mass Fatality Management.....	29
13. Finance and Accounting... ..	30
D. Recovery Phase	30
1. Continued Surveillance	30
2. Re-Entry Considerations and Environmental Surety	30
IV. Plan Maintenance	31
A. Plan Evaluation and Revision Procedures	31
1. Plan Updating	
2. Plan Revision	
B. Drills and Exercises	32

I. INTRODUCTION

A. Purpose

The purpose of this plan is to establish methods and procedures that will be used by the Eastern Highlands Health District and its emergency planning partners to respond to all types of public health emergencies including incidents of biological terrorism (BT). This plan is designed to be incorporated into Annex G (Terrorism) of the Emergency Operations Plans (EOP) for the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington and to integrate them with future regional and state public health emergency response plans as they develop.

B. Scope

This Public Health Emergency Preparedness Plan encompasses aspects of preparedness, active investigation, emergency response, recovery, and maintenance during a public health emergency / biological event occurring in the communities of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. The Eastern Highlands Health District and MDA #40 are contiguous and hereinafter referred to as the District.

C. Authority

Authority for bioterrorism preparedness planning and emergency response is contained in Title 28, Chapter 517 of the Connecticut General Statutes, as amended and local Executive Orders, Charter Provisions and Ordinances and Chapter 19a of the General Statutes pertaining to the detection, prevention and treatment of unnecessary illness. Authority for selected contents of this plan is also contained in Public Act 03-236, an *Act Concerning Public Health Emergency Response Authority (PHERA)*.

D. Public Health Emergency Planning Team

Every public health department needs to maintain very close coordination and communication with certain key community agencies and institutions in order to carry out its functions should a public health emergency occur. A critical element of this plan is the integration of public health personnel and information into local and regional emergency planning and operations. Emergency planners in the community regularly meet with local health department representatives to ensure that all aspects of this plan are developed and maintained. A key responsibility of the Eastern Highlands Health District is to recruit and maintain a strong team that agrees to develop a public health emergency response plan and commits to being involved in its implementation. The integration of public health personnel and information into

the emergency planning operations structure is critical. A list of agencies that need to be involved, such as fire departments, law enforcement, EMS and emergency management and other community providers as well as their contact personnel and information, is located in the Addenda to this Plan.

Additionally, the **Eastern Highlands Health District After-Hours Emergency Call-Down List** is regularly updated to ensure 24/7 coverage of all public health emergencies in the Eastern Highlands Health District.

E. Community Profile

1. The **Eastern Highlands Health District** is comprised of the towns Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. Ellington, Stafford, and Union bound the Eastern Highlands Health District to the North, Eastford, and Hampton to the East, Windham, Windham and Lebanon to the South and Glastonbury, Manchester and Vernon to the West.

2. Description of Eastern Highlands Health District

The mission of the Eastern Highlands Health District is to preserve public health, prevent the spread of disease, and promote wellness in the communities in the District. The pursuit of this mission is achieved through the enforcement of state and local health regulations, monitoring the health status of the community, informing and educating citizens on health issues, and operating programs that support community health efforts. The Eastern Highlands Health District is one of nineteen local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington with a total district population of approximately 80,303. The main Health District office is located in the Audrey P. Beck Building of the Mansfield Town Offices, at 4 South Eagleville Road. The telephone number is 860.429.3325 and the fax number is 860.429.3321. The office hours are Monday through Wednesday, 8:15 – 4:30, Thursday 8:15 – 6:30 and Friday, 8:15 – 12.

The District is a governmental entity authorized under Connecticut statutes for the purpose of providing local public health services. A Board of Directors governs the Health District. The board appoints a Director of Health who acts as the chief executive officer of the Health District and as a delegated agent of the State Commissioner of Public Health for the purpose of enforcing the Public Health Code. A listing of current staff is provided in the Addenda. The specific services provided by the District include septic system inspection and approval; well and water quality monitoring, food protection; lead investigations, radon prevention, public bathing area monitoring; and public health complaint investigations. The District also has a

communicable disease control program for disease surveillance and outbreak investigation, and an expanding public health education and training program. Other public health functions conducted by the District include data collection, analysis, and health planning activities.

F. Concept of Operations

As the Primary Public Health Agency for the towns in the district, Eastern Highlands Health District has developed a Concept of Operations Plan (CONOPS) that provides the framework for its management of the public health response to an emergency or disaster. The CONOPS is consistent with Homeland Security Presidential Directive (HSPD)-5 and the National Response Framework (NRF), and implements strategies to ensure a unified approach to all mitigation, preparedness, response, and recovery activities carried out by EHHD.

On behalf of the Eastern Highlands Health District, the Director of Health coordinates all public health and assistance in each of the towns in the District. The Director also acts as the senior-level EHHD liaison to the Department of Public Health and the Department of Emergency Management and Homeland Security. The Director serves as liaison and advisor to the Chief Elected or Executive Officer in each of the towns in the District, the Emergency Management Directors in each of the towns in the District and other departments and agencies.

1. Strategic Coordination

The Director coordinates the response to Public Health emergencies through the implementation of this Public Health Emergency Response Plan. The Plan is implemented from the EHHD Emergency Command Center (ECC) at the EHHD main office in the Mansfield Town Hall. By definition, the Public Health Emergency Response Plan is always operational at a baseline level and in times of non-response, it is used to maintain situational awareness through a surveillance and monitoring posture. When preparing for or responding to an incident, the Director may raise the staffing level by activating the Public Health Incident Command Staff. The Public Health Incident Command's organizational structure is based on Incident Command System (ICS) principles and is NIMS compliant.

2. EHHD Emergency Command Center

The EHHD Emergency Command Center (ECC) located in the Main office of the District, in the Mansfield Town Hall and it is the focal point for command and control, communications, information collection, assessment, analysis, and dissemination for all EHHD operations under non-emergency and emergency conditions to support a common operating picture. It is fully staffed during regular business hours and maintains emergency contact operations 24 hours a day, 7 days a week (24/7). The EHHD ECC is also a sub-set of the Mansfield Emergency Operations Center (EOC) located in the Mansfield Town Hall.

Because the EHHD Emergency Command Center is always operational, it can rapidly enhance its services and staffing during times of crisis. When not in an emergency response mode, the EHHD Emergency Command Center performs continuing surveillance of the following:

- Public health data for special topics (e.g., West Nile virus, influenza activity)
- Reports from DPH, CDC, HHS, WHO, DEMHS and other community agencies, hospitals and local physicians.
- Media reports and other mass public information sources
- Natural disasters (e.g., earthquake activity, hurricanes).

II. SITUATIONS AND ASSUMPTIONS

A. Situation

A variety of public health emergencies, including the possibility of bioterrorism (BT), could threaten the safety and health of citizens in the District. The goal of Eastern Highlands Health District in a public health emergency / biological event is to minimize the impact of these adverse events on the population it serves.

Deliberate release of a biological agent may be either overt or covert. An overt release of a biological agent in the district would cause immediate concern, triggering rapid efforts to identify the agent and to initiate appropriate response. A covert, or the hidden use of these agents, will delay recognition and response time. Either scenario will result in large-scale impacts that will quickly overwhelm both the local public health and medical care systems.

The detection, response and control of any infectious disease outbreak are most likely to occur at the local or regional level. While the BT event will require active public health leadership and involvement at the local level, it will also be necessary to coordinate with the state and federal government to effectively coordinate all response efforts.

B. Assumptions

1. The Eastern Highlands Health District is responsible for the protection of the health and welfare of all of the citizens within its jurisdiction.
2. The towns of the District are vulnerable to a naturally occurring infectious disease emergency, a natural disaster or a covert / overt terrorist attack
3. A public health emergency may involve as few as one and as many as thousands of exposed or infected individuals.
4. The source of the illness may be within or outside the town / district boundaries.
5. The use of a biologic agent may only be apparent days or weeks after its release.
6. A response to the occurrence of a public health emergency is dependent on the credibility of reporting, the scope and the nature of the incident.
7. A bioterrorist incident most likely will be a multi-disciplinary, multi-jurisdictional event that will require broad interagency planning and response approaches as well as cooperative partnerships between the federal, state, and local governments.
8. The Eastern Highlands Health District has executed a formal Memorandum of Understanding (MOUs) with the University of Connecticut for emergency response support and mutual aid.
9. BT releases are likely to be targeted at high-density population centers and buildings or facilities that conduct operations for government, transportation, education, industry or the media.
10. Upon discovering the use of a BT agent, the event, by statute, becomes a criminal investigation under the jurisdiction of the FBI.
11. The community response to a public health emergency is likely to be associated with high levels of anxiety, fear and hysteria.
12. Depending on the size of the incident, public health services as well as routine commerce and community activities may be reduced or temporarily discontinued.
13. This plan may be activated by events occurring in other jurisdictions.
14. Hospital capacity is limited.

III. Operation Plans

A. Roles and Responsibilities of the Local Director of Health

The Director of Health plays a key role in a local biological event or public health emergency from the outset of suspicion that an event has occurred to the end of the recovery period. The Eastern Highlands Health District will maintain as its top priority the performance of public health disease control activities to minimize the likelihood that the disease will spread to new populations. The local Director of Health will collaborate with local medical care providers and EMS units for the provision of medical care services to ill patients.

For the purpose of preparedness and response to a biological event in the District, the Director of Health has legal responsibility for disease reporting, disease investigation and imposition of isolation and quarantine measures at the local level. The Director of Health, or person legally administering that office, exercises complete legal authority over all operations conducted by Eastern Highlands Health District in accordance with assigned operational responsibilities contained in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington Emergency Operations Plans (EOP) and its annexes and addenda.

The different activities that need to be addressed during the various stages of a public health emergency are: (1) Preparedness Phase, (2) Response / Emergency Phase, and (3) Recovery Phase. The following is a list of roles and responsibilities by phase that of the local Director of Health before, during, and after a public health emergency / BT event.

1. During the **preparedness phase**, the Director of Health will:
 - Develop strong community and regional partnerships that will enable public health emergency planning to integrate with the local Emergency Operations Plans (EOP).
 - Will insure that enhanced communication among traditional and non-traditional public health partners is in place and that a reporting system is also in place to receive reports of notifiable conditions or suspicious findings, thus facilitating an active public health surveillance among traditional and non-traditional public health partners for the rapid detection of a biological event
 - Ensure that an emergency public health risk communication plan is in place and tested regularly.
 - Ensure the development of effective risk communication messages and their integration into the public health emergency risk communication plan.
 - Organize call-down lists of hospital personnel, public health support, and volunteers in case of an emergency.
 - Establish and maintain standard operating procedures (SOPs) and policies related to **all** aspects of BT response including notification and call-down procedures, lab procedures and safe handling of specimens, chain of custody, chain of command, and a detention plan for quarantine of person(s), etc.
 - Maintain Internet service to connect to the state Health Alert Network (HAN). A secure communication system will be maintained to transmit confidential data, lab reports and other information.
 - Ensure more than one mode of communication is available to transmit and receive emergency information.

- Consult and coordinate with local emergency responders and schools to prepare and deliver a public health emergency education campaign ready to be launched prior to a biological event.
 - Ensure opportunities for staff training, volunteer training, and other forms of workforce development that will ensure a qualified workforce and provide safety equipment needed to protect personnel at appropriate response levels.
2. During the **response / emergency phase**, the Director of Health shall work within the local EOP and in consultation with the Commissioner of the Connecticut Department of Public Health (DPH), the State Epidemiologist in the DPH Epidemiology Section, and State and Local Emergency Managers to:
- Assure epidemiologic capacity to investigate a biological threat using objective tests to confirm the diagnosis.
 - Coordinate the investigation with local, state, and/or federal law enforcement officials, as necessary.
 - Ensure a system for the rapid distribution of risk communication materials during a public health emergency / BT event.
 - Activate risk communication plan(s) and provide information on the nature of the emergency and protective action messages across various media for the public to implement and adhere to.
 - Mobilize necessary LHD staff and volunteers to respond to public health emergencies.
 - Serve as the primary Public Health advisor to the Mansfield CEO and the Mansfield Chief Administrative Officer (Town Manager) concerning the need for a request for SNS medications and supplies. The Mansfield CEO and the Mansfield Chief Administrative Officer (Town Manager), after consultation with the Director of Health will request the Governor to authorize the use of SNS medication and materials. The Director of Health will also make a similar request through the Commissioner of Public Health.
 - Mobilize local, regional, and/or state partnerships to set up and execute appropriate necessary responses (e.g., mass care clinic(s), mass vaccination clinic(s), mass mortuary assistance, mental health support, etc.).
 - Facilitate access to community, mental health, social services, and other necessary services for special needs populations during a crisis.
 - Protect health and ensure safety of District residents, Eastern Highlands Health District staff, and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being adhered to, as well as enforcing laws and regulations such as quarantine and/or isolation.
3. During the **recovery phase**, the Director of Health shall work in consultation with the Commissioner of the Connecticut Department of Public Health, as needed, to:
- Continue with response phase activities, as required.
 - Correct deficiencies in emergency response operation as may be determined during the response phase.
 - Conduct environmental health remediation and monitoring, as necessary or required.

- Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.
 - Evaluate and assess response and remediation for biological event.
 - Assist staff, as needed, with completing required documentation of expenditures for state and federal reimbursement purposes.
4. During the **Evaluation and Maintenance** phase, the Director of Health shall:
- Participate in drills; exercises and other methods of plan evaluation with emergency planning partners.
 - Modify the District Public Health Emergency Preparedness Plan to improve the effectiveness of the local response.
 - Provide or arrange for staff training necessary for skills development enhancement as indicated by performance during drills and/or exercises.

5. **LHD Chain of Command**

In order to ensure continuity in the operation of a public health-related emergency response in the District, the following Chain of Command will be in effect at Eastern Highlands Health District:

Rank	Name	Title
1	Robert Miller, M.P.H., R.S.	<u>Director of Health</u>
2	Jeffrey Polhemus, R.S.	<u>Sanitarian</u>
3	Ande Bloom	<u>Health Educator</u>

Dr. Kenneth Dardick Physician, Medical Advisor

The local Director of Health will maintain a current After Hours Emergency Call Order list to ensure 24-7 accessibility to Eastern Highlands Health District employees.

B. Preparedness Phase

1. Vulnerability Assessment and Mitigation

The Eastern Highlands Health District has completed vulnerability assessments and hazard mitigation activities as appropriate to the public health function in the District. These activities are done as needed but no less than **annually**.

2. Surveillance

Well-developed surveillance and epidemiologic capacity is the foundation on which local health departments will detect, evaluate, and design effective responses to terrorism events.

Bioterrorism events may not be identified in a high profile, sudden-impact manner of many emergencies. Instead, an observant physician, school nurse, veterinarian, laboratory technician, or surveillance data entry staff, who recognizes an unusual

illness or cluster of illnesses or increases in requests for medical services or a specific diagnosis, may be the first to identify the event.

Effective public health surveillance allows for the early detection of excessive or unexpected cases of disease or an increase in use of services. Public health surveillance activities require the assistance of physicians, schools, hospitals, daycare centers, or nursing homes. Should a public health emergency occur, these entities, along with other agencies, would work closely with the Eastern Highlands Health District to identify additional cases or report any suspicious findings consistent with the BT agent in question.

Public Health Surveillance in the District is primarily based on a passive disease reporting system. Health care providers, laboratories, hospitals, school health nurses and other entities send reports to the Eastern Highlands Health District based on state laws and regulations.

The Eastern Highlands Health District, in collaboration with the Connecticut Department of Public Health (DPH), informs and educates reporting sources of current disease reporting requirements on an annual basis and as new reporting requirements are implemented.

a. Non-traditional Syndromic Surveillance

The Eastern Highlands Health District and its emergency partners make use of non-traditional surveillance (informal surveillance) systems that include:

- Emergency Department and Intensive Care Unit Admissions
- First Responder, EMS / 911 calls
- Poison Control Center telephone call-ins
- Pharmacy Surveillance
- School and Workplace Absenteeism
- Unusual trends in animal morbidity/mortality from veterinarians or others

A laboratory report of significant findings form is used to supplement physician reports, which allow verification of diagnosis.

b. Syndromic Surveillance and HASS

Syndromic surveillance is a form of non-traditional public health surveillance that can lead to the early detection of a biologic event. Having a syndromic surveillance system allows for a set of pre-defined symptoms or syndromes (i.e., a group of symptoms) to be reported to public health officials in a timely manner by pre-identified sentinel surveillance partners.

The Connecticut Department of Public Health conducts syndromic surveillance through the Hospital Administration Surveillance System (HASS). This system is an electronic data collection system connected to the state's 32 hospitals that monitors ten (10) identified BT-related indicators.

3. Epidemiologic Preparedness

a. Capacity for local epidemiologic investigation

The Eastern Highlands Health District has the following capacity, either locally or accessible through state resources, to perform local epidemiologic investigations:

	Function	Capacity (✓)		Staff Responsible	
		Local	State	Name	Title
1	Access to reliable laboratory testing and verification/confirmation of diagnosis	✓		n/a	n/a
2	Interview and collect information from suspected cases and contacts	✓		Jeff Polhemus	Sanitarian
3	Enter data collected from cases and contacts (as required)	✓		Jody Schmidt	Sanitarian
4	Analyze data (manually or with software program)	✓		Rob Miller	Director
5	Implement control measures	Yes		Rob Miller	Director
6	Implement prevention measures	Yes		Rob Miller	Director
7	Communicate findings to appropriate personnel	Yes		Rob Miller	Director
8	<i>Other</i> CT DPH epidemiology contact numbers. The numbers are: daytime (860) 509-7994; evenings and weekends and daytime backup (860) 509-8000.				

b. Protocols and Standard Operating Procedures

Disease specific protocols and standard operating procedures for investigation of infectious agents associated with BT-related conditions are the responsibility of Eastern Highlands Health District.

c. Traditional Public Health Surveillance

The Eastern Highlands Health District receives reports of notifiable diseases and conditions from the following type of sources in the District:

- Physicians
- Infection Control Practitioners
- Schools (Colleges, and/or Universities)
- Child Day Care Centers
- Long-Term Care Facilities
- Laboratories

The Eastern Highlands Health District in collaboration with the Connecticut Department of Public Health is responsible for disease follow-up of suspected or probable reported cases of disease or suspicious epidemiologic findings for selected diseases. In addition, the Eastern Highlands Health District provides consultation to physicians or other health care providers, on case diagnosis and management, health alerts, public health surveillance summaries, and clinical and public health recommendations and policies.

4. Laboratory Capacity

Laboratory diagnosis is a critical step in the timely control of a BT event. The Connecticut Department of Public Health Laboratory (or State Laboratory) is the primary public health laboratory providing support to health departments and is responsible for providing diagnostic expertise and specimen handling for the Eastern Highlands Health District in disease investigations. Results of laboratory testing will be promptly shared with the Eastern Highlands Health District and the State Department of Public Health Epidemiology Program.

The State Laboratory is equipped with a Bio-Safety Level 3 laboratory. During a biological event, specimen packaging and transport must be coordinated with the State Laboratory, local law enforcement, and the FBI, which will maintain a proper chain of custody over specimens from the time of collection. The State Lab accepts samples at the request of the FBI, State Police ESU or CT DEP HAZMAT Team ONLY. They ensure that the samples sent to the State Laboratory do not contain any radiological, chemical, or explosive properties.

Additional laboratory resources include three local Level 2 labs located at Windham Hospital, University of Connecticut, and Quest Diagnostics.

The Eastern Highlands Health District will comply with DPH-specified protocols for controlling the specimen.

In the event that a physician or other health care provider reports a suspected infectious biological agent potentially dangerous to the community, the medical practitioner should be directed to immediately report it to the Connecticut Department of Public Health.

Information on laboratory testing, including proper collecting, handling, shipping, transporting, and submission procedures, can be obtained by contacting the State's Bio-Response Laboratory Coordinator, Diane Barden at (860) 509-8615 (w) / (860) 716-2705 (Cell) or by e-mail at diane.barden@ct.gov

5. Risk Communications and Public Education

To ensure consistent, reliable and continuous flow of information to the public and the media, the Director or his designee will be the designated Public Information Officer (PIO) for the Eastern Highlands Health District. The PIO will be responsible for dealing with media inquiries on behalf of Eastern Highlands Health District and for issuing press releases and news conferences as necessary. All efforts will be coordinated with the State PIO. The Director will approve all press releases, statements, interviews and information from the Eastern Highlands Health District. All such communication will be carried out a level appropriate for the incident and within the framework of the incident command and unified command systems when operating at such level.

The Eastern Highlands Health District identified the following resources for translation services:

International Student Center at the University of Connecticut

Translation services can also be accessed on the web at: <http://babel.altavista.com>

The following information dissemination vehicles available for use by the Eastern Highlands Health District may also be used:

- Door-to-door leaflets
- U.S. Mail
- Broadcast fax
- Town Hall meetings
- List-serve email
- University Intranet
- Eastern Highlands Health District web page
- Media: The Director of Health has contacts with the following media channels to ensure effective public messages during a crisis:

<u>Name/Location</u>	<u>EMAIL</u>	<u>Telephone/Fax</u>
Television		
WTNH – Channel 8 8 Elm Street New haven, CT 06510	news8@wtnh.com	203-784-8800 / 203-787-9698
WSFB – Channel 3 3 Constitution Plaza Hartford, CT 06103	newsdesk3@wfsb.com	860-244-1700 / 860-728-0263
WVIT – Channel 30 1422 New Britain Ave. West Hartford, CT 06110	newstips@nbc30.com	860-561-1925 / 860-521-4860
FOX – Channel 61 And WTXX – Channel 20 1 Corporate Center Hartford, CT 06103	newsteam@fox61.com	860-527-6161 / 860-727-0158
CPTV and Public Radio 240 New Britain Ave. Hartford, CT 06106	no general email	860-278-5310 (dial “0” and ask operator to page Radio News) Fax – 860-244-9624

Public Access TV

Tolland and Bolton:

AT&T (TCI) Public Access
Community Voice Channel
PO Box 9171
Bolton 06043-9171
860-645-1454

Coventry, Mansfield, and Willington

Program Manager
Charter Communications
PO Box 466
Willington, CT 860-456-8346

Radio

WILI 1400 (AM) news@wili.com 860-456-1111 – 860-456-9501
WILI 98.3 (FM)
720 Main Street
Willimantic, CT 06226

WHUS 91.7 (FM) info@whus.org 860-429-9487 / 860-486-8609
(UConn Storrs)
Unit 3008R
1501 Storrs Road
Storrs, CT 06269

WTIC 1080 (AM) dewhalen@cbs.com 860-284-9800 / 860-284-9842
WTIC 96.5 (FM)
10 Executive Drive
Farmington, CT 06032

WDRC 1360 (AM) mikeandbeth@drcfm.com 860-243-1115 / 860-286-8257

WMNW 1470 ((AM)
WSNG 610 (AM)
WWCO 1240 (AM)
WDRC 102.9 (FM)
869 Blue Hills Ave.
Bloomfield, CT 06002

Print Media

Hartford Courant *No general email* 860-241-6747 / 860-241-3865
285 Broad Street
Hartford, CT 06105

Willimantic Chronicle news@thechronicle.com 860-423-8466 / 860-423-7641
1 Chronicle Road
Willimantic, CT 06226

Norwich Bulletin news@norwichbulletin.com 860-887-9211 X-4200 /
66 Franklin Street *Fax – 860-887-9666*
Norwich, CT 06360

Journal Inquirer rwilliams@journalinquirer.com 860-646-0500 / 860-646-9867
306 Progress Drive Elaine Sabo 860-485-6769 (Bolton, Coventry editor)
P.O. Box 510
Manchester, CT 06045

Monthly Community Newsletters

Bolton:

Eileen Stanley
80 Loomis Rd. Bolton 06043
egsntrc@ntplx.net
860-649-9890

Coventry, Mansfield and Tolland:

Linda Yau 860-8870-8556
linday@portone.com

Coventry Community Newsletter

Connie Anderson

860-742-6324

coventry01@snet.net

Senior Newsletters

Mansfield:

Senior Sparks

Linda Wohllebe

860-429-0262- ext. 100

Tolland:

Senior Happenings

Kathy Shroeder

kalmeda@aol.com

Willington:

Button Shop Bugle

Betty Robertson

40 Old Farms Rd.

historiliz@aol.com

Information Operations

The following procedures have been put in place to secure needed resources (space, equipment, and people) to operate a public information operation center during a public health emergency if needed:

The public information operation will be carried out in a manner consistent with the Emergency Operation Plan for the town(s) affected under the unified and incident command model.

Topic-specific (pre-event) materials for public health emergency issues or resources for these materials can be found at the following websites:

<http://www.bt.cdc.gov/agent/agentlist.asp>

<http://www.cdc.gov/communication/index.htm>

<http://www.atsdr.cdc.gov/HEC/primer.html>

http://www.dph.state.ct.us/Agency_News/bioterror.htm

<http://www.orau.gov/cdcynergy/erc/>

6. Staff Training and Education

- a. The Eastern Highlands Health District staff is provided opportunities for professional skills development training required for effective biological event planning and response.

Examples of areas of training include, but are not limited to, the following:

- Conducting Drills and Exercises
- Biological Agent training and epidemiological functions
- Worker Safety
- Interfacing with Law Enforcement
- Epidemiology and Public Health Surveillance
- ICS/Unified Command System/NIMS
- Emergency Operations Center Training
- Risk Communication
- Emergency Planning
- Laboratory Activities (e.g., specimen collection/handling/transport)

In addition to individual training and education, the staff members of Eastern Highlands Health District cross-train and exercise with other members of the public health emergency response team to ensure understanding and effectiveness of response to a public health emergency.

The Department of Public Health and the University of Connecticut Health and Safety Department have provided training on proper respiratory, universal precautions, blood borne pathogens and conduct fit testing for N95 disposal respirators for each staff person.

Additional comprehensive training, in the subject areas of personnel protective equipment, infectious control precautions and blood borne pathogens are made available at appropriate intervals.

7. Special Needs and Fixed Populations

During a public health emergency, certain segments of the population may have special needs or require special services to ensure their protection. The Eastern Highlands Health District has identified the following special populations currently within the department's area of responsibility: The town Social Services contacts are:

Andover: Selectman's Office
Ashford: Selectman's Office
Bolton: Sheryl Schardt
Chaplin; Selectman's Office
Columbia: 228-0110
Coventry: Dorothy Grady
Mansfield: Kevin Grunwald
Scotland Selectman's Office
Tolland: Beverly Bellody
Willington: Shannon Borbeault

Senior/Disabled Housing Complexes:

Andover:

Ashford

Pompey Senior Village

Bolton-No listing

Chaplin:

Coventry

Orchard Hill Estates
1630 Main St. Coventry
Laurie Pinkston
742-5518

Columbia

Mansfield

Juniper Hill Village
1 Silo Circle
Mansfield, CT
Marcia Zimmer
860.429.9933

Wright's Village
309 Maple St.
Mansfield, CT
Kate Forcier
860.487.0693

Scotland

Tolland

Old Post Village
763 Tolland Stage Rd.
Tolland 06084
Patricia Woods 871-1386

Willington—Lyon Manner

Long-term Care Facilities (e.g., Nursing Homes):

Mansfield Center for Nursing and Rehabilitation
100 Warren Circle
Mansfield, CT.06268
860.487.2300

Lyon Manor
140 River Rd.
S. Willington, CT 06265
420-7903

Sophia Hainlie
860.429.7903

Woodlake at Tolland
ECHN
26 Shenipsit Lake Road
Tolland, CT 06084
860.872.2999

Group Homes/Assisted Living Facilities:

- There are over many group homes in the Eastern Highlands Health District area. See Appendix for addresses.

Schools and Phone Numbers

(See addendum for school fax numbers.)

Mansfield:

- Mansfield Middle School 429-9341
- Goodwin School 429-6316
- Southeast 429-1611
- Vinton School 423-3086
- E.O. Smith 429-0877

Andover:

Andover Elementary **742-7339**

Ashford:

Ashford School
440 Westford Rd
Phone: 429-1927

Bolton:

Bolton Elementary 646-4860
Bolton High School 645-8879

Chaplin:

Chaplin Elementary 455-9593
Parish Hill High School 455-9584

Columbia

Horace Porter Elementary 228- 9493

Coventry:

Coventry Elementary 742-4566
Coventry Middle 742-4587
Coventry High 742-4564

Scotland:

Scotland Elementary 423-0064

Tolland:

Tolland Schools 870-8168

Willington

Willington Elementary Center School 429-8768

(On Old Farms Road has
305 students in grades K-3.)

Willington Middle Hall Memorial School 429-5682

(Rt. 32 South Willington has 330 students in grades 4 – 8.)

Nursery school located at the Federated Church at the
Intersection of Routes 320 and 74 with 26 students.

Homeless Shelter: (This shelter is in the area covered by North Central Connecticut Health District.)

Holy Family Home and Shelter 423-7719

88 Jackson St, Willimantic

Mental Health Facility:

Natchaug Hospital –456-1311

Mental Health Resource:

United Services—774-2020 or 456- 2261

Non-English Speaking:

Many international families accompany their UConn student and live in Mansfield or the neighboring towns.

Blind and Hearing Impaired Residents and Homebound Residents:

The Town of Mansfield Social Services Department has an At-Risk calling list. People voluntarily identify themselves to receive calls, or have family members receive calls from trained volunteers in case of an emergency event. Primarily these people are blind or deaf, have mobility impairments, or use oxygen.

VNA East also has a list of homebound persons, who need medical care.

Incarcerated and Institutionalized Populations:

The Donald T. Bergin Correctional Institution

251 Middle Turnpike

Storrs, CT.

Phone: 860.487.2712

Warden: Eileen P. Higgins

Major Anthony Coletti

Population: 918 sentenced male inmates (as of Jan. 1, 2004)

Level 2 Minimum Security

Staff of 213

- b. The Eastern Highlands Health District has identified the following resources available to work with local schools, assisted-living facilities, long-term care facilities and social services to identify the special needs of each population / institution and the specific types of assistance they would need in a public health emergency:

Translation Services:

The International Students Association has volunteered to work with Mansfield Social Services Department to assist with translation as needed.

The Campus Activities Office at the University of Connecticut at 486-6588 maintain an updated list of over 25 cultural and linguistic organizations and their contact names

Mental Health Services:

United Services is the regional mental health service (456- 2261)

The Mansfield Youth Services Bureau also provides counseling

Counseling for Mansfield residents is also available through the Mansfield Dept. of Social Services.

United Services is the EAP provider for the town of Mansfield.

“The American Red Cross provides for the delivery of mental health services on a disaster relief operation and collaborates with local community mental health services in ensuring that appropriate human and material resources are available to meet the emergency and/or long term emotional needs of the affected individuals, families and communities.” American Red Cross Statement dated Nov. 20th 2001.

Services for the Disabled

Easter Seals

Disability Network of Eastern Connecticut

Institutional Services**Correction Services**

Bergin Correctional Center

C. Response (Emergency) Phase**1. Command and Control of a Public Health Emergency**

The Incident Command System / Unified Command System (ICS / UCS), in accordance with the National Incident Management System (NIMS) principles will be used in management of a public health or bioterrorism emergency. The ICS is a command structure used to organize multiple disciplines with multi-jurisdictional responsibilities in an emergency under one incident commander. In the event of a public health emergency, the local Director of Health assumes a significant amount of authority and responsibility within their jurisdiction. Command and Control of any incident is vested in and recognized as the responsibility of the jurisdiction where the incident or event occurs.

The UCS is used when it is necessary for all involved agencies to contribute to the process of developing overall incident objectives, selecting strategies, joint-planning of tactical activities, and integration of tactical operations. The rules of the ICS designate the “first unit or member arriving on the scene” as the Incident Commander (IC), whose goal is to coordinate and maximize resources. However, as the incident grows and continues to develop, it should be recognized that incident command might be passed to a senior, more experienced individual. Public health workers and officials must be prepared for any of these roles and will contribute to the ICS by helping to determine the overall objectives of the response as well as helping to plan and conduct integrated tactical operations

Because there may not be a “scene” in a BT attack, it will most likely be the local health department/district that recognizes that there has been an attack. Under the UCS a multiple-agency command post is established to integrate resources and personnel at the incident scene.

a. ICS / UCS

To ensure continuity of the ICS / UCS the following positions need to be designated and filled: Incident Commander, Public Information Officer, Liaison Officer, Safety and Security Officer, Logistics Chief, Planning Chief, Finance Chief, Operations Chief, Medical Care Coordinator, Human Services Director.¹

- In the District towns, the Chief Elected Official, shall exercise executive authority over all emergency operations in accordance with the missions and assignments specified in this plan. (Refer to Town EOP for existing CEO Chain of Command)
- The public health official who may play the role as Incident Commander or as a member of the Unified Command System is the Director of Health.
- A *covert attack*, without an incident or scene (i.e. an incident without an address), will most likely not require a “field” incident command post. The IC will be selected on the basis of primary authority for overall control of the incident. The BT plan shall identify who will authorize the decision to initiate and further implement response plans.

b. Emergency Operations Center (EOC)

- The Connecticut Department of Emergency Management and Homeland Security (DEMHS) maintains the State Emergency Operations Center (EOC), which is used to coordinate response activities to emergencies, and disasters that are beyond the reasonable control of a field command post.
- The local EOC, the site from which municipal emergency exercise direction and control will take place, is usually established at:

-

Andover: Town Offices

Ashford: Town Offices

Chaplin: Town Offices

Columbia: Town Offices

Coventry: the Town Office Building, lower level on Rt. 31.

Bolton: Town Offices

Mansfield: the Municipal Building 4 South Eagleville Road

Scotland: Town Offices

Tolland: Town Offices

Willington: the Town Office Building, Old Farms Road

¹ Note: Not all of these positions need to be filled by individuals from Eastern Highlands Health District. The health department should coordinate with other emergency response agencies to decide who is best suited to fill the preceding roles in a BT event ICS / UCS structure.

- Eastern Highlands Health District shall staff the EOC with a Public Information Officer. The Eastern Highlands Health District will develop and maintain communication systems with outside agencies and the public throughout the BT or public health emergency event.
- The person from the Eastern Highlands Health District assigned to staff the local EOC is Robert Miller.
- Information about the current public health emergency will be provided to the Eastern Highlands Health District staff so answers to all questions will be consistent. At least one telephone line (860) 429-3378 will be designated as the **outgoing** line for required communication with outside authorities. At least one other telephone line (860) 429-3377 will be left as an **incoming** line for outside local and state authorities. These two numbers will not be made public. Redundant communication systems with designated public health staff and emergency contacts shall be established to ensure timely notification and response. An informational outgoing message will be recorded on 429-3325.

2. Communications

It is recognized that during emergencies, communication systems are the most likely aspect of any plan to fail. Special attention and preparation must be made to prevent a communications breakdown.

The Eastern Highlands Health District plays a major role in all aspects of communication involving a public health emergency through its Health Alert Network, Risk Communication and Public Health Information Dissemination mechanisms. The Eastern Highlands Health District will provide expertise in presenting timely and accurate information about the disease outbreak or release of a biological agent.

Upon confirmation of a public health / bioterrorism emergency, the Director of Health will immediately notify the First Selectman and Emergency Management Directors of the District towns and the State Epidemiologist.

The local Director of Health will notify and gather Eastern Highlands Health District staff to brief and discuss response and then notify all relevant response partners.

The following are modes of communication specific to public health / BT event:

- The local Director of Health has NEXTEL phone, part of the statewide public health emergency communication system, to link health departments with the Connecticut Department of Public Health (DPH).
- The Health Alert Network (HAN) is a nationwide information and communication system that links Federal, State and Local health agencies to protect communities from bioterrorism and other public health threats. The HAN securely facilitates communication of critical health, epidemiological and bioterrorism-related information on a 24/7 basis to LHDs, health organizations and other partners. During a public health emergency, the HAN will be used to ensure secure electronic exchange of state and local clinical, laboratory and environmental information between the State and local levels.
- In addition to being a key asset in the initial notification of an event, the HAN also allows the CT DPH and other health partners to transmit vital surveillance, epidemiologic and other relevant information back to the local Director of Health / department. With the specific protocol to be developed, during a BT event, the state HAN coordinator will have the ability to disseminate information from the CDC, the

DPH Commissioner's Office and other DPH programs back to the local health department for use in response to the event.

- The Eastern Highlands Health District has developed a **local** HAN network that provides rapid communication dissemination to local emergency response partners. Through the use of the local HAN, the Eastern Highlands Health District can communicate with the following partners:

local medical providers, school nurses, local hospitals and acute care facilities, long-term care facilities, colleges/universities, daycare centers.

3. Surveillance

Traditional local reporting sources (e.g., physicians, hospitals, schools, laboratories, etc.) are required to report suspected, probable, or confirmed cases of BT-related diseases, listed under Category I Diseases on Reportable Disease Confidential Case Report Form PD-23 by telephone on the day of recognition or upon strong suspicion to the Eastern Highlands Health District at (860) 429-3325 and the Connecticut State Department of Public Health Epidemiology Section at (860) 509-7994.

The State Epidemiologist will work in collaboration with the local Director of Health and other individuals, where required (e.g., reporting physician, laboratory, etc.), to decide whether or not an unusual event is occurring. If an unusual event has occurred, an epidemiological investigation will be conducted by state and local health officials to determine the potential cause and population at risk, decide on medical prophylaxis / treatment measures with diagnosing physician, and decide whether or not to activate an emergency medical response.

At the same time, law enforcement will be notified in order to begin a criminal investigation, public health surveillance will be expanded, and enhanced reporting will be implemented. Depending on the nature and scope of the event, the EOC may be activated at this time.

The Eastern Highlands Health District will consult with the Connecticut Department of Public Health (DPH) Epidemiology Section throughout the epidemiological investigation. Through continued collaboration with DPH, the Eastern Highlands Health District will play an important role in the epidemiological investigation and in determining the best course of action to take. Members of the investigation group at the Connecticut Department of Public Health can be reached by 24 hours/day 7 days/week by pager, as well as by Nextel phone. If this group determines that the information derived from the epidemiological investigation supports a bioterrorism event, the Governor and the Office of Emergency Management will be notified immediately.

The steps for a BT-related epidemiological investigation are outlined below:

a. Verify and confirm diagnosis

The CT DPH will communicate with the diagnosing physician or hospital facility regarding patient's signs and symptoms. CT DPH will also verify if the working diagnosis fits into the case definition of the suspected agent(s) in question and confirm with the reporting laboratory the type(s) of testing performed and results.

b. Interview case(s), exposed individual(s) and close contacts

The Eastern Highlands Health District, in collaboration with DPH, will interview case(s), exposed individual(s) and close contacts and collect information that includes the following:

- Facility of report and diagnosing physician
- Demographic information on patient(s), exposed individual(s), contacts

- Location of incident
- Symptoms, including date of onset and clinical diagnosis indicative of potential agent
- Time, date, and possible location of exposure or occurrence
- Lab testing, if any
- Presence of risk factors in patients
- Past activities of individuals and contacts, including recent travel history to area of endemicity

c. Analyze the data

The Eastern Highlands Health District, in collaboration with DPH, will analyze data derived from case(s), contact(s), and exposed individuals.

d. Tabulate and orient data collected by person, place, and time

e. Describe case group

Thoroughly describe the case group and identify factors shared in common by cases (person, place, and time).

f. Perform epidemiology analysis by comparing groups

g. Develop hypothesis

- Is there a reasonable explanation for natural illness (e.g. recent travel to areas of endemicity) or evidence suggesting the intentional release of an agent?
- Is there reason to believe that the increase/event could be consistent with a BT event?
- Is there reason to believe that this is a “true” or “natural” outbreak of disease?
- Is there reason to believe that the event is over or has it just begun?

h. Explain the cause of the problem

i. Continue Epidemiological Investigation

The CT DPH Epidemiology Section will collaborate with the local Director of Health at Eastern Highlands Health District to continue monitoring the progression of the spread of illness and new cases. If it is determined that the health emergency is a bioterrorism event, the investigation will be coordinated with the FBI. Based on the information collected and the results of the preliminary analysis, the need for additional local resources or state assistance can be determined.

j. Implement Control and Prevention Measures

The Eastern Highlands Health District will collaborate with the Epidemiology Section to determine the most appropriate control and prevention measures to implement in the District towns.

k. Communicate Findings

The local Director of Health and Public Information Officer for Eastern Highlands Health District, in cooperation with the CEO, will communicate important findings of the epidemiologic investigation with the public (e.g., medical community and other response partners, media, etc.) while ensuring that the integrity of the investigation and confidentiality of person(s) affected is not compromised. Important risk communication messages will be provided to the public on a regular basis.

4. Laboratory Diagnosis and Specimen Submission

Preliminary testing occurs in a physician's office, an emergency department or at a lab collection point. Commercial or hospital labs may make definitive identification of an organism. For unusual organisms, the specimen is sent to the State Lab to make definitive identification or sent to another lab in the Laboratory Response Network or to the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

The State Lab accepts samples at the request of the FBI, State Police ESU or CT DEP HAZMAT Team ONLY. Samples are collected and screened under their direction and are delivered under chain of custody conditions. Samples are logged in by the Evidence Custodian and signed over to the analyst. This procedure ensures chain of custody is preserved throughout.

Samples from a BT event are cleared by the DPH and great care is taken to preserve DNA, fingerprints, etc. The submitter collects the sample and submits it to the Crime Lab. Chain of custody procedures is maintained throughout. Each laboratory maintains its own protocols and records.

5. Mass Immunization, Prophylaxis and Pharmaceutical Stockpiles

The Eastern Highlands Health District has planned for the immunization / prophylaxis of the entire population in the district's area of responsibility. In the event that mass immunization or prophylaxis for smallpox is ordered / required by the Federal Government or the State of CT, the Eastern Highlands Health District will rely on the Smallpox tab to this attachment.

a. Location

The Eastern Highlands Health District has designated a site as a clinic for residents of the District towns, including students at the University of Connecticut, to provide smallpox vaccination to the general public. The details of this mass smallpox vaccination / mass prophylaxis plan are included in the Smallpox Mass Vaccination tab (see Smallpox tab) to this BT / Public Health Emergency Preparedness Plan.

b. Strategic National Stockpile and MMRS

The two resources available in Connecticut for securing a cache of drugs and emergency medical supplies in a public health emergency or BT event are the Strategic National Stockpile (SNS) and the Capitol Region Metropolitan Medical Response System (MMRS). The MMRS, while designated for the Capitol Region, can be requested for use outside of the Capitol Region in times of emergency. (Addendum G: MMRS Information)

c. **Supplies**

Supplies necessary for both mass prophylaxis and mass immunization clinics have been identified and are listed in the Smallpox Mass Vaccination tab to this BT / Public Health Emergency Preparedness Plan.

Eastern Highlands Health District has made arrangements with the University of Connecticut to provide ancillary consumable medical supplies.

- c. Dr. Kenneth Dardick, Medical Director of Eastern Highlands Health District is the physician authorized to promulgate Standing Orders under the various emergency response plans.

6. **Quarantine and Isolation**

Isolation is defined as the physical separation and confinement of an individual, group of individuals, or individuals present within a geographic area who are infected with a communicable disease or are contaminated, or whom the Commissioner of Health, or a designee, who may be the local Director of Health, reasonably believes to be infected with a communicable disease or to be contaminated, in order to prevent or limit the transmission of the disease to the general public.

Quarantine is defined as the physical separation and confinement of an individual, group of individuals, or individuals present within a geographic area who are exposed to a communicable disease or are contaminated, or whom the Commissioner of the Department of Public Health, or a designee, reasonably believes have been exposed to a communicable disease or to be contaminated or have been exposed to others who have been exposed to a communicable disease or contamination, to prevent transmission of the disease to the general public. The decision of whether or not to quarantine or isolate individuals will be based primarily on the type of event and the nature of the disease agent.

In the State of Connecticut, the local Director of Health has broad powers to preserve the public health and prevent the spread of disease within their jurisdictions. However, in times of a declared public health emergency, Connecticut's Public Health Emergency Response Act (PHERA) states that the Commissioner of the Department of Public Health retains the authority to quarantine or isolate individuals. However, the Commissioner of Health can delegate these powers to other public health officials, including local Director of Health.

The Commissioner of Health may issue isolation or quarantine orders in the following instances:

- Person(s) is/are infected or exposed, or reasonably believed to be;
- Person(s) is/are determined to pose a significant threat to public health;
- If isolation or quarantine is necessary and is the least restrictive alternative to protect public health;
- The local Director of Health can only issue an **individual** order of isolation or quarantine in a public health emergency, but not to groups or geographic areas, as authorized to the Commissioner of Health under PHERA.

The Eastern Highlands Health District will take the lead role in District towns for isolation and quarantine measures.

The Eastern Highlands Health District will coordinate the process for isolation and quarantine with local hospitals and other acute care facilities.

The Eastern Highlands Health District will determine primary and secondary sites and facilities for quarantined individuals.

The Eastern Highlands Health District will coordinate with American Red Cross, town Social Services Departments, local fire departments, and possibly churches, depending on the number of persons quarantined or isolated to ensure resources, such as food, medicine, and basic social services can and will be made available to sustain quarantine for an extended period of time. (Contact: Disaster Services at 678.2830 or 24 hour line for Windham area at 423.4748.)

The Eastern Highlands Health District will ensure qualified medical personnel are present who can enter the quarantine area to transfer supplies and provide care.

The Eastern Highlands Health District will coordinate with law enforcement officials to ensure citizen abidance to quarantine orders.

The Eastern Highlands Health District will coordinate evidence gathering with the FBI, CT State Police, and local law enforcement if a quarantine order is appealed.

7. Patient Decontamination

In the event of a BT or public health emergency, it may be necessary to perform patient decontamination.

- The Incident Commander will make the decision to initiate decontamination.
- Depending on the circumstance, decontamination may be best performed in patients' homes, at a site adjacent to the incident, at a site adjacent to an Emergency Department of the local hospital or at site in the community.
- The choice of the decontamination facility will depend on the size of the incident, the availability of decontamination equipment, the speed at which the facility can be set up, the general weather conditions and the ability to communicate quickly and effectively with those exposed. The goal will be to perform decontamination quickly, effectively, and without causing contamination of emergency rooms or cross-contamination of patients, responders or other staff.

8. Security and Crowd Control

Security and crowd control will need to be provided at several key locations in the event of a local public health emergency. The following law enforcement agencies will manage crowd control.

--Ashford, Mansfield (Resident Trooper 429-3390), Tolland (Resident Trooper 875-8911), and Willington: Connecticut State Police Troop C, 800-318-7633

--University of Connecticut Police: 486-4800 (fax 486.2430)

--Coventry: The Coventry Police Department: 860-742-7331

--Andover (Resident Trooper 742-0235), Bolton (Resident Trooper), and Columbia (Resident Trooper 228-9846): Connecticut State Police Troop K, Colchester: 800-546-5005

--Chaplin (Resident Trooper 455-2069) and Scotland: Connecticut State Police Troop D, Danielson 779-4900

Although Andover, Bolton, Columbia, Mansfield, Tolland (875-8911), and Willington have resident troopers the first contact should be to the State Police Troop to ensure a proper response. The Troops are staffed at all times whereas the resident offices are not.

a. Site of release

Once it is determined that a Biological agent has been released, the site of release (if there is one) IMMEDIATELY becomes a crime scene. Public health officials will be required to coordinate with law enforcement officials from all levels in this forensic epidemiologic investigation. In the event a scene needs to be secured, the Director of Health will forward a request to the State Police, Police Chief or the Town EOC. Upon receiving this request, the Local / State police should respond with the appropriate assets to secure the scene.

b. Health Department

The local Director of Health, in coordination with the local / State police will ensure that medicines, supplies, equipment and other emergency health materials will be securely transported, maintained and protected on a 24/7 basis in the event of a public health emergency.

c. Crowd Control

The Local / State Police, in coordination with the public Director of Health, will ensure that effective crowd control measures are in place during a BT or public health emergency.

9. Mass Care and Mental Health Care

The mass care function deals with the actions that are taken to protect evacuees and other victims from the effects of any emergency. These actions include, but are not limited to, providing temporary shelter, food, clothing and other essential life support needs to those people that have been displaced from their homes because of an emergency or threat of an emergency. Each town has a designated shelter that has met American Red Cross standards. They are located at the following sites:

Andover:

Ashford:

Bolton:

Chaplin:

Columbia:

Coventry:

The Coventry EOP lists limited shelter space as follows: Town Office Building – 113 spaces, Coventry Grammar School – 19 spaces. Neither facility has provisions for food, water or medical care.

Mansfield:

The Mansfield EOP lists UConn as a mass care facility with a capacity to house approximately 9,000 people in terms of food, water, shelter, sanitation, medical supplies, and radiological instruments. Other shelters in Mansfield are:

Scotland:

Tolland:

Willington: The Willington EOP describes its shelter provisions citing space for 408 persons at the VFW, the Federated Church, and the local schools.

a. Eastern Highlands Health District Roles and Responsibilities. *Possible local health department responsibilities in a mass care operation could include:*

- Inoculating individuals, if warranted, by the threat of disease.
- Assist in the protection of public and private water supplies; direct the proper disposal of sewage, solid waste and refuse.
- Expand mortuary services if necessary.
- Establishing and operating medical care centers for essential workers in the hazard or effected area following the evacuation of the general population.
- Providing health and medical care and services at emergency shelters, congregate care facilities and reception and relocation centers.
- Obtaining emergency medical support and hospital care during and after the event.
- Reducing the patient population in hospitals, nursing homes and other health care facilities if evacuation is necessary, provide for the medical care of those that cannot be evacuated.
- Identify hospitals, nursing homes and other facilities that can be expanded into emergency treatment centers for victims.
- Obtaining crisis augmentation of health and medical personnel, e.g., nurses' aides, paramedics, Red Cross personnel and other trained volunteers.
- Arranging and coordinating the transport and care of victims from the site to medical facilities.
- Identify sources of health and medical equipment and supplies to augment and/or satisfy expanded medical needs during the event.
- Inspection of food, water and other materials suspected of contamination.
- Supervise the sanitary and health conditions of reception and care facilities, shelters, clinics, and congregate care facilities and medical care centers for essential workers staffing the event.
- Identify and locate decontamination equipment/facilities.
- Oversee distribution of antidotes, drugs, vaccines to clinics, shelters etc.
- The Eastern Highlands Health District will have primary responsibility for the sanitation, safety of food and water supplies, and monitoring of mass feeding and shelter sites.
- The Eastern Highlands Health District will assist in the coordination of nursing services at the local shelter sites.
- The Eastern Highlands Health District, in cooperation with local and state officials and the media, will coordinate distribution of homecare instructions specific to the emergency. These instructions may include basic care instructions, a description of the disease process and its complications.

- As the public health emergency progresses, municipal and state health agencies as well as the American Red Cross will assume additional responsibilities as alternate care facilities are opened and staffed.
- Additional / alternate sites for mass care services in the event of a BT event / Public Health Emergency include:

Mansfield Middle School

E.O. Smith High School

Bolton High School

Tolland High School

Coventry High School

Mansfield Community Center

b. Provision of Behavioral Health Care

Availability of mental health providers, clergy, and other counselors to families is of critical importance. The Eastern Highlands Health District works with the following area mental health providers and local crisis intervention teams to organize a resource pool:

Natchaug Hospital

American Red Cross

United Services

Generations Health Care

CT Department of Mental Health and Addiction Services

A list of behavioral health support services will be distributed to residents to help them deal with the effects of a public health emergency.

10. Protection of Public Health Staff and other First Responders

In the event of a BT or public health emergency, health department staff and other responders from various agencies will perform public health disease control activities. At the same time, healthcare workers will perform primary care to ill patients. It is very likely that there will be some overlap in these functions.

All Eastern Highlands Health District employees will be trained on the appropriate precautions to limit the likelihood of becoming infected in the course of performing their emergency duties during a BT event. The Eastern Highlands Health District has the following Personal Protective Equipment (PPE) on hand for LHD staff in the event of a public health.

PERSONAL PROTECTIVE EQUIPMENT ITEM	QUANTITY
<i>N95 Respirators</i>	<i>200</i>
<i>Latex Gloves</i>	<i>20 Boxes</i>

When warranted, PPE will be issued to all LHD staff at risk of having contact with infected individuals or those suspected to be infected. Prior to issuance, PPE must have been sized and fitted properly in order to ensure adequate protection.

The Eastern Highlands Health District will develop internal departmental guidelines and protocols for isolation precautions and cleaning and disinfecting of public health equipment as necessary.

11. Probate Courts

The Probate Courts have a role in the appeals process as detailed in the Public Health Emergency Response Act, (see Addendum A). The courts for each town are:

Andover, Bolton, Columbia – Elaine Camposeo - 647-7979

Coventry and Mansfield—Claire Twerdy – 429-3313

Ashford—Dennis Poitras—429-1114

Tolland and Willington—Cheryl H. Brown 871-3640

Scotland—Windham Probate

Chaplin—Eastford 974-1885 x 3240

12. Mass Fatality Management

In a public health emergency, all efforts within this plan are intended to reduce death and suffering. However, it is possible for fatalities to occur in large numbers. The Eastern Highlands Health District will work within guidelines to be provided to establish the location(s) of temporary / expanded morgue facilities to provide a rapid processing of remains. The locations of these temporary / expanded morgue facilities are to be listed in the table below.

Name of Mortuary Facility	Contact Person (Phone Number)	Address of Facility
N/a	N/a	N/a

As needed, the local Director of Health may make arrangements for additional morgue facilities by obtaining a refrigerated trailer unit from one or more designated vendors

As needed, the local Director of Health will aid funeral home directors and medical examiners in determining final dispositions for fatalities while considering the religious concerns of relatives. Options include:

- Mass Cremation
- Individual / Mass burial
- Releasing remains to family members

In the event of a mass fatality event, local law enforcement agencies may be required to supplement security at the scene or expanded morgue facilities. Prior coordination may be required for this type of situation to ensure that there will be available assets.

The Office of the State Medical Examiner would be involved in the implementation of a statewide plan for mass fatality management.

13. Finance and Accounting

This section is critical for tracking costs incurred by a local health department / district during a BT incident and Public Health Emergency. Without careful accounting and recording of justified costs and expenses, reimbursement is often difficult, if not impossible. The tracking of these expenses should begin at the outset of a public health emergency.

Town finance directors should track the authorized accounts and budget, log and process transactions, and secure access to more funding as necessary and feasible.

The following are examples of the financial responsibilities to be addressed during a BT event / public health emergency:

D. Recovery Phase

For the short term, recovery entails bringing the necessary critical infrastructure up to an acceptable standard while providing for basic human needs following a public health emergency. Once stability is achieved, the jurisdiction can begin public health recovery efforts for the long term and return the social and economic life of a community back to normal safety standards.

1. Continued Surveillance

During the recovery phase of a biologic event, the Eastern Highlands Health District will participate in continued public health surveillance and monitoring of illness and death resulting from a biological event, as described in the response phase.

2. Re-entry Considerations and Environmental Surety.

Reentry criteria into a contaminated area will be determined immediately following the incident (if applicable) by the local Fire Dept / HAZMAT teams. This information will be relayed through the municipal EOC to all concerned and responding parties.

It can be expected that the local health department and/or CT DPH will be consulted as re-entry criteria and environmental decontamination begin to be established. The Director of Health is the Eastern Highlands Health District 's point of contact for providing clearance levels and other information regarding re-entry considerations/environmental surety to outside agencies in a public health emergency / BT event.

Environmental decontamination (DECON), or clean up, if necessary, can occur well after the event. Environmental DECON has the advantage of being very well planned and is usually executed by an environmental contractor. The steps in environmental decontamination are:

- Comprehensive review of the event including documentation of impacts in the environment, ownership of the property and legal responsibility

- Development of a plan for assessment and environmental testing.
- Development of a safety plan for cleanup workers
- Performance of environmental assessment and testing
- Interpretation of results and development of comprehensive decontamination or cleanup plan including criteria for re-entry and post clean-up monitoring of workers and the environment
- Performance of decontamination or cleanup
- Interpretation of results and decision about re-entry

IV. PLAN MAINTENANCE

Successful plan maintenance is achieved through regular review, updating, training, and drills & exercises.

A. Plan Evaluation and Revision Procedures

1. Plan Updating

As positions, assignments and the environment surrounding a plan change, it must be updated to reflect new information. This plan will be updated as necessary, but no less than annually. Updating of this plan will be preceded by an appraisal of its contents and/or a test or exercise and critique of the plan. Execution of this plan in response to an actual event will be considered a test and will require an after action report to be submitted to Director of Health and The Connecticut DPH. The items that are subject to frequent change are reviewed annually for possible updating include but are not limited to:

- Community and facility notification and alerting lists
- Identity and contact numbers for response personnel
- Inventories of critical equipment, supplies and other resources
- Memoranda of Understanding / Agreement (MOU / MOA)
- Applicable laws and statutes

It is the responsibility of the Director of Health to ensure this Bioterrorism / Public Health Emergency Preparedness plan is reviewed, updated and approved every year.

2. Plan Revision

The following policies apply to the assessment and updating of the plan:

- It is the responsibility of Director of Health to coordinate the review and update of this plan.
- In conducting the plan review and update Director of Health will seek input and support from the agencies that play a role in the execution of this plan. These agencies include the following:

The District towns' Emergency Planners, American Red Cross, Mansfield Board of Education, etc

- If necessary, the Director of Health will conduct meetings, working groups or workshops to complete the review and revision of this plan.
- The Eastern Highlands Health District shall serve as the office of record for this Bioterrorism / Public Health Emergency preparedness plan and supporting materials. This office shall maintain files relative to the planning effort and shall keep an inventory of emergency public information and other planning and training materials.
- As changes are made, dated and approved, the relevant change pages will be provided to all individuals and agencies that hold copies. It is the responsibility of the copyholder to keep individual copies current.
- The Director of Health shall maintain a list of plan holders to insure all parties receive appropriate changes.

B. Drills and Exercises

The Eastern Highlands Health District participates in both internal and external emergency response drills and exercises used to test the effectiveness and readiness of the BT / Public Health Emergency Response Plan. Community partners and member towns' municipal staff and volunteers are encouraged to participate.

Listed below are the different types of exercises used to test an emergency response plan.

Orientation

Classroom-type seminar training that introduces staff members to the plan. Staff members cannot be expected to perform their duties in an emergency situation unless they have been taught what functions they will be expected to perform.

Tabletop Exercise

This exercise generally involves senior staff and officials in an informal setting. Using a hazard specific scenario, supporting documentation and injected messages simulating field-derived information, the participants discuss anticipated actions while in a controlled environment. With a facilitator keeping the discussions focused, the products derived from a tabletop exercise may include emerging policy, plan revisions and conceptualization of new procedures.

Drill or Partial Scale

This is an exercise with limited goals, with a portion of the organization participating. It is usually conducted to evaluate a limited number of objectives. For example, testing the mass vaccination section of a municipal BT plan would be considered a drill. Real World events such as the opening of clinics in response to the recent H1N1 Influenza Outbreak may be counted as a Drill.

Functional Exercise

This is an exercise that allows the evaluation of various procedures that are similar to one another, such as communications. It is limited to activities with a specific functional category of the organization.

Full-Scale Exercise

The Full Scale Exercise (FSE) is used to evaluate the operational capabilities of emergency management systems over an extended period of time. The full-scale exercise usually is conducted in conditions as close to an actual event as possible. Field teams and crews will deploy and demonstrate their procedures. The full-scale exercise is designed to stress the organizations' ability to accomplish their mission under realistic conditions.