MUNICIPALITIES

Allenstown
Barnstead
Boscawen
Bow
Bradford
Canterbury
Chichester
Concord
Deering
Dunbarton
Epsom
Henniker
Hillsborough
Hopkinton
Loudon
Northwood
Pembroke
Pittsfield
Warner
Washington
Weare
Webster
Windsor

CONCORD HOSPITAL

Capital Area Public Health Network

July 2009

Public Health Emergency Preparedness and Response Plan for the Capital Area

NOT FOR PUBLIC DISTRIBUTION

City of Concord, Towns of Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, and Windsor

Public Health Emergency Preparedness and Response Plan
Change and Update Control Sheet

Version 1.0 – Updated April 2008

Public Health Emergency Preparedness and Response Plan	**Updated EOC information, Medical Surge section and revised the Isolation and Quarantine section.**
Appendix A **Demographics**	
Appendix B **Emergency Notification Procedures and Call Tree**	
Appendix C **Functional Needs and Fixed Populations**	
Appendix D **Regional Resource Directory**	
Appendix E **Media Contacts**	
Appendix F **Glossary**	
Appendix G **Reportable Disease Fact Sheets**	
Annex A **Crisis and Emergency Risk Communication Plan**	Updated appendices Renamed as version 1.5
Annex B **Capital Area Coordination Center**	
Annex C **Point of Dispensing Plan**	
Annex D **Volunteer Management Plan**	
Annex E **Medical Surge Plan**	Updated appendices Renamed as version 2.0
Annex F **Isolation & Quarantine Plan**	NEW...Updated isolation and quarantine guidance Renamed as version 1.5
Annex G **Mass Fatality Management**	
Annex H **Pandemic Flu**	

Note: ***Major plan or section changes in the future will be identified with a new Version Number***

Contents

I. Introduction
- A. Purpose
- B. Local Authority
- C. Description of Capital Area
- D. Hazard Analysis and Vulnerability Assessment
- E. Transportation Assets

II. Situations and Assumptions
- A. Situations
- B. Assumptions

III. Operations Plan
- A. Roles and Responsibilities of Planning Team
- B. Command and Control
- C. Emergency Operations Centers

IV. Preparedness
- A. Organization
- B. Communication
- C. Risk Communication/Public Education
- D. Surveillance

V. Response
- A. Organization
- B. Communication
- C. Risk Communication/Public Education
- D. Surveillance
- E. Laboratory Diagnosis and Specimen Submission
- F. Mass Immunizations, Prophylaxis, and Pharmaceutical Dispensing
- G. Functional Needs and Fixed Populations
- H. Volunteerism
- I. Medical Surge Capacity
- J. Isolation and Quarantine
- K. Decontamination
- L. Security and Crowd Control
- M. Mass Care
- N. Mental Health Care
- O. Protection and Safety of Staff & First Responders
- P. Mass Fatality Management
- Q. Finance and Accounting

VI. Recovery Phase

VII. Plan Maintenance

Appendices:

Appendix A - Demographics
Appendix B – Emergency Notification Procedures and Call Tree
Appendix C – Functional Needs and Fixed Populations
Appendix D – Regional Resource Directory
Appendix E – Media Contacts
Appendix F – Glossary
Appendix G – Reportable Disease Fact Sheets

Annexes:

Annex A – Crisis and Emergency Risk Communication Plan
Annex B – Capital Area Coordination Center
Annex C – Point of Dispensing Plan
Annex D – Volunteer Management Plan
Annex E – Medical Surge Plan
Annex F - Isolation and Quarantine Plan
Annex G – Mass Fatality Management
Annex H – Pandemic Flu

Signatories

Allenstown _____

Barnstead _____

Boscawen _____

Bow _____

Bradford _____

Canterbury _____

Chichester _____

Deering _____

Dunbarton _____

Epsom _____

Henniker _____

Hillsborough _____

Loudon _____

Merrimack County_____

Northwood _____

Pembroke _____

Pittsfield _____

Warner _____

Washington _____

Weare _____

Webster _____

Windsor _____

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Community Health Institute
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Community Services Council of NH
Concord Area Transit
Concord Hospital
Concord Regional Visiting Nurses Association
Dartmouth Hitchcock - Concord
Fellowship Housing Opportunities
Granite Ledges
Granite State Independent Living
Greater Concord Chamber of Commerce
Havenwood Heritage Heights
HealthSouth Rehabilitation Hospital
Hillsboro House
John H. Whitaker Place
Lutheran Social Services
Merrimack County Attorney
Merrimack County Commissioners
Merrimack County Jail
Merrimack County Nursing Home
New England Life Care
NH Association of the Blind
NH Homeland Security and Emergency Management
NH Department of Health and Human Services
NH Hospital
NH Technical Institute
Northeast Deaf and Hard of Hearing Services, Inc
Pleasant View Center
Riverbend Community Mental Health
Robin Hill Farm
RSVP
Salvation Army – McKenna House
ServiceLink Resource Center of Merrimack County
Sight Services for Independent Living
St. Paul's School
The Birches
Town of Allenstown
Town of Barnstead
Town of Boscawen
Town of Bow
Town of Bradford
Town of Canterbury
Town of Chichester
Town of Deering
Town of Dunbarton
Town of Epsom
Town of Henniker
Town of Hillsborough
Town of Hopkinton
Town of Loudon
Town of Northwood
Town of Pembroke
Town of Pittsfield
Town of Warner
Town of Washington
Town of Weare
Town of Webster
Town of Windsor
Transitional Housing
United Way of Merrimack County

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I. Introduction

The Capital Area Public Health Network (CAPHN) is a collaborative of municipalities and health and human service agencies in the capital area. It encompasses the 23 municipalities in the Concord Hospital service area: Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, and Windsor. Through the CAPHN these municipalities have decided to develop a regional plan to address public health emergencies. No municipality has the resources to respond to a public health emergency alone, but by combining resources and with advance planning the region will be better prepared to respond.

This plan was adapted from the State of NH Public Health and Emergency Response Plan with additional guidance from the NH Point of Dispensing guide and Local Emergency Operations Plans. It is to be used as a supplement to each municipality's Local Emergency Operations Plan Health and Medical Section (ESF-8). This plan has been reviewed and accepted by members of the regional planning team, elected officials, the State of NH Department of Health and Human Services and the NH Department of Safety.

A. Purpose

A public health emergency is broadly defined as the occurrence of a sudden event that affects the public's health. A public health emergency can be caused by natural disasters, biological terrorism, chemical terrorism/accidents, radiological terrorism/accidents, or naturally occurring diseases.

The purpose of this plan is to provide the Capital Area with a structure to guide planning for a public health emergency. It will serve communities by providing a framework for establishing methods and procedures to be used by the local planning agencies to respond to public health emergencies. The towns that have come together to write this plan define a region.

This plan contains three phases under the operations section: preparedness, response, and recovery. The Capital Area recognizes that preparedness is an ongoing effort and describes a desired state of affairs as well as an area for continuous improvement. Communities will move to the response phase once a public health emergency has been identified, and then to the recovery phase after the immediate threat of further illness or injury has subsided.

B. Local Authority

Each city and town in the State has a local Health Officer and an Emergency Management Director. Their roles and responsibilities in the event of a public health emergency are as follows:

- Assist the State in distributing fact sheets and other educational information to the community
- Assist in logistical support
- Assist in mobilizing regional resources
- Collect local information regarding disease outbreaks (e.g., assist the NH Communicable Disease Control Section [CDCS] in locating contacts within a community and/or assist Homeland Security and Emergency Management [HSEM] by locating citizens that may be home-bound)
- Assist DHHS in public education efforts, as well as assisting in identifying potential audiences for public education
- Assist the local region to establish shelters
- Provide information to citizens regarding where local services (e.g., mental health counseling or local welfare) can be accessed
- Act as a liaison between the local and State and federal contacts, and serve as a conduit of information to the public
- Participate in after-action meetings to discuss the public health emergency response(s)
- Coordinate their roles locally with the Incident Commander of their community
- Follow up on collecting information and data that the State may need in its response efforts in the event of a public health emergency
- Assist in the closure of buildings for sanitary and public health purposes
- Work with the State Medical Examiner's office to establish temporary mortuaries
- Participate in the recovery process following an emergency (e.g., conduct sanitary inspections of water supplies, housing, septic systems, public bathing facilities, and, in some communities, food establishments)

C. Description of Capital Area

The Capital Area encompasses the 23 municipalities in the Concord Hospital service area: Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, and Windsor.

The Capital Area is located in central NH. Approximately 130,783 people reside in the 843 square mile jurisdiction (based on US Census data, 2000). During summer months the area population surges an additional 10,000 residents.

Concord Hospital is the primary health service provider for the communities. It is a regional medical center, with 295 licensed beds and 209 staffed beds. CH provides traditional acute-care services in 50 medical specialties and subspecialties.

See Appendix A for demographics of the region

D. Hazard Analysis and Vulnerability Assessment

A hazard analysis serves a vital role in public health emergency planning. It provides a guide to high-risk areas in the state that may be targets to Bioterrorism, Chemical attacks, or densely populated areas where an event could cause mass casualties/fatalities.
Each municipality in the Capital Area has completed or is in the process of completing a detailed Hazard Mitigation Plan that identifies all potential hazards in the area. Concord Hospital has also conducted a hazard vulnerability assessment.

The following is a compilation of hazards and areas of vulnerability for the region.

Identified Hazards in the Capital Area

Natural Hazards	**Human Caused Attacks**
Flooding	Armed Attack
Dam Failure	Biological Terrorism
Drought	Civil Disorder
Earthquake	Haz Mat
Extreme Heat	Mass Casualty
Flood	Radiological Release
Hurricane	Terrorist Attack
Lightning	Transport Incident
Severe Wind	Urban Fire
Wild Fire/Conflagration	Utility Interruption
Snow/Ice	

Identified Areas of Vulnerability in the Capital Area

NH International Speedway	State House
Concord Airport	Capitol Center for the Arts
Hopkinton Fairgrounds	New England College
Concord Hospital	NH Technical Institute
NH Hospital	St Paul's School
National Guard	Franklin Pierce Law School

See local Hazard Mitigation Plans for additional hazards and areas of vulnerability.

E. Transportation Assets in Capital Area

Mass transportation is a vital component to public health emergencies. Transportation needs to be capable of transporting mass dispensing clinic clients, patients, casualties, or fatalities.

See Appendix D for a listing of transportation resources.

See local hazard mitigation plans for major transportation infrastructure.

II. SITUATIONS AND ASSUMPTIONS

A. Situations

Public health emergencies put the citizens of New Hampshire at risk. Public health emergencies can be caused by natural disasters, biological terrorism, chemical terrorism, or naturally occurring communicable disease outbreaks. The goal of the Capital Area in a public health emergency is to minimize the impact of adverse events on our population.

Examples of Public Health Emergencies

- Pandemic Influenza
- Smallpox Outbreak
- Natural Disasters with a Public Health Impact
- Massive Food borne Outbreak
- Biological Terrorism Attack
- A Release of Chemicals that Affects a Sizeable Population

B. Assumptions

1. The municipalities in the Capital Area are responsible for the protection of the health and welfare of the citizens within its jurisdiction.
2. The Capital Area is vulnerable to a naturally occurring infectious disease emergency 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 of our town 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, scope, and nature of the incident.
7. A public health emergency is a multi-jurisdictional and multi-disciplinary event that will require broad interagency planning and response approaches as well as cooperative partnerships between the federal, state, and local governments as well as Non-governmental Organizations (NGOs).
8. The municipalities in the Capital Area are developing a formal Memorandum of Understanding (MOU) for planning with the following neighboring communities: Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton,

Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, and Windsor.

9. Upon recognizing the deliberate release of a biologic agent, the event becomes a criminal investigation under the jurisdiction of the FBI.
10. Public health services and routine community activities may be reduced or temporarily discontinued.
11. Hospital capacity is limited.
12. This plan may be activated by events occurring in other jurisdictions.

III. OPERATIONS PLANS

A. Roles and Responsibilities of the All Hazards Planning Team

1. During the **preparedness phase**, the team shall:

   - Develop strong community partnerships that will enable public health emergency planning to integrate with the State Emergency Operations Plan (EOP).
   - Ensure that an emergency public health risk communication plan is in place.
   - Have access to call-down lists of public health support and volunteers in case of an emergency.
   - Establish and maintain standard operating procedures (SOPs) and policies related to **all** aspects of public health emergency response including notification and call-down procedures, safe handling of specimens, chain of custody, chain of command, as well as a detention plan for isolation/quarantine of person(s), etc.
   - Maintain Internet service to connect to the State Health Alert Network (HAN).
   - Ensure more than one mode of communication is available to transmit and receive emergency information.
   - Identify special needs populations.
   - Ensure opportunities for staff training, volunteer training, and other forms of workforce development that will ensure a qualified workforce.
   - Provide safety equipment needed to protect personnel at appropriate response levels. (e.g. Incident Command System [ICS] training, Personal Protective Equipment [PPE] training, drills and exercises, etc.).

2. During the **response / emergency phase,** the team shall work with the DHHS Incident Command Center (ICC) to:

   - Ensure a system for the rapid distribution of risk communication materials during a public health emergency.

- Activate risk communication plan(s). Provide information on the nature of the emergency and protective action messages across various media for the public to implement and follow.
- Mobilize necessary local staff and volunteers to respond to public health emergencies.
- 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 mental health, social services, and other necessary services for populations affected by a crisis.
- Protect health and ensure safety of Capital Area residents and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being followed.
- Protect the health and safety of residents and volunteers by enforcing laws and regulations such as quarantine and/or isolation.

3. During the **recovery phase**, the team shall work in consultation with DHHS, as needed, to:
    1. Continue with response phase activities, as required.
    2. Correct deficiencies in emergency response operations as may be determined during the recovery phase.
    3. Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.
    4. Assist staff, as needed, with completing required documentation of expenditures for state and federal reimbursement purposes, as applicable.
4. During the **Evaluation and Maintenance** phase, the team shall:
    - Participate in drills, exercises and other methods of plan evaluation with emergency planning partners.
    - Modify this plan to improve the effectiveness of the local response.
    - Provide or arrange for staff training necessary for skills development enhancement as indicated by after action reports resulting from drills and/or exercises.

5. **Chain of Command**

    In order to ensure continuity in the operation of a public health-related emergency response in the Capital Area will follow the National Incident Management System.

See Appendix B for an emergency contact list for municipalities and agencies.

B. **Command and Control**

In the event of a public health emergency, the Incident Command System/Unified Command System (ICS/UCS) will be utilized.

- In each town in the Capital Area the designated Incident Commander shall exercise executive authority over all emergency operations in accordance with the missions and assignments specified in this plan.
- The public health official who may play the role as Incident Commander or as a member of the Unified Command System is designated in each municipality's Emergency Operations Plan.
- A covert attack, without an incident or scene 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. This plan shall identify who will authorize the decision to initiate and further implement response plans.

There are various levels of possible public health emergency triggers that would require a local EOC to open, as well as the corresponding EOC activation levels. These would include incidents (hepatitis), threats (EEE), or emergency (pandemic). See local EOPs and disease annexes for specific staffing levels.

In the event of a public health incident or emergencies requiring a coordinated response the Capital Area Coordination Center (CACC) will be opened to coordinate the sharing of resources across the region.

The number of individuals required to staff the CACC (approximately 2 to 5 individuals) will be emergency-specific, but should always consider an appropriate and manageable span of control, as described in the National Incident Management System (NIMS). The number of shifts per day and the duration of the CACC activation will be determined by the incident.

Each municipality in the region will be asked to designate at least two people who could staff the CACC. These representatives should have experience with NIMS/ICS and should be able to fulfill the requirements listed on the job action sheets.

See Annex B for the Capital Area Coordination Center Plan

CAPHN Preparedness Checklists

1. **Planning**:
   To be performed annually

Action	Completed
Convene the planning team to develop/update the All Health Hazards Plan and Annexes.	
Review and Update the following:	
○ Public Health Emergency Planning Team members' contact information	
○ Call Tree (Appendix B)	
○ Special Populations Contacts (Appendix C)	
○ Resource Directory (Appendix D)	
○ Media Contact List (Appendix E)	
○ Risk Communication Plan (Annex A)	
○ CACC Plan (Annex B)	
○ POD Plan (Annex C)	
○ Volunteer Plan (Annex D)	
○ Medical Surge Plan (Annex E)	
○ Quarantine Center Plan (Annex F)	
○ Mass Fatality Plan (Annex G)	
○ Disease Specific Plans (Annexes H-Z)	
Assess training needs	
Conduct exercises	

2. Pre-Event Preparedness

To be performed when there is an immediate threat of a public health emergency

Action	Completed
1. Activate the CACC Activation Team to monitor the threat and need for response. (Annex B)	
o Determine level of activation of the CACC	
o Determine mission and objectives of the operation	
o Develop and disseminate initial message to regional partners	
o Determine appropriate staffing levels of CACC	
o Activate the call tree for CACC staff to fill positions	
2. Review call trees for accuracy and completeness (Appendix B)	
3. Activate Regional Public Information Officer to liaise with state agencies to obtain timely and updated information on the threat. (Annex A)	
o Establish regular communications with local Public Information Officers to update information on threat and local/regional response.	
o Issue information to public on:	
o Nature of incident	
o Prevention measures	
o State/local response	
o Individual/Family Preparedness	
o Planning for continuity of operations	
o Contact special populations agencies with information	
4. Send email to volunteers to begin preparation for possible activation. (Appendix B)	
5. At the request of DHHS assist with enhanced surveillance	
6. Review facilities that may be needed in response phase: (i.e.; POD, QC, NEHC, ACC)	
o Contact facility to determine availability	
o Review facility setup requirements	
o If facility is not available, identify suitable alternative	
7. Conduct inventory of supplies	

C. Emergency Operations Centers (EOC) in the Capital Area

	Location	Address	Phone #
Allenstown	Fire Station	1 Ferry St	485-9202
Barnstead	Barnstead Town Hall	108 S. Barnstead Rd	269-4071
Boscawen	Town Office Facility	116 N Main St	753-9188
Bow	Bow Police Station	12 Robinson Rd	228-0511
Bradford	Fire Department	2927 State Route 114	938-2233
Canterbury	Fire Station	26 Baptist Rd	783-4798
Chichester	Chichester Town Hall	54 Main St	798-5350
Concord	Fire Administration	24 Horseshoe Pond Lane	225-8650
Deering	Donovan Fire Station	890 Deering Center Rd	5219-4303
Dunbarton	Dunbarton Fire Department	18 Robert Rogers Rd	774-3542
Epsom	Epsom Fire Dept	1714 Dover Rd	736-9291
Henniker	Henniker Fire Station	Maple St	428-7552
Hillsborough	Hillsborough Police Station	Dump Rd	464-5512
Hopkinton	Contoocook Fire Station	9 Pine St	746-3181
Loudon	Loudon Fire Station	8 Cooper St	798-5612
Northwood	Ridge Fire Station	499 1st NH Tpke	942-9003
Pembroke	Pembroke Safety Building	247 Pembroke St	485-2217
Pittsfield	Pittsfield Fire Department	37 Catamount Rd	435-6807
Warner	Fire Station	27 E Main St	456-2122
Washington	Fire Station	Lempster Mtn Rd	495-3133
Weare	Weare Safety Center	144 N Stark Highway	529-2352
Webster	Safety Building	851 Battle St	648-2200
Windsor	Windsor Town Hall	14 White Pond Rd	478-3292

IV. Preparedness Phase

A. Organization

During the preparedness phase of any all hazards event, the Capital Area Coordination Center (CACC) Activation Team will serve as the convening and decision making authority on behalf of any regional response. The CACC will serve as the primary liaison between the municipalities and the state regarding the unfolding public health event. The Activation team and CACC have responsibility for:

- Determining the phase of response – preparedness, response or recovery.

- Assure timely communication of the evolving public health event and coordinated messages for town officials and residents impacted communities regarding preparedness and prevention measures.
- Designation of the regional PIO
- Recommendation on establishing town EOC or CACC operations.

B. Communication

In the event of a public health emergency in the Capital Area, NHDHHS will contact the Capital Area Public Health Network Coordinator or alternate to initiate regional communication. NHDHHS and/or HSEM are likely to also contact local Health Officers and Emergency Management Directors in the affected municipalities to provide specific information or to request assistance.

The CAPHN will maintain a contact list that is updated quarterly that includes phone, cell phone, and pager numbers. Communication plans, notification, and alert procedures may be described in the local EOP.

Emergency responders within the region rely on several modes of communication as identified below. In most cases these responders will utilize radios and cell phones but redundant modes of communication are available as needed.

Emergency Responder Communications:
Digital/Analog Radios
Telephones (landlines and cellular)
Pagers
Internet and email
Local Dispatch
Mutual Aid Agencies
Mobile Command Vehicles
Health Alert Network
Ham Radio Operators

See Appendix B for Emergency Notification Procedures and Call Tree

C. Risk Communication and Public Education

The purpose of public education and risk communication is to ensure a timely, accurate and continual flow of information to the public and the media about a public health emergency. When a crisis occurs in New Hampshire that is health related, the DHHS Public Information Office (PIO) will be notified by the Division of Public Health Services (DPHS). When notification occurs, the PIO will prepare press releases, set up press conferences, provide fact sheets, prepare information for the DHHS website, answer media calls and arrange interviews, write and design materials such as posters and brochures as appropriate. The PIO will also arrange tapings, broadcasts, town meetings, and radio and television broadcasts proactively as needed and possible.

The PIO will also be a resource for health officers, town officials, hospital PIOs, and other local officials as needed. Every attempt will be made to reach the entire population. Alternate delivery formats (i.e.: closed captioning, translation services) will be used to ensure that special populations are reached.

In addition, the following information dissemination vehicles will be used as needed to reach the population:

- Neighbor to neighbor (door-to-door)
- Reverse 911-City of Concord only as of this draft
- Local media – Radio, Television, Newspapers
- Schools- notes to parents with school age children
- Church Announcements
- Healthcare Providers
- Public notice located in all town buildings, libraries, shelters, senior centers, public housing with dates and times of notices. All come from PIO.
- Special Population Contacts to deliver appropriate messages.
- Internet-send PIO approved alert via local Internet providers (Comcast, TDS) for local customers.
- US Mail
- Websites-post PIO approved message on all agency and municipal websites
- Set-up hotline
- Business signs in towns to display message
- Municipal owned lighted signs

The **State of New Hampshire** is primarily responsible for communications with the news media to address matters of public health concern and response activities during a public health emergency. Thus, it is generally expected that regional representatives will have a limited role with the media during this phase, but will be more prominent in dealing with the area public, agencies and organizations during the planning and preparation phases. It is the goal of the Capital Area to improve the public's understanding and level of personal and organizational preparation for potential public health emergencies such as a pandemic through ongoing public education and risk communication efforts.

See Annex A for Crisis and Emergency Risk Communication Plan

D. Surveillance

Successful surveillance will facilitate the detection, evaluation, and design of effective responses to public health emergencies. Surveillance in the Capital Area is primarily a passive reporting system in which health care providers, hospitals, schools, and other entities report confirmed or suspect cases and/or clusters to the State CDCS, according to RSA141-C:7 *Reporting of Communicable Disease*. Routinely and in emergency situations, CDCS reports cases or clusters of cases with public health impact to the local health officer.

CAPHN Response Checklist

Response

To be performed when the region is experiencing a public health emergency.

Action	Completed
1. Activate the CACC Activation Team to: (Annex B) o Determine level of activation of the CACC o Determine mission and objectives of the operation o Develop and disseminate initial message to regional partners o Determine appropriate staffing levels of CACC o Activate the call tree for CACC staff to fill positions	
2. Activate the CACC (Capital Area Coordination Center) o Transfer coordinating responsibility from the Activation Team to the CACC Incident Commander. o Establish communications with State EOC and LEOCs o Coordinate resource requests between towns, sites and agencies o Assure timely communication and coordinated messages of the public health event o Document all actions	
3. Activate Risk Communication Plan – response phase (Annex A)	
o Issue information to public on: o Nature of incident o Prevention measures o State/regional/local response o How to care for sick individuals at home o How to obtain needed information/ support services/supplies o Continuity of operations	
o Issue information to responders on: o Nature of incident o Prevention measures o State/regional/local response o Media Procedures o Assistance Needed	
4. At direction of DHHS or CACC: o Assist DHHS with enhanced surveillance o Establish 1 or more PODS (Point of Dispensing Sites) (Annex C) o Establish NEHC (Neighborhood Emergency Help Center) (Annex E) o Establish ACC (Acute Care Center) (Annex E) o Establish QC (Quarantine Center) (Annex F) o Establish social support networks for isolated/quarantined individuals o Activate Mass Fatality Plan (Annex G)	

Should a public health emergency occur, this surveillance will be crucial in monitoring the extent of the emergency.

NH Communicable Disease Control and Surveillance Contact Info		
Main Number	603 271-4496	8-4:30 M-F
Toll Free Number	800 852-3345 x4496	8-4:30 M-F
TDD Number	800 735-2964	8-4:30 M-F
Fax Number	603 271-0545	8-4:30 M-F
Disease Control Surveillance	603 271-0279	8-4:30 M-F
Disease Control Surveillance Toll Free	800 852-3345 x0279	8-4:30 M-F
Disease Reports Emergency	603 271-5300	24 Hours
Disease Reports Emergency Toll Free	800 852-3345 x5300	24 Hours
Disease Reports Toll Free	888 836-4971	24 Hours
West Nile Virus Info Line	866 273-6453	8-4:30 M-F

Response/Emergency Phase

A. Organization

The Capital Area Coordination Center (CACC) Activation Team will serve as the convening and decision making authority on behalf of any regional response. The CACC will serve as the primary liaison between the municipalities and the state regarding the unfolding public health event. The Activation team will meet to determine the following:

- Level of activation of the CACC
- Mission and objectives of the operation
- Initial message to regional partners
- Appropriate staffing levels of CACC
- Activate the call tree for CACC staff to fill positions

The CACC has the responsibility to:

- Coordinate local and regional resources during a large-scale public health emergency
- Assure timely communication of the evolving public health event and coordinated messages for town officials and residents impacted communities regarding preparedness and prevention measures.
- Designation of the regional PIO

B. Communication

In the event of a public health emergency in the Capital Area, NHDHHS will contact the Capital Area Public Health Network Coordinator or alternate to initiate regional communication. NHDHHS and/or HSEM are likely to also contact local Health Officers

and Emergency Management Directors in the affected municipalities to provide specific information or to request assistance.

The Coordinator will be responsible for initiating further distribution of information to planning and response partners. Depending upon the urgency of the situation, the Capital Area Public Health Network Coordinator will either activate the call tree or send an email to all planning and response partners indicating the nature of the event and when they can expect more information.

The CAPHN will maintain a contact list that is updated quarterly that includes phone, cell phone, and pager numbers.

See Appendix B for Emergency Notification Procedures and Call Tree

C. **Risk Communication / Public Education**

The Capital Area will establish guidelines for analysis, preparation and dissemination of timely and factual information and instructions to the public by responsible officials. Citizens will require and respond to timely and factual information and instructions during all phases of an emergency situation. Detailed and factual information and instructions that are well presented can reduce the incident of panic among the threatened population.

Because of the complexities in the different types of disasters, most emergency information and instructions to the public must be prepared and released at the time of occurrence. To avoid confusing and misleading statements, Concord Hospital Public Affairs department will provide a regional Public Information Officer (PIO) to be an integral part of ICS. In addition, each municipality will identify and train a PIO for their jurisdiction.

The Emergency Public Information Organization shall consist of the designated Public Health Officials and the Regional PIO, with input from all emergency response services.

The Regional PIO will:

1. Gather and analyze all public information and instructions
2. Prepare news releases for elected officials, local PIO and public.
3. Arrange regular briefings for the CACC, local EOCs, local PIOs and healthcare representatives.
4. Establish an emergency media center, if necessary
5. Coordinate media visits and interviews with media liaisons at each site
6. Establish a rumor control system

All local emergency management directors, department heads, local PIO and emergency responders shall refer all media questions to the Regional PIO. The Regional PIO should refer additional requests for information by the news media the DHHS PIO or the state EOC.

A media liaison will be identified for each site opened (i.e.: ACC, Mass Care Shelter, NEHC, POD, etc.).

The major responsibilities for each site media liaison will be to:

- Provide the news media with consistent, timely and accurate information about site activities and current immunization or other clinical statistics;
- Review the purpose of the site, its location, hours and schedule;
- Emphasize the local communities who have access to the particular site;
- Stress the importance of the site and its services to the containment effort;
- Distribute any fact sheets or media kits developed by CAPHN or DHHS;
- Refer news media to the appropriate DHHS contact for other pandemic information not associated with site responsibilities;
- Coordinate site news media activity with CACC for coordination with DHHS PIO, as necessary.

It will be important for the site media liaison to be disciplined by only discussing matters related to the local activities at the particular site. Regardless of the number of sites that are established within the CAPHN region, each media liaison will only disseminate information to the news media pertaining to that site.

Checklist of Releasable Site Information

- Site Location
- Hours of Operation
- Site Service Area, as applicable
- Who should report to the site
- What to expect if reporting to the site
- Items to bring to the site
- Transportation Alternatives, if available
- Basic Medical Information about the event (to be provided)
    - Nature of hazard or event
    - Early signs and symptoms, including incubation period
    - Mode of transmission
    - Affected communities
    - Type(s) of services or treatments provided at the site
- Emergency Phone Numbers
- Number of persons registered at the site to date (no specific patient data)

See Annex A for Crisis and Emergency Risk Communication Plan

D. Surveillance

Throughout the response to a public health emergency, surveillance will continue to play an important role. DHHS may request that entities in the Capital Area increase surveillance from the normally passive system to a more enhanced reporting of probable, suspect and confirmed cases and/or clusters of illness. There may eventually be a time in the response phase where such surveillance will no longer be useful, and therefore may cease. The local Health Officer should maintain communication with DHHS for consultation on the appropriate level of surveillance.

E. 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 NH Public Health Laboratory (PHL) to make definitive identification. The PHL may send to another lab in the Laboratory Response Network or to the CDC in Atlanta, GA.

When a bioterrorism event is suspected, the PHL accepts samples from the FBI or State Police ONLY. Samples are collected and screened under HazMat Team direction and are delivered under chain of custody conditions. Samples are logged in and signed over to the analyst. This procedure ensures chain of custody is preserved throughout.

F. Mass Immunization, Prophylaxis and Pharmaceutical Dispensing

The Capital Area Public Health Network is planning for the immunization or prophylaxis of the entire population in the region. This plan will serve a guide for a regional response to a local or regional event in the Capital Area. The plan is flexible to adjust to the scope of the event. POD response time and target numbers are specific to the particular event. These variables will dictate how many POD sites will be activated. This plan prepares for the worst-case scenario by identifying five POD sites located throughout the region to be used in large-scale emergencies. In order to balance clinic load, reduce congestion, and maximize facility operations, residents have been assigned to a specific POD by municipality.

See Annex C for Point of Dispensing Plan

NH Technical Institute	Hopkinton High School	Bow High School	Coe Brown Academy	Weare Middle School
Concord	Hopkinton	Bow	Northwood	Henniker
Canterbury	Webster	Allenstown	Barnstead	Weare
Boscawen	Warner	Pembroke	Pittsfield	Hillsborough
Loudon	Bradford		Epsom	Washington
	Dunbarton		Chichester	Windsor
				Deering
54,140	14,660	20,580	15,600	22,175

In addition, every municipality in the region has identified a site where a smaller POD could be activated. In the event of an isolated public health emergency affecting only one municipality, a site will be opened in the municipality affected.

G. Functional Needs and Fixed Populations

During a public health emergency, certain segments of the population may require functional needs or services. The Capital Area has identified special populations currently within the region's area of responsibility and resources to identify the functional needs of each population/institution and the specific types of assistance they would need in a public health emergency.

The Capital Area acknowledges that not all of these individuals are connected to a provider/resource, and is aware of the crucial role that the faith community can play in connecting with special populations. The region strives to make certain that all special populations have a plan. The Capital Area Public Health Network will continue to collaborate with leaders of the faith communities and service providers to work in partnership to address the needs of all citizens of our region before, during and after an event.

See Appendix C for Special Populations resources and recommendations.

H. Volunteerism

Volunteers play a critical role at the local level during the response and recovery phases of a public health emergency. The State is developing an Emergency System for the Advance Registration of Volunteer Healthcare Professionals (ESAR-VHP), which is intended to provide pre-credentialed healthcare volunteers from a variety of professions for intra-state and inter-state public health emergencies. The Capital Area Public Health Network is developing a regional pool of volunteers that can be activated in a local or regional public health event. The CAPHN is also working with area volunteer organizations to utilize their volunteers in a public health event.

Volunteers will be identified in advance to ensure they are given appropriate training and screening. Each pre-approved volunteer will be trained on the basics of emergency

response, clinic operations, and the Incident Command System. Volunteers will receive additional on-site job-specific training as needed.

See Annex D for the Volunteer Management Plan and the Volunteer Handbook

I. Medical Surge Capacity

Medical Surge Capacity is the ability of an affected community or region to provide medical care in emergencies that overwhelm the normal medical infrastructure (number or type of patients or loss of infrastructure)

The Capital Area has identified a location that could establish an Acute Care Center (ACC) to provide medical care to 136 people. The ACC would provide supportive care to patients that would normally require admission to an acute care hospital.

Primary Site: Former Merrimack Nursing Home
Daniel Webster Highway, Boscawen
Tel: 796-3210

Alternate Site: Edna McKenna Jail – Merrimack County
Daniel Webster Highway, Boscawen

The Capital Area also has the capacity to establish a Neighborhood Emergency Help Center (NEHC). The NEHC provides basic medical evaluation and triage for people seeking aid, including self-help information and instruction. It will direct casualties and 'worried well' away from emergency departments, allowing the hospital to remain open.

Primary Site: NH Technical Institute – Concord campus
31 College Drive Concord NH
Tel: 224-3287

Alternate Site:

See Annex E for Medical Surge Plan

J. Isolation and Quarantine

The New Hampshire Department of Health and Human Services' (DHHS) has primary responsibility for identifying, investigating, and testing for communicable diseases posing a threat to the citizens of the state. NH DHHS is responsible for coordinating medical, municipal, and other services as necessary to control, and, when possible, eradicate communicable diseases when they occur. Isolation, Quarantine and Community Based Containment Measures are three strategies employed by DHHS to control communicable diseases.

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 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 to prevent transmission of the disease to the general public.

Community Based Containment Measures are designed to reduce the risk of disease transmission by limiting potential for social interactions (ie: canceling public events, implementing community 'snow days').

The Capital Area will work with NH DHHS to assist in the following ways:

- Providing care and necessities to individuals in their homes through community volunteers and health and human service agencies.
- Educating residents in advance on how to prepare for an extended in-home isolation or quarantine by stockpiling food and preparing for periods without utilities and other services.
- Establish a Quarantine Center to provide food and shelter for 20 individuals requiring quarantine but don't have the resources to stay at home.

  Primary Site: Philbrook Center (NH Hospital Campus)
  36 Clinton St Concord NH
  Tel: 271-5300

During widespread Isolation and Quarantine (more than 10 per municipality)

Individuals will be encouraged to follow the steps outlined below:

1. Individuals should first contact friends, family, and neighbors for assistance.
2. If still in need of assistance, individuals should contact their town Welfare office. The town welfare department will work with local resources (i.e.: food pantries, churches, local business) to fulfill requests.
3. If towns have exhausted all of their resources, they should contact the CACC (Capital Area Coordination Center) to coordinate regional and state resources (i.e.: American Red Cross, Salvation Army, Southern Baptist, etc)

See Annex F for Isolation & Quarantine Plan

K. Patient Decontamination

In the event of a public health emergency, it may be necessary to perform patient decontamination. Plans written by local fire departments and Concord Hospital will dictate when and how to conduct patient decontamination. The Central NH Hazardous

Materials Response Team will also be used as a resource for decontamination. They can be reached at 225-8988 during regular business hours or through 911 after hours.

L. Security and Crowd Control

In an event involving bio-terrorism or a naturally occurring large-scale infectious disease, the level of threat perceived by the public, whether real or imagined, may be extreme. In these circumstances, local public health officials should be prepared for a high level of demand for vaccine/medication. Security must be provided throughout the length of the emergency, including when the site is not operational (i.e. during the night when restocking is occurring).

Based on lessons learned through NH DHHS sponsored public clinics, the region is planning for security, traffic control and crowd management for even moderately challenging public health clinic situations that are not a declared emergency. In extreme cases, the region may find it necessary to request the assistance of surrounding municipalities, the county sheriff, state troopers and if it becomes necessary, the Governor may order the National Guard to assist in traffic and/or crowd control. The ability of law enforcement and the military to supply security for a public health response may be limited by the demands of their duties as defined by emergency response plans.

The local Police department where the incident is occurring will have authority over the security of the event and will draw support from surrounding towns. If the event becomes regional, the unified command under the regional CACC will be activated.

Refer to ESF 15 in Local Emergency Operations plans for specific security procedures.

M. Mass Care (Sheltering)

Mass care deals with the actions that are taken to protect evacuees and other victims from the effects of any emergency. These actions include providing temporary shelter, food, clothing, and other non-medical needs to those displaced from their homes due to an emergency or threat of an emergency. The Local Emergency Management Directors have the authority to open shelters at the local level. The Red Cross will be consulted for assistance when activating a mass care shelter.

Mass Care Sheltering Sites in the Capital Area

	Site	Address	Phone #
Allenstown	Armand Dupont School	10 ½ School St	485-4474
Barnstead	Barnstead Town Hall	108 S. Barnstead Rd	269-4071
Boscawen	Boscawen Fire Station Boscawen Town Hall	15 High St 14 High St	796-2414 796-2415
Bow	Bow Community Center	2 Knox Rd	228-4320
Bradford	Bradford Elementary School	Old Warner Rd	938-5959

Canterbury	Canterbury Elementary Fire Station	15 Baptist Rd 26 Baptist Rd	783-9944 783-4798
Chichester	Chichester Central School	219 Main St	798-5651
Concord	Rundlett Jr. High School	144 Conant Dr	225-0862
Deering	Deering Town Hall	762 Deering Center Rd	464-3248
Dunbarton	Dunbarton Elementary School	20 Robert Rogers Rd	774-3181
Epsom	Epsom Central School	282 Blackhall Rd	736-9331
Henniker	New England College Henniker Community School	24 Bridge St 15 Western Ave	428-2323 428-3476
Hillsborough	Hillsboro-Deering Middle School	6 Hillcat Drive	464-1120
Hopkinton	Hopkinton High School	297 Park Ave	746-4167
Loudon	Loudon Fire Station	8 Cooper St	798-5612
Northwood	Northwood Town Hall Northwood School	818 1st NH Tpke 511 1st NH Tpke	942-5586 942-5488
Pembroke	Pembroke Academy	209 Academy Rd	485-7881/485-5187
Pittsfield	Pittsfield Middle High School	23 Oneida St	435-6807
Warner	Town Hall	5 E Main St	456-2298
Washington	Camp Morgan Lodge	339 Millen Pond Rd	495-0336
Weare	Weare Town Hall Weare Middle School	16 N Stark Highway 16 East Road	529-2100 529-7555
Webster	Town Hall	945 Battle St	648-2272
Windsor	Windsor Town Hall	14 White Pond Rd	478-3292

N. Mental Health Care

Riverbend Community Mental Health, Inc. (Riverbend) is the lead agency for disaster behavioral health response needs in Merrimack County and the state capitol region of Concord NH and surrounding communities. Riverbend will respond to requests for assistance from the Capital Area Public Health Network and other Regional Public Health Networks responsible for covering those towns and cities within Riverbend's established service area. Furthermore Riverbend will coordinate disaster response with the responsible regional CMHC in cases where those are cities and towns in the Public Health Network but are outside of Riverbend's service area.

RCMH's Emergency Services (ES) personnel are available 24 hours per day, seven days per week and 365 days per year. Requests for disaster behavioral health assistance will be directed to call (603) 226-0817 or 1-800-852-3323. ES personnel will respond with available resources. Riverbend ES staffs, including the Director of Acute Care Services and the ES lead clinician, are active members of the Granite State Critical Incident

Debriefing Team (GSCID) and the State of NH Disaster Behavioral Health Response Team (DBHRT).

ES personnel will serve as the disaster reconnaissance for the agency administration, and will collect information as to the scope, general impact, special population impact, needs, and operational issues within the affected communities, other agencies and outside resources, and within Riverbend departments.

In the event that the ES staff response capacity during the disaster is outstripped by demand, then Riverbend's ES staff will contact the following as needed:

1. The Chief Executive Officer or the Agency Administrator on call. The Chief Executive Officer/designee assumes overall responsibility for authorizing the deployment of all agency resources. When warranted the CEO may activate mutual aid agreements allowing other CMHC's to provide and receive disaster assistance.

2. The Medical Director or the Agency psychiatrist on call. The Medical Director/designee assumes overall responsibility for the inventory and mustering and deployment of medical staff resources.

3. The Director of Acute Care Services or the ACS admin on call. The Acute Care Services Director/designee assumes responsibility to coordinate and liaison with other agencies, entities of CRHC, and to muster primary response personnel and activate additional disaster resources, such as DBHRT or Granite State CISD, after consultation with the CEO and Medical Director. When warranted during a disaster the Director of Acute Care Services will assume responsibility for activating these resources.

O. Protection and Safety of Public Health Staff and Other First Responders

There are many emergencies in which first responders will be required to perform disease control and containment activities. Healthcare workers will simultaneously need to perform direct patient care to ill patients. Because the two functions will likely experience overlap, all first responders will be trained in precaution methods to limit the likelihood of exposure. First responders' training and equipment will be provided by their home agency (i.e., fire fighters by the local Fire Department) or through regional trainings by CAPHN. All volunteers will be trained in advance by the CAPHN. In addition all first responders and volunteers working during a public health event will be given priority status for medications/vaccinations for themselves and their household members when warranted.

P. 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 Capital

Area has ensured the establishment of the location of temporary/expanded morgue facilities to provide a rapid processing of remains by making arrangements to obtain a refrigerated trailer unit from a vendor.

See Annex H for Mass Fatality Management Plan

See Appendix L for a listing of Funeral Homes

Q. **Finance and Accounting**

Finance and accounting is a multi-level action with tracking of expenses performed at the state level and performed at the local level. Without careful accounting and recording of justified costs and expenses, reimbursement is often difficult. The tracking of these expenses should begin at the outset of a public health emergency.

Refer to Local Emergency Operations plans for tracking forms.

VI. Recovery Phase

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

VII. Plan Maintenance

The development of a written public health emergency response plan is only the first step in the overall planning process. This plan is a living document that grows to meet the needs of the community and can be adapted to meet the changing needs of the community. Successful plan maintenance will be achieved through regular review, updating, training, drills, and exercises.

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

- American Red Cross - Concord Chapter
- Capital Region Family Health Center
- Community Action Program Belknap-Merrimack Counties, Inc.
-
- Community Provider Network of Central NH
- Community Services Council of NH
- Concord Hospital
- Concord Regional Visiting Nurses Association

- Dartmouth Hitchcock - Concord
- NH Bureau of Emergency Management
- NH Department of Public Health
- NH Hospital
- Riverbend Community Mental Health
- United Way of Merrimack County

Updating of this plan will be preceded by an appraisal of its contents and/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 critique and an after action report. If necessary, the Public Health Network Coordinator will conduct meetings, working groups, or workshops to complete the review and revision of this plan.

Those items subject to change shall be reviewed annually for possible updating. They include but are not limited to:

- Community and Facility notification and alerting lists
- Contact numbers for response personnel/organizations
- Inventories of critical equipment, supplies, and other resources
- Memoranda of Understanding (MOU)
- Applicable laws and statutes.

APPENDIX A Demographics

Capital Area	Allenstown Pembroke	Barnstead	Boscawen Penacook Webster	Bow	Bradford	Canterbury	Chichester Epsom	Concord	Deering Hillsboro Windsor
	03275	03218	03303	03304	03221	03224	03234	03301	03244
Total Population	11764	4331	14197	7138	1806	1976	6233	40687	6766
Population by Gender									
Male	5772	2201	6857	3560	894	954	3046	20149	3365
Female	5992	2130	7310	3578	912	1022	3187	20538	3401
Population by Age Group									
Under age 5	770	269	927	449	87	108	377	2373	398
Age 5 to 19	2695	958	3079	2026	402	413	1300	7959	1542
Age 20 to 34	2154	674	2889	673	269	219	1014	8596	1122
Age 35 to 54	3994	1503	4560	2755	631	807	2157	13052	2267
Age 55 to 64	956	452	1127	632	176	227	600	3143	620
Age 65 and over	1195	475	1615	603	241	205	785	5564	817
Number of Households	4571	1680	5414	2304	700	747	2306	16281	2607
Average Household size	2.57	2.57	2.54	3.1	2.53	2.64	2.65	2.3	2.53
Institutionalized Population	19	0	424	0	0	0	125	2819	78
Non-institutionalized Population	16	7	13	0	34	3	0	448	98

Capital Area	Henniker	Hopkinton	Loudon	Northwood	Pittsfield	Warner	Washington	Weare	Total
	03242	03229	03307	03261	03263	03278	03280	03281	
Total Population	4441	5399	4462	3685	3950	3005	847	7804	130717
Population by Gender									
Male	2257	2613	2219	1846	1906	1494	434	3921	64614
Female	2184	2786	2243	1839	2044	1511	413	3883	66073
Population by Age Group									
Under age 5	219	281	320	224	269	155	41	617	8065
Age 5 to 19	1149	1245	1037	868	945	677	159	2076	28994
Age 20 to 34	965	580	713	623	744	440	101	1326	23435
Age 35 to 54	1481	1980	1660	1306	1261	1078	264	2997	44645
Age 55 to 64	275	593	361	329	319	298	132	418	10856
Age 65 and over	352	720	371	335	412	357	150	370	14725
Number of Households	1587	2084	1603	1368	1506	1139	350	2627	49688
Average household size	2.53	2.59	2.78	2.69	2.62	2.53	2.42	2.97	2.54
Institutionalized Population	0	0	0	0	0	61	0	0	3526
Non-institutionalized Population	430	0	2	3	6	66	0	1	1127

APPENDIX B Emergency Notification Procedure and Call Tree

Notification from State: In the event of a public health emergency in the Capital Area, DHHS will contact the CAPHN Coordinator or alternate.

Notification:

1. The CAPHN coordinator will send an email to all network partners with the following information:
   a. Nature of the event
   b. Nature of the response
   c. Need for assistance
2. The CAPHN coordinator will then activate the municipal and non-municipal call trees.

Municipal Notification:

1. The CAPHN Coordinator will notify points of contact for the five pre-identified municipalities (Concord, Hopkinton, Bow, Northwood, Weare) and Merrimack County.
2. Each of the five pre-identified municipalities (Concord, Hopkinton, Bow, Northwood, Weare) will contact each of the municipalities listed in the boxes below their name.
   - Concord calls Boscawen, Canterbury and Loudon
   - Hopkinton calls Bradford, Dunbarton, Warner and Webster
   - Bow calls Allenstown and Pembroke
   - Northwood calls Barnstead, Chichester, Epsom, and Pittsfield
   - Weare calls Deering, Henniker, Hillsboro, Washington, and Windsor
3. Each municipality has identified multiple emergency contacts. The caller must make contact with one person from each municipality. It is not necessary to call each person in the municipality's contact list as long as one person from each municipality has been reached.
4. Each municipal point of contact will notify all relevant responders within their municipalities

Non-Municipal Notification:
The non-municipal notification will occur in tiers depending on the scale and response of the event.

Tier 1: Primary Response Agencies will be notified by phone and email.

- American Red Cross
- Concord Hospital
- Concord Regional Visiting Nurse Assn.
- Dartmouth Hitchcock – Concord
- NH Hospital
- Riverbend Community Mental Health Center

Tier 2: Agencies will be notified by email only unless they are essential to the response.

- Community Action Program Belknap-Merrimack Counties
- Community Bridges
- Community Provider Network of Central NH
- Community Services Council of NH
- Granite State Independent Living
- Greater Concord Chamber of Commerce
- Lutheran Social Services
- New England Life Care
- NH Association for the Blind
- Northeast Deaf and Hard of Hearing Services
- Salvation Army
- Service Link of Merrimack County
- United Way of Merrimack County

Tier 3: Facilities will be notified by email only unless they are essential to the response.

- The Birches
- Epsom Health Care
- Gerrish Manor
- Granite Ledges
- Harris Hill
- Heartland Place
- Havenwood Heritage Heights
- Healthsouth Rehabilitation
- Hillsboro House
- Merrimack County of Corrections
- Merrimack County Nursing Home
- New England College
- NH State Prison
- NH Technical Institute
- Pine Rock
- Pleasant View Center
- Presidential Oaks
- St. Paul's School

Volunteer Notification:

1. The volunteer coordinator will send an email to all registered volunteers to request their assistance with staffing the POD.

2. The volunteer coordinator will contact partner agencies to request assistance for additional staffing and supply needs.

3. The volunteer coordinator may contact HSEM for assistance if staffing needs are not met.

CAPHN CALL TREE

Current:
July 12, 2009

Merrimack County Sheriff's Dispatch
225-5451 or 225-5453

Leigh Cheney, Coordinator
230-6104, 630-0705

Concord

CFD Communications, 225-8669
CPD Watch Commander, 225-8600

Boscawen

Ron McDaniel **224-2369**, **753-4812**, 496-2347
Alan Hardy **753-9188, 491-9822**
Michael Wright **753-9188, 753-9882**

Canterbury

Peter Angwin **724-3408**
Police Dept. **783-0433**
Fire Dept. **783-4798**

Loudon

Jeff Burr **798-5612**, **783-1054**
Robert Fiske **798-5521, 228-1631**

Hopkinton

Steve Pecora **746-5151**, 783-6841
Rick Schaefer **746-5899**, 783-6561

Bradford

Bruce Edwards **938-5667**, **938-2404**, **340-0046**
Steve Lucier **938-5916, 938-5940**
Cheryl Behrt **938-5900**

Dunbarton

Jon Wiggin **774-3590**, **660-9195**
Tammy Bowne **774-1616, 759-3003**
Woody Bowne **774-7090, 660-9193**

Warner

Ed Mical **456-3350**, **748-0560, 376-6277**
Laura Buono **456-2298x231**, **529-4685, 944-1710**
Paul DiGeronimo **456-3029, 491-0306**

Webster

Adam Pouliot **848-0314**

Bow

Jim Pitts **228-1187x10**, **934-1223, 234-1945**
Erin Commerford **228-0511**
Dana Abbott **228-4320, 774-5544, 231-7402**

Allenstown

Kelley Collins **485-4276, 533-1546**
Daniel Hart **485-9202, 913-1386**
Clifford Jones **485-4276, 545-1240, 485-5108**
Shawn Mulholland **485-9500, 231-0965**

Pembroke

Larry Young **485-7149**, **738-1149**
Larry Preston **485-4566**
Tom Petits **485-9573**

Northwood

Don Arsenault **608-8893, 942-5401**
Robert Young **231-1279**, **942-8393**
Glen Drolet **942-8284, 608-6536**

Barnstead

John Blair **269-7941**, **496-3719**
Steve Byers **387-8776**

Chichester

John Martell **344-4208**, **376-3351**
Patrick Clarke **225-5583**
Gil Vien **608-6251**

Epsom

Stewart Yeaton **736-9291**, **608-5079**
Wayne Preve **736-4445**
Rick Bilodeau **491-1911**

Pittsfield

Robert Wharem **435-7535**, **435-7217**, **848-7122, 365-7222**
Lenny Deane **271-2661**, **435-6820**, **848-6820**
Gary Johnson **435-6807, 365-7220**

Weare

Paul King **529-2352, 622-8914, 289-9420**
Greg Begin **529-7755**, **660-2654**, **385-0244**

Deering

Bob Pragoff **271-2661**, **620-7011**, **496-5161**
Daryl Mundy **464-3625, 731-7025**
Andy Anderson **271-2661, 303-8459**, **464-5308**

Henniker

Tia Hooper **225-1485**, **428-6360**, **724-4611**
Henniker Police
Dispatch **225-5451**
Office **428-3213**

Hillsboro

Dispatch **464-5512**
Scott Murdough **464-3477, 660-0458**
Kelly Dearborn-Luce **464-3877**, **540-8425**
Dave Roarick **464-5512**
Kenny Stafford **464-3477, 547-5978**

Washington

Edward Thayer **495-3554, 495-3641**
Guy Eaton **495-6155, 495-3661**
Jim Berry **495-3661, 495-3294**
Stephen Marshall **495-3294, 464-3644**

Windsor

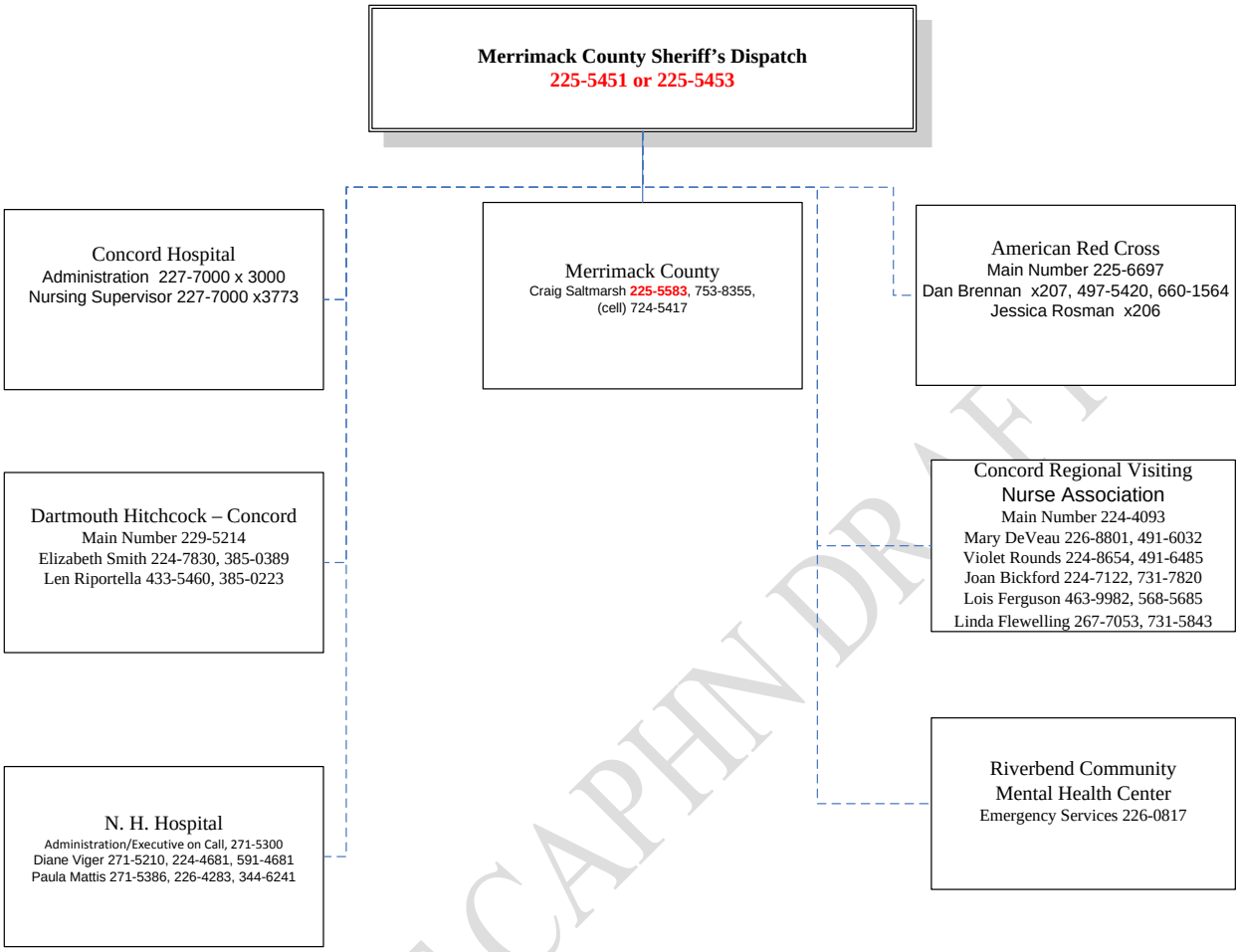
Tom Carlson **478-5486**, **464-9037**
Darlene Cuddy **478-0431, 731-1132**
Ben Lewis **478-3612**

Work Phone

Home Phone

Cell Phone

Pager



APPENDIX C Functional Needs and Fixed Populations

During a public health emergency, certain segments of the population may require functional needs or services. The Capital Area has identified the following fixed populations currently within the region's area of responsibility:

Hospitals:

Facility	Phone	Facility Type	Contact Person	Staff Census	
Concord Hospital 250 Pleasant Street Concord	**227-7000**	**Hospital**	**Terri Finn, Employee Health Mike Melody, Safety**	**2650**	**200**
Health South Rehabilitation 254 Pleasant St Concord	**226-9800**	**Rehabilitation Hospital**	**Joy Dunn, Infection Control**	**180**	**36**

Senior/disabled housing complexes:

Facility	Phone	Facility Type	Contact Person	Staff Census	
Briar Pipe Apartments 83 Washington St Penacook	**753-1046**	**Senior Housing**	**Joanne Bishop**		**77**
Concord Housing Authority 15 Pitman St Concord	**224-4059**	**Senior/ Disabled Housing**	**Heather Sargent**		
Epsom Elderly Housing 464 Suncook Valley Hwy Epsom	**736-8250**	**Senior Housing**			
Firehouse Block Apartments Warren Street Concord	**225-7247**	**Senior Housing**			**68**
Havenwood Retirement Community 33 Christian Ave Concord	**227-1341**	**Senior Housing**	**Catherine Tracey, Administrator of Nursing**	**250**	**512**
Horseshoe Pond Place Horseshoe Pond Road Concord	**224-8390**	**Senior Housing**	**Virginia Luce**		
Kearsarge Elderly Housing 26 North Road Warner	**456-3398**	**Senior Housing**			
Mapleleaf Village 10 Center Road Hillsborough	**464-3573**	**Senior Housing**	**Mary Walker**		
Mill House 30 Tremont St Boscawen		**Special Needs Housing**			**17**
Rush Square Rush Road Henniker	**428-7850**	**Senior Housing**	**Jane Winslow**	**3**	**45**

White Rock Senior Living Comm. 6 Bow Center Road Bow	**724-6251**	**Senior Housing**	**Irene Miner**		**116**

Group Homes:

Facility Census	Phone	Facility Type	Contact Person		Staff
532 White Plains Road Webster	**3525**				
Betty Barton's Home 304 N Village Road Loudon	**783-4722**	**Group Home**	**Betty Barton**		**3**
Brock Children's Home 33 Fairview Road Pittsfield	**435-8032**	**Group Home**			
Canterbury Hall Shared Home 353 Baptist Road Canterbury	**783-9822**	**Group Home**	**Ann Berry**		**6**
Child and Family Services Group Home	**224-9313**	**Group Home – Children**	**Edward Orlowski**	**13**	
Fellowship House 11 Chesley Street Concord	**225-0977**	**Group Home**	**Judith Ruggiero, Program Services Director**	**15**	**10 40 in community**
Miller Residential 278 Pleasant St	**226-0789**	**Group Home**	**Roger Wilson**		**13**
NH Hospital Transitional Housing Services 99 Pleasant St Concord	**271-5300**	**Group Homes (7)**	**Dennis D'Ovidio**		**49**
Robin Hill Farm 55 Donovan Road Deering	**464-3841**	**Group Home**	**Charline Carney, Administrator Nancy Carney, Human Resources**	**80**	**30**
Rolfe and Rumford Home	**225-5901**	**Group Home – Children**	**Jacqueline Pope**	**12**	
Shepherd's Center of Northwood 844 First NH Tpke Northwood	**942-7497**	**Group Home**			
Twitchell House 111 Pleasant Street Concord NH	**226-7547**	**Group Home**	**Ruby VanLoan**		**12**
Vintage Hill 10 Berry Ave Pittsfield	**435-5298**	**Group Home**	**Marilyn Roberts**		**10**
We Care Retirement Home 12 Cross Street Allenstown	**485-4149**	**Group Home**	**Suzanne Lemire**		**8**

Assisted Living Facilities:

Facility	Phone	Type	Contact Name	Staff Census	
Birches 300 Pleasant Street Concord	**224-9111**	**Assisted Living**	**Christopher Golen, Exec Dir Terry Berube, Resident Care Dir**	**50**	**52**
Gerrish Manor 325 Daniel Webster Hwy Boscawen	**796-3241**	**Assisted Living**	**Claudia Messier**		**24**
Granite Ledges 151 Langley Parkway Concord	**224-0777**	**Assisted Living**	**Kathleen Otte, Exec Dir Jack Smith, Facilities**		**90**
Havenwood Heritage Heights 33 Christian Ave Concord	**227-1341**	**Assisted Living**	**Cathy Tracey, Admin of Nsg**	**250**	**63**
Heartland Place 901 Suncook Valley Hwy Epsom	**736-9334**	**Assisted Living**	**Elizabeth Geddes, Director**		**78**
Hope Avenue 25 Hope Avenue Concord	**228-1686**	**Assisted Living**	**Linda Sheridan**		**6**
John H Whitaker Place 30 Borough Road Penacook	**753-9100**	**Assisted Living**	**Joyce Fisk, Director**	**14**	**50**
King House 6 King Rd Chichester	**798-3376**	**Assisted Living**	**Andrea Aldrovandi**		**9**
Pleasant Street Pleasant Street Concord	**228-1686**	**Assisted Living**	**Linda Sheridan**		**3**
Meredith House 93 Preston St Hillsborough	**464-5084**	**Assisted Living**	**Heather Boisvert**		**5**
Presidential Oaks 200 Pleasant Street Concord	**225-6644**	**Assisted Living**	**Ann Purington, CEO John Crabtree, Infection Control**		**127**

Long-term Care facilities (e.g., nursing homes):

Facility	Phone	Facility Type	Contact Person	Staff Census	
Epsom Health Care Center Epsom Traffic Circle Epsom	**736-4772**	**Nursing Home**	**Daniel Trahan, Administrator**		**180**
Harris Hill – Genesis 20 Maitland St Concord	**224-1319**	**Nursing Home**	**Lynn Naves**		**78**

Havenwood Retirement Community 33 Christian Ave Concord	**227-1341**	**Nursing Home**	**Cathy Tracey, Admin of Nsg**		**120**
Harris Hill – Genesis 20 Maitland St Concord	**224-1319**	**Nursing Home**	**Lynn Naves**		**78**
Hillsboro House Nursing Home 67 School Street Hillsborough	**464-5561**	**Nursing Home**	**Andrew Irwin, Administration**	**35**	**33**
Merrimack County Nursing Home Daniel Webster Hwy Boscawen	**796-3210**	**Nursing Home**	**Bob Chase, Administration Kim Field, Infection Control**	**425**	**310**
Pine Rock Manor 3 Denny Hill Road Warner	**456-3181**	**Nursing Home**	**Eldon Munson**		**70**
Pleasant View – Genesis 239 Pleasant Street Concord	**224-6561**	**Nursing Home**	**Mark Latham, Administrator**	**203**	**165**
Presidential Oaks 200 Pleasant Street Concord	**225-6644**	**Nursing Home**	**Ann Purington, CEO John Crabtree, Infection Control**		**85**

Schools:

Facility	Phone	Facility Type	Contact Person	Staff	Census
New England College 24 Bridge Street Henniker	**428-2000**	**College**			
New Hampshire Technical Institute 31 College Drive Concord	**271-6484**	**Community College**	**Shirley Rennie, Health Services Director**		**350 (4500 commuters)**
St. Paul's School 325 Pleasant Street Concord	**229-4600**	**Boarding school**	**Patrick Carroll, MD Medical Director**		**525**

Homeless Shelters:

Facility	Phone	Facility Type	Contact Person	Staff	Census
Homeless Outreach		**Community Action Program**	**Andy Labrie**	**1**	
McKenna House 100 S Fruit Street Concord	**228-3505**	**Homeless Shelter**	**Michelle French-Labreque**	**3**	**28**

Incarcerated and institutionalized:

Facility	Phone	Facility Type	Contact Person	Staff	Census
DCYF – Toby Building			**Scott Maclean**		

Merrimack County House Of Correction 326 Daniel Webster Hwy Boscawen	**796-2107 x242**	**Correctional Facility**	**Ronald White, Superintendent Richard Doucet, Assist. Supervisor Trish Lee, PA-C**	**112**	**247**
New Hampshire Hospital 36 Clinton Street Concord	**271-5210**	**Psychiatric Hospital**	**Diane Viger, Infection Control**	**800**	**254**
New Hampshire State Prison 281 N State Street Concord	**271-1801**	**Correctional Facility**			
New Hampshire Halfway House 60 Iron Works Rd Concord	**271-0424**	**Community Corrections**	**Joanne Fortier, Administrator Community Corrections**	**34**	**90**

Miscellaneous:

Facility	Phone	Facility Type	Contact Person	Staff Census	
Hospice House 240 Pleasant St Concord	**224-4093**	**Hospice**	**Lois Ferguson, VP Hospice**		**10**
Odyssey House 367 Shaker Road Canterbury	**783-9104**	**Residential Treatment**	**John Soucy**		**16**
TLC Medical Day Care for Adults 211 Loudon Road Concord	**224-8171**	**Adult Day Care**	**Jean Fiske, Director**	**15**	**48**

Languages Spoken:
The following languages are spoken in the region: Albanian, American Sign Language (ASL), Arabic, Bosnian, Bulgarian, English, French, Greek, Hindu, Korean, Portuguese, Romanian, Russian, Serbian, Spanish, and Vietnamese.

Other languages that may require translation are: Amhavic, Anuak, Congo, Dari, Denka, Farsi, French Creole, Guharati (India), Hungarian, Kinaranda, Kiyawanda (Rwanda), Krun (Liberia), Mandarin, Mandi, Mandigo, Marathi (Indian), Mina (African Dialect), Nepalese, Nigerian, Palay (African Dialect), Patois (Jamaica), Punjabi (India), Serbo-Croatian, Tagalog (Philippines), Teluga (India), and Urdu (Pakistan).

Resources

The Capital Area 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:
  - Deaf Talk - 1-866-237-0173
  - Translation Line -1-800-752-0093 or on-line at: www.Languageline.com.
  - Lutheran Social Services – 224-8111 or on-line at: www.lssnorth.org
  - Northeast Deaf and Hard of Hearing Services – 224-1850 or on-line at: www.nhdhhs.org
  - NH Minority Health Office – 271-5991

- Mental Health Services:
  - Riverbend Community Mental Health – 228-1551 or on-line at: www.riverbendchmc.org
  - Disaster Behavioral Health Response Team (DBHRT) – 271-2231
  - Granite State CISD

- Services for the Disabled:
  - Community Bridges - 225-4153 or on-line at: www.communitybridgesnh.org
  - Granite State Independent Living – 228-9860 or on-line at: www.gsil.org
  - NH Association of the Blind – 224-4039 or on-line at www.sightcenter.com
  - Sight Service for Independent Living – 271-3537
  - Service Link of Merrimack County – 228-6625 or on-line at www.mcservicelink.org

- Other Resources
  - American Red Cross – 225-6697
  - Concord Regional Visiting Nurses Assn. - 224-4093 or on-line at www.crvna.org
  - Salvation Army - 225-5587 or on-line at: www.salvationarmy.org
  - Local Faith-based organizations (see list)
  - Local civic groups (see list)

Recommendations

CAPHN developed sets of recommendations specifically geared to special populations for individuals, agencies and communities.

Recommendations for Individuals:

- ❑ Develop a plan for yourself following all recommendations from the Preparing for an Emergency brochure
  - ❑ Identify your special needs
  - ❑ Register with your local fire department and 911 to tell them about your special need
  - ❑ If you currently use an agency for assistance, check with the agency to see if they have special provisions for emergencies.

- Complete the Medical Information List and Disability-Related Supplies and Special Equipment List attached
- Develop a plan for your pets

- **Create a personal support network**
  - Organize a network for your home, school, workplace, volunteer site, and any other place where you spend a lot of time.
  - Members of your network can be roommates, relatives, neighbors, friends, and co-workers. They should be people you trust and who could check to see if you need assistance. They should know your capabilities and needs, and offer help within minutes.
  - Do not depend on only one person. Include a minimum of three people in your network for each location where you regularly spend a lot of time during the week.
  - Give your network members copies of your emergency information list, medical information list, disability-related supplies and special equipment list, evacuation plans, relevant emergency documents, and personal disaster plan when you complete them.
  - Arrange with your network to check on you immediately if local officials give an evacuation order or if a disaster occurs.
  - Agree on how you and your network will contact each other during an emergency. Do not count on the telephones working.
  - Choose audible and visual signals for help that you both understand. Signals can be shouting, knocking on the wall, using a noisemaker, or hanging a sheet outside your window.
  - Give the members of your network all the necessary keys they may need to get into your home, car, etc.
  - Show your network how to operate and safely move the equipment you use for your disability, if necessary. Label your equipment and attach instruction cards on how to use and move each item.
  - Make sure your animals know the people in your network.
  - Practice your plan.

Recommendations for Agencies:

- Encourage clients to get picture ID
- Develop a release for information
- Encourage clients to complete File of Life
- Help individuals prepare response plans
- Develop agency emergency plan – continuity of operations
- Share plans between agencies
- Develop a plan for staffing contingencies
- Know who your clients are and who they 'belong' to
- Determine special needs of clients or extenuating circumstances
- Develop a medication plan
- Develop a group evacuation plan
- Keep important documents in client files

- Identify languages of clients in advance

Recommendations for Communities:

- Look for sponsorship to help individuals complete emergency kits
- Create standardized forms and messages
- Ensure alerting systems will reach all populations
- Register all special populations in community
- Encourage global preparedness
- Provide ongoing training and education on special populations and emergency preparedness
- Create a resource handbook with agencies' contact info
- Ensure translation services are available
- Shelter sites – notify agencies in advance where they are

APPENDIX D

Regional Resources

APPENDIX D Regional Resources Directory

Contents

ESF -1	Transportation	1
ESF – 2	Communication & Alerting	2
ESF – 3	Public Works & Engineering	3
ESF – 4	Fire Fighting	5
ESF – 5	Information & Planning	6
ESF – 6	Mass Care & Shelter	7
ESF – 8	Health & Medical Services	10
ESF – 10	Hazardous Materials	13
ESF – 11	Food & Water	13
ESF – 12	Energy	14
ESF – 13	Law Enforcement	16
ESF – 14	Public Information	17
ESF – 15	Volunteers & Donations	17
ESF – 16	Animal Health	18

Appendix D - Capital Area Resource Directory

RESOURCE	BUSINESS	ADDRESS	PHONE
ESF-1 Transportation: Provides for coordination, control and allocation of transportation assets in support of the movement of emergency resources including the evacuation of people and the			
Agency Vans	Centennial Senior Center	37 Regional Drive Concord	228-6630
	Community Bridges	525 Clinton St Bow	225-4153
	Concord Hospital	250 Pleasant St Concord	227-7000
	Concord Human Services	247 Pleasant St Concord	225-8575
	Familystrength	85 N State St Concord	226-0982
	Fellowship House	11 Chesley St Concord	225-0977
	Friends Program	249 Pleasant St Concord	228-1193
	Granite State Independent Living Foundation	21 Chenell Dr Concord	228-9680
	Havenwood Heritage Heights	33 Christian Ave Concord	227-1341
	Healthsouth Rehabilitation	254 Pleasant St Concord	226-9800
	Presidential Oaks	200 Pleasant St Concord	225-6644
	Riverbend	278 Pleasant St Concord	228-1551
	Tri-State Wheelchair Services	34 River Rd Bow	224-7363
	YMCA	15 N State St Concord	224-0411
Air	Concord Municipal Airport	71 Airport Road Concord	228-2267 229-1760
	AAA Advanced Air Ambulance	71 Airport Rd Concord	800 633-3590
	Army National Guard 1159th Med Co Air Ambulance	4 Pembroke Rd Concord	225-1355
	DHART	Lebanon	800 650-3222
Ambulance - Private	CarePlus	5 Lesa Dr Merrimack	225-5033 800-899-8331
	Golden Cross Ambulance Service	Route 106 Loudon	783-9514
	Mountain Valley EMS		224-4445
	Rockingham Regional Ambulance	PO Box 906 Nashua	223-4188
	Tri-State Ambulance	34 River Rd Bow	226-9135
Bus - Private	Concord Trailways	30 Stickney Ave Concord	228-3300
	Dail Transportation	Route 107 Epsom	736-9682
	Dineen Coach		800-396-4440
	First Student	454 North Rd Sutton	927-6032
	Greyhound		800-231-2222
	Laidlaw		
	Merrimack Valley School District	106 Village St Penacook	753-6413
	Premier Coach		800-532-1811
	Vermont Transit	345 Pine St Burlington, VT	800-552-8737
Bus - Public	Concord Area Transit	2 Industrial Rd Concord	225-1989
Car Rental	Autoserv of Concord	94 Manchester St Concord	227-0550
	Avis	71 Hall St Concord	225-5652
	Enterprise	28 Manchester St Concord	224-2122
	Hertz	71 Airport Rd Concord	223-4005
	Nifty Auto Rental	36 Manchester St Concord	228-4747
Limousine Service	Classic Auto Coach	861 Main St Contoocook	746-3240
	Skyline Limousine	195 ½ N Main St Boscawen	753-4194
Taxi	Concord Cab	1 Kennedy St Concord	225-4222
	Main St Taxi	44 N Main St Concord	226-8888
	My Taxi	242 W Main St Hillsborough	464-2020
	Pittsfield Taxi	14 Eastern Ave #12 Pittsfield	435-7771
Towing	Advanced Towing	47 High St Hillsboro	464-3218
	Allied Auto Wrecking	32 Dustin Tavern Rd Weare	529-7211
	American Flyer	93 Manchester St Concord	224-4044
	Buster's Service Center	45 N Main St Penacook	753-9383
	Concord Motorsport	16 Water St Concord	226-2697
	Contoocook Auto Clinic	861 Main St Contoocook	746-4252
	D & V Towing Service	107 Old Turnpike Rd Concord	225-5641
	Danny's Automotive	Rt 114 Henniker	428-3204
	Dave's Towing	29 Sweetfern Dr Pittsfield	435-8235
	Deerfield Towing	2070 Dover Rd Epsom	736-9814
	Gardner & Sons Towing	1451 First NH Tpke Northwood	942-5265
	HG Caldwell	14 Browns Way Henniker	428-3113
	Harry's Garage	12 W Main St Warner	456-3820
	J & D Repairs	56 Mudgett Hill Rd Loudon	783-8301
	J Schoch & Son	5 Riverside Dr Contoocook	746-4125
	John's Wrecker Service	12 Integra Dr Concord	225-6266
	Johnson's Towing	443 Loudon Rd Pittsfield	435-7070
	Loudon Garage	30 Chichester Rd Loudon	798-3161 396-4150
	Maine Auto	117 Henniker St Hillsboro	464-4441
	Pembroke Towing	40 Sheep Davis Rd Pembroke	225-2239
	Quick Lift Towing	840 S Stark Hwy Weare	529-5438
	Road One	12 Integra Drive	224-7053
	Rockingham County Towing	63 Swiggey Brook Rd Chichester	435-8600
	SK Auto Repair	4 E Deering Rd Deering	464-0277
	Scott's Auto Body	131 Old County Rd Deering	464-4477
	Shorty's Towing	134 Hall St Concord	225-7066
	TK's Auto Sales	29 N Main St Boscawen	753-8785
	Tom's Auto Sales	134 Deering Center Rd Deering	464-3746
	Towing Connection	107 Old Turnpike Rd Concord	224-9718

Appendix D - Capital Area Resource Directory

	Weare Body & Frame	406 Concord Stage Rd Weare	529-2737
Truck Rental	Autoserv of Concord	94 Manchester St Concord	229-0909
	Budget Truck Rental	7019 Josiah Bartlett Rd Concord	230-9536
	Penske Truck Rental		228-3303
	Uhaul	189 River Rd Allenstown	485-2628
	Uhaul	85 DW Highway Boscawen	796-6097
	Uhaul	555 Rt 3A Bow	224-4602
	Uhaul	29 Stickney Ave Concord	224-8555
	Uhaul	220 Loudon Rd Concord	225-4727
	Uhaul	242 N Main St Concord	228-4751
	Uhaul	16 Bradford Rd Henniker	428-8178
	Uhaul	24 Weare Rd Henniker	428-4308
	Uhaul	276 Henniker St Hillsboro	464-4283
	Uhaul	485 W Main St Hillsboro	478-0347
	Uhaul	1002 Upper City Rd Pittsfield	435-5190
	Uhaul	711 Concord Stage Rd Weare	529-1094
	Uhaul	840 S Stark Hwy Weare	529-2750
ESF-2 Communications and Alerting: Provides emergency warning, information and guidance to the public. Facilitates the requirements and resources needed to provide for back-up capability			
Cable Television	Comcast	676 Island Pond Rd Manchester	800-266-2278
	New England Antenna Service	Suncook Valley Highway Epsom	228-0054 736-8378
	Twin Star Cable	170 Black Hall Rd Epsom	736-9611
	Dick Jones Antenna Service	Farrington Corners Rd Hopkinton	225-3708
Cell phone providers	RadioShack	96 Fort Eddy Rd Concord	224-8077
	Radio Shack	270 Loudon Rd Concord	224-1102
	Radio Shack	74 W Main St Hillsboro	464-3210
	Small World Communications	270 Loudon Rd Concord	228-6522
	Sprint	270 Loudon Rd Concord	224-9230 800-777-4681
	T-Mobile		800-866-2453
	US Cellular	16 Loudon Rd Concord	230-9883
	Verizon Wireless	75 Fort Eddy Rd Concord	225-4049 800-256-4646
	Cingular Wireless	270 Loudon Rd Concord	226-3131
	Connec Tec	95A Broadway Concord	226-6900
	Intouch Wireless	270 Loudon Rd Concord	224-4453
	Nextel	75 S Main Concord	410-6228
	Sprint PCS	154 Loudon Rd Concord	410-6660
	21st Century Cellular	276 W Main Hillsborough	464-2505
Internet Service Provider	Conversant Communications	12 South St Concord	223-0381
	Earthlink		800-511-2041
	IAMNET Inc Internet Access Provider	107 E Main Bradford	938-2127
	Total Net NH	15 Pleasant Concord	225-8422
	Worldpath Internet Services	2 Airport Rd Gilford	866-859-9650
Newspapers	Bow Times	1662 Elm St Suite 100 Manchester	314-0447 314-0933 (fax)
	Bradford Bridge	PO Box 463 Bradford	938-5509 938-2287 (fax)
	The Citizen	Laconia	524-3800 527-3593 (fax)
	Concord Monitor	PO Box 1177 Concord	224-5300 228-8238 (fax)
	Goffstown News	1662 Elm St Suite 100 Manchester	314-0447 314-0933 (fax)
	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Hippo Press	49 Hollis St Manchester	625-1855 x14 625-2422 (fax)
	Hooksett Banner	1662 Elm St Suite 100 Manchester	314-0447
	Loudon Ledger	622 Old Shaker Rd Loudon	783-9812
	The Messenger	246 W Main St Hillsboro	464-5588
	Suncook Valley Sun	8 Broadway St PO Box 156 Pittsfield	435-6291
	Union Leader	PO Box 9555 Manchester	668-4321
	Webster Grapevine	Webster	
	Weare Free Press	90 Old Town Rd Weare	529-0272
	The Weekly Contender	PO Box 1768 Hillsboro	464-4830
Radio	WEVO (NHPR) 89.1	27 N Main St Concord	228-8910
	WJYY 105.5	11 Kimball Dr # 114 Hooksett	228-9036
	WKXL 1450 AM	37 Redington Rd Concord	224-1450
	WVNH 91.1	10 Ferry St Concord	227-0911
	WZID 95.7	500 N Commercial St Manchester	669-5777
	WGIR	1122 Route 106 N Loudon	783-9437
	WERZ	107 Rt. 106 Loudon	783-0196
	WNHI I-93.3FM or WRCI I 107.7	7 Perley Concord	228-4493
	WVNH 91.1	10 Ferry Concord	227-0911
	WCNH	Concord	229-0947
	WTPL 107.7	The Pulse Business Office 501 South St. Bow	545-0777
	WZIX	1122 Route 106 N Loudon	783-4641
Television	WMUR (ABC)	100 S Commercial St Manchester	800-257-5151

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	WNDS	50 Television Place Derry	434-8850
	NHPTV (PBS)	268 Mast Rd Durham	868-1100
	Concord CTV	170 Warren St Concord	226-8872
	Weare CATV	PO Box 190 Weare	
Weather	National Weather Service	65 Airport Rd Concord	225-5191
ESF-3 Public Works & Engineering: Provides for debris clearance, roads, highways and bridge repairs, engineering, construction, repair and restoration of essential public works systems and			
Building contractors	Avery Curt Builders	87 Lesmerises Rd Loudon	783-4428
	Bartlett Builders Inc	490 Thain Rd Hopkinton	746-3880
	Beaux Woods Contractors LLC	132 Main Hopkinton	746-2420
	Begin Construction	Hartshorn Ln Warner	746-5559
	Begin Homes LLC	183 E Main Warner	456-2225
	Booth Steve Builders Inc	56 Baptist Rd Canterbury	783-4609
	Buckingham Associates Inc	5 Windsor Dr Bow	774-3300
	Cermak S M Builders	97 Newmarket Rd Warner	456-2007
	Cherry Hill Homes	559 Pembroke Pembroke	228-9888
	Cobb Hill Construction	206 N State Concord	224-8373
	Daystar Builders	4 Rand Rd Henniker	428-7979
	Drew Bob Electrical Contracting	104 Baptist Rd Canterbury	783-8303
	Dubreuil Romeo R Builder	1139 Bound Tree Rd Hopkinton	746-5851
	Epoch Homes	Route 106 Pembroke	225-3907
	GBI Inc	192 Barden HI Rd Hillsborough Upr Vig	478-5686
	Green J H Building& Remodeling	Gore Rd Warner	456-2358
	Hammer 'N Hand General Contracting	46 Whitetail Dr Epsom	736-5585
	Harvey Construction	309 Daniel Webster Hwy Boscawen	796-2330
	Home Builders & Remodelers Association of NH	119 Airport Rd Concord	228-0352
	Kelsey Vera Debney	356 Center Rd Bradford	938-2005
	Laplante Builders Inc	10 Fieldstone Dr Bow	800-540-0161
	Leslie Construction	Washington	495-3001 (fax)
	Mihachik Builders Inc	290 Lords Mill Rd Epsom	736-8438
	Millrace Builders	57 Millstone Dr Concord	225-8191
	Murphy Construction Richard A	44 Bigelow Rd Northwood	942-8399
	Newell & Crathern Builders	7189 Pleasant Loudon	435-9124
	North Branch Construction	50 Western Av Henniker	428-3233
	Pearl Bros	394 Baptist Rd Canterbury	783-4877
	Perkins Builders	226 Bean Rd Warner	456-3373
	Piper Edwin	Tyler Rd Webster	746-3536
	Poor Wayne	R 1259 South Rd Hopkinton	746-5841
	R E B Development Inc	7493 School Loudon	783-4343
	RJH Builders LLC	22 First Concord	496-8246
	Roberts Woodbury & Company	63 Gage Hill Rd Hopkinton	746-6442
	Rumar Builders Co Inc	15 Cottage Boscawen	753-9911
	S & W Construction	195 1/2 E Side Dr Concord	225-8816
	Samaha T E	45 Laurel Concord	225-6150
	Spain J H Associates Inc	214 N State Concord	224-8583
	Thunder Mountain Construction	Forest Rd Washington	495-3164
	Williams J B Construction	Montalona Rd Dunbarton	774-7781
Building Maintenance-Repairing	American Handyman	19 Walker Concord	228-8182
	Interstate Maintenance	1 Granite PI Concord	226-0774
Construction management	Milestone Engineering & Construction	6 Loudon Rd Concord	226-3877
	Premier Coach	650 Route 103 Warner	746-3745
Dump/recycling centers	Casella Waste North Country Environmental	91 N State Concord	223-2376
	Advanced Recycling	25 Sandquist Concord	800-227-3911
	Bow Recycling Center	74 River Rd Bow	227-0700
	Institution Recycling	7 S State Concord	229-1962
	Merrimack Timber	50 Pinewood Rd Allenstown	485-4300
	Merrimack Timber Service	69 Dover Rd Chichester	798-5640
	Wuf Technologies	7 S State Concord	224-7959
	Zero Waste & Recycling Services Inc	74 River Rd Bow	228-6900
Equipment rental	Avcomm Leasing	56 Dover Chichester	798-4869
	Bow Landscape Supply	8 Gordon Rd Bow	226-0430
	Capitol Tool & Equipment Rental	20 Stonegate Terr Loudon	783-9282
	Dantra Rentals LLC	704 Route 3A Bow	226-0633
	Heritage True Value Hardware & Home Center	Rt 4 Northwood	942-7741
	Kearsarge Party Rentals	57 Regional Dr Concord	224-5636
	Matthews Carl Equipment Co	161 King Boscawen	796-2412
	Mike Yanski's Equipment Rental	163 W Parish Rd Concord	753-9550
	Rent One Plus	77 Fort Eddy Rd Concord	228-5731
	Rent-A-Center	50 Storrs St Concord	800-287-7369
	Taylor Rental	231 S Main Concord	800-310-1931
	U-Haul Co	29 Stickney Ave Concord	224-8555
	Village Rent-Alls	17 Hall Rd Hillsborough Upr Vlg	478-3636
Excavating contractors	Agritec Building & Excavating Contractors	Concord	225-8445
	Allen & Associates Site Development Inc	Warner	456-3944
	Art Desmarais & Sons Construction	94 Blakes Hill Rd Northwood	942-7530
	B & B Contractors Inc	Colby Rd Epsom	736-8002
	Big Bear Excavation	7 Brnch Lond Trnpk Bow	228-9535

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Bow Trucking & Excavation LLC	38 Bow Center Rd Bow	225-4694
	Bradford Excavating Inc	147 Rowe Mountain Rd Bradford	938-5664
	C J B Excavation LLC	Washington	660-1376
	Canterbury Excavation	Canterbury	783-1295
	Connor Backhoe Service	Bacon Rd Henniker	428-3788
	Crosby Construction	17 Stark Hwy Dunbarton	774-4905
	Dale Tacy & Sons	Penacook	753-9624
	Daniel Gelinas Excavating	42 Abbott Rd Penacook	753-4379
	Excavation Innovations	65 Old Hopkinton Rd Dunbarton	774-1756
	Gordon Const Inc	511 South St Bow	224-1495
	Gough K Excavating Inc	155 Fleet Portsmouth-Northwood	942-8440
	Gould William Excavation	Henniker Rd Bradford	938-2613
	Granite State Tractor	Henniker	428-7733
	Hanna J D Excavating	Couchtown Rd Warner	456-2417
	Hemlock Hill Excavation	2005 State Route 114 Bradford	938-2520
	Holmes P H Construction LLC	Hatfield Rd Hopkinton	746-4942
	Hopkinton Forestry & Land Clearing Inc	54 Main Henniker	428-8400
	Jungle Jims	2100 Dover Rd Epsom	736-8896
	Kearsarge Construction Co	33 Newmarket Rd Warner	456-3236
	Kruger Excavating & Trucking Inc	Clough Mill Rd Pembroke	224-7616
	Lemay Excavation Inc	Weare	529-6920 345-0157
	Liberty Excavation	90 Hall Rd Hillsborough Upper Village	478-0114 228-8182
	Lim Construction LLC	Hillsborough Upper Village	478-2833
	M J F Excavation Inc	Chichester	798-3811
	Marcou Construction Co Inc	Mansion Rd Dunbarton	774-6511
	McCallister Land Clearing & Excavation	Chichester	798-3900
	McComish Tim Excavating	Henniker	428-8080
	Messer Richard H Construction	Fairgrounds Rd Bradford	938-2157
	Michie Corporation	Old Concord Rd Henniker	800-322-6949
	Mobbs Service Plus	304 Ricker Rd Loudon	798-5509
	New Yard Landscaping & Construction	Hopkinton	746-3294
	Nichols Construction	Concord Stage Rd Dunbarton	774-4188
	Northeast Earth Mechanics	159 Barnstead Rd Pittsfield	435-7989
	Padula Excavating & Septic Service/Design	Canterbury	783-4751 765-4373
	Parker J & Daughters	Daroska Rd Pittsfield	435-6750
	Site Works Technology Company	105 Grapevine Rd Dunbarton	774-7241
	Snow Tom & Son Construction LLC	52 Loop Rd Concord	226-4189
	Stately Excavating LLC	Warner	746-4643
	Steve's Quality Service	Allenstown	396-8754
	Team Construction of NH Inc	120 Twist Hill Rd Dunbarton	774-7233
	Turner Enterprises LLC	Concord	396-9777
	Upper Crust Machining	295 Horse Corner Rd Chichester	798-5553
Heavy equipment - crane	Chronis Crane Service	Pembroke	520-0630
	Geddes Building Mover	85 River Rd Bow	224-2192
	Quick Pick Crane Service	Hopkinton	746-3307
	Reed & Cole Crane Service	Concord	226-6622
	Star Granite Co	41 Little Pond Rd Concord	224-5355
	Hews Company LLC	Bow	226-3252
Highway Department	Allenstown	165 Granite St Allenstown	485-5460
	Barnstead	23 Beauty Hill Rd Barnstead	269-2091
	Boscawen	13 Woodbury Lane Boscawen	796-2207
	Bow	12 Robinson Rd Bow	228-1201
	Bradford	Village Rd Bradford	938-5314
	Chichester	16 Deer Meadow Rd Chichester	798-5652
	Concord	311 N State St Concord	228-2737 224-6729 (fax)
	Deering	762 Deering Center Rd Deering	464-5740
	Dunbarton		774-7097
	Epsom	2029 Dover Rd Epsom	736-8989
	Henniker	Western Ave Henniker	428-7200
	Hillsborough	Dump Rd Hillsboro	464-5509 464-4270 (fax)
	Hopkinton	250 Public Works Dr Hopkinton	746-5118 746-2693 (fax)
	Loudon	433 Clough Hill Rd Loudon	783-4568
	Northwood		942-9008
	Pembroke	8 Exchange St Pembroke	485-4422 485-2613 (fax)
	Pittsfield	36 Clark Rd Pittsfield	435-6151
	Warner	186 103 West Warner	456-2240
	Washington	963 S Main St Washington	495-3641
	Weare		529-2372
	Windsor	Dump Rd Hillsboro	464-5509 464-4270 (fax)

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
Portable toilets	Allied Septic Service	Concord	224-0275 800-339-5713
	American Guardian Septic Services LLC	12 Depot Hill Rd Henniker	428-8033 888-345-8033
	Best Septic Service	Concord	225-9057
	Dave's Septic Service		800-672-3402
	Gosse Septic Service	311 Shackford Corner Rd Ctr Barnstead	269-3441
	Henniker Septic Service Portables	21 Foster Hill Rd Henniker	428-7678
	New London Septic	24 Foster Hill Rd Henniker	526-4163
	Triangle Portable Services		800-866-3101
	United Site Services		800-442-1286
Septic Service	All-Clear Septic Service	12 South St Concord	225-3514
	Allied Septic Service	Concord (76 Maple St. Manchester)	224-0275
	American Guardian Septic Services LLC	Henniker/Concord	428-8033 800-345-8033
	B & S Septic Service & Line Cleaning	Pittsfield	435-8828
	Best Septic Service	Concord	225-9057 800-287-9057
	D L Docko & Son	Northwood	942-5670
	Dave's Septic Service		800-672-3402
	Frank's Septic Service	Hillsborough	464-4802
	Henniker Septic Service	21 Foster Hill Rd Henniker	428-3351
	Henniker Sewer & Drain	7 Liberty Hill Rd Henniker	428-8467
	St Onge Septic Tank Service Inc	Hillsborough	464-6000
	St Onge Septic Tank Service Inc	Weare	529-7000
	St Onge Septic Tank Service Inc	Concord	225-7592
	Tasker M D Construction	1139 First NH Turnpike Northwood	942-8601
	Weare Septic	Weare/ Concord	529-8565
Snow Removal Equipment	Atlantic Plow Blade	4 Robinson Rd Bow	224-5033
	Fisher Snowplows & Ice Control Equipment	391 Loudon Rd Concord	225-6711
	Greenlands Equipment Corp	105 Manchester St. Concord	225-3387
	Howard P Fairfield Inc	Sheep Davis Rd Pembroke	225-9571
	John Deere Snow Removal Equipment	Route 106 Concord	226-2188
	Meyer Diamond Edge Snow Plows & Ice Control Equipment	16 Antrim Hillsborough	464-4000
	Snapper Snow Removal Equipment	105 Manchester St. Concord	225-3387
	Western Snowplows & Ice control Equipment	100 Airport Rd Concord	410-2211
Snow Removal Service	A & C Handyman Services	Concord	499-3381
	Abbott Christopher	Concord	224-9508
	ASM Construction	Webster	568-2063
	BLS Landscaping	8 Gordon Rd Bow	228-5296
	Bell Window Cleaning Inc	119 Old Turnpike Rd Concord	224-6310
	Brickett Hill Landscaping	Pembroke	228-3200
	Brix & Stix Construction Corp	119 Old Turnpike Rd Concord	224-8047
	Dickson Bill	Birchdale Rd Bow	225-7020
	Jobel Jeffrey	Concord/ Bow Area	753-6159
	Jungle Jims	2100 Dover Rd Epsom	736-8896
	Mattice Mark	49 Robinson Rd Bow	225-4668
	Mike Mounsey & Son LLC	Concord	715-1277
	Musto Construction	12 Highland Dr Chichester	798-3508
	Tasker Landscaping	294 Chichester Rd Loudon	798-5048
Tree services	American Tree Service	Concord	529-7832 219-3644
	Bartlett Tree Experts	Concord	225-0404
	Brickett Hill Landscaping	Pembroke	228-3200
	C Hallowell Tree Service	180 Center Hill Rd Epsom	736-9285
	Carlisle Tree Service	117 Manchester St Concord	228-2621
	Clarke's R E Tree Service	Concord	224-7284
	Crown Chimney & Tree	Concord	228-6100
	Gardens To Imagine LLC	24 Dunklee Rd Bow	225-5755 877-428-4309 225-6755 (fax)
	Golden's Tree Service	26 Preston Hillsborough	464-6046
	Lee's Tree Service	Penacook	753-9266
	Old Yankee Tree Service	Hopkinton Rd Hopkinton	746-4005
	P S Trees	Hillsborough	464-3240
	Precision Timber Harvesting	Dunbarton	774-5074
	Turmel Tree Services	5 Quimby Dr Northwood	942-7702
ESF-4 Fire Fighting: Provides for mobilization and deployment, and assists in coordinating structural fire fighting resources to combat urban incidents; provides incident management assistance			
Fire Department	Allenstown	1 Ferry St Allenstown	485-9202
	Barnstead	106 S Barnstead Rd Barnstead	269-4121
	Boscawen	200 Water St Boscawen	796-2498 796-2237 (fax)
	Bow	2 Knox Rd Bow	228-4320
	Bradford	2927 State Route 114 Bradford	938-2233
	Canterbury	Baptist Hill Rd Canterbury	786-4663
	Chichester	22 Main St Chichester	798-5954
	Concord	24 Horseshoe Pond Lane Concord	225-8650 225-5833 (fax)

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Deering	762 Deering Center Rd Deering	464-5308
	Dunbarton	11 Rangeway Rd Dunbarton	774-3590
	Epsom	1714 Dover Rd Epsom	736-9291 736-9299 (fax)
	Henniker	46 Maple St Henniker	428-7552
	Hillsborough	13 Central St Hillsborough	464-3477 464-4270 (fax)
	Hopkinton	9 Pine St Hopkinton	746-3181 746-5134 (fax)
	Loudon	8 Cooper St Loudon	798-5612 798-5628 (fax)
	Northwood	799 First NH Turnpike Northwood	942-9103
	Pembroke	247 Pembroke St Pembroke	485-3621
	Pittsfield	33 Catamount Rd Pittsfield	435-6807
	Warner	Main St Warner	456-2222
	Washington		495-3133
	Weare	144 N. Stark Hwy Weare	529-2352 529-2379 (fax)
	Webster	851 Battle St Webster	648-2500
	Windsor	13 Central St Hillsboro	464-3477 464-4270 (fax)
Regional Compacts	Capital Area Fire Mutual Aid Compact	24 Horseshoe Pond Lane Concord	225-8650 225-5833 (fax)
	Central NH HazMat Team		225-3355 225-8507 (fax)
ESF-5 Information and Planning: Provides for the overall management and coordination of the State's emergency operations in support of local government. Collects, analyzes and			
Federal Offices	Army National Guard – Concord Division	4 Pembroke Rd Concord	(603) 271-2331
	ATF	10 Causeway St Suite 253 Boston MA 02222	(617) 557-1200
	CDC	1600 Clifton Rd Atlanta GA 30333	(800) 311-3435
	FEMA	500 C Street SW Washington DC 20004	(202) 566-1600
	FBI	One Center Plaza Suite 600 Boston MA 02108	(617) 742-5533
	Poison Control		(800) 222-1222
	Postal Inspection Service	495 Summer St Suite 600 Boston MA 02210	(617) 556-4400
	US Marshall	55 Pleasant St Room 409 Concord	(603) 225-1632
State Offices--Dept of Health and Human Services	Commissioner	129 Pleasant St Concord	271-4688 271-4912 (fax)
	Emergency Response Coordinator	129 Pleasant St Concord	271-4462 271-4332 (fax)
	Public Information Office	129 Pleasant St Concord	271-4957 271-4912 (fax)
	State Medical Director	129 Pleasant St Concord	271-8650 271-4912 (fax)
	State Medical Examiner	246 Pleasant St Suite 218 Concord	271-1235 271-6308 (fax)
	Office of Minority Health	129 Pleasant St Concord	271-8459 271-4727 (fax)
	Concord District Office	40 Terrill Park Drive Unit 1 Concord	271-6201
	NH Hospital	36 Clinton St Concord	271-5300
	Director of Public Health	29 Hazen Drive Concord	271-4501
	Community Public Health Dev.	29 Hazen Drive Concord	271-7485
	State Epidemiologist	29 Hazen Drive Concord	271-4477
	Communicable Disease Control	29 Hazen Drive Concord	271-4496 271-0545 (fax)
	Public Health Laboratories	29 Hazen Drive Concord	271-4661
	Food Protection	29 Hazen Drive Concord	271-4583
	Radiological Health	29 Hazen Drive Concord	271-4588
State Offices--Dept of Agriculture	Commissioner	25 Capitol St 2nd Floor Concord	271-3551
	Pesticide Control	25 Capitol St 2nd Floor Concord	271-3550 271-1109 (fax)
	State Veterinarian	25 Capitol St 2nd Floor Concord	271-2404 271-1109 (fax)
State Offices--Dept of Corrections	Commissioner	105 Pleasant St Concord	271-5600
State Offices--Dept of Education	Commissioner	101 Pleasant St Concord	271-3494
	School Nurses Consultant	101 Pleasant St Concord	271-3891 271-1953 (fax)
State Offices--Dept of Environmental Services	Commissioner	29 Hazen Drive Concord	271-2958
	Division of Air Resources	29 Hazen Drive Concord	271-1370
	Division of Water	29 Hazen Drive Concord	271-3503
	Division of Waste Management	29 Hazen Drive Concord	271-2900
	Hazardous Materials Response Team	29 Hazen Drive Concord	271-3644 271-0653 (fax)
State Offices--Dept of Fish and Game	Commissioner	11 Hazen Drive Concord	271-3511 271-1438 (fax)
State Offices--Dept of Safety	Commissioner	33 Hazen Drive Concord	271-2791 271-3903 (fax)
	Bureau of Emergency Management	33 Hazen Drive Concord	271-2231
	Bioterrorism Coordinator	33 Hazen Drive Concord	271-2231

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Disaster Behavioral Health Coordinator	33 Hazen Drive Concord	271-2231
	State Fire Marshall	10 Hazen Drive Concord	271-3294
	State Police	33 Hazen Drive Concord	271-2575
State Offices--Dept of Transportation	Weather and Road Conditions		(866) 282-7579
ESF-6 Mass Care & Shelter: Manages and coordinates sheltering, feeding and first aid for disaster victims. Provides for temporary housing, food, clothing, and special human needs in			
Banquet facilities	Alan's of Boscawen Restaurant & Lounge	133 N Main Boscawen	753-6631
	Beaver Meadow Golf Course Banquet Facility	1 Beaver Meadow Dr. Concord	225-7033
	Bektash Shrines	189 Pembroke Rd. Concord	225-5372
	Chen Yang Li Restaurant	520 South St. Bow	228-8508
	Common Man Concord	Exit 13. Concord	228-3463
	Courtyard By Marriott Conference Center	70 Constitution Dr. Concord	225-0303
	Daniel's Restaurant & Pub	30 Main Henniker	428-7621
	Holiday Inn Concord	172 North Main Concord	224-9534
	Kimball Jenkins School of Art	266 N Main Concord	225-3932
	Markis Lobster & Steak House	354 Sheep Davis Rd Concord	225-7665
	Pats Peak Ski Area & Banquet Facilities	Rt 114 Henniker	428-3245
Community centers	Penacook Community Center	76 Community Dr Penacook	753-9700
	Concord Community Center	39 Green St Concord	225-8699
Churches	Advent Christian Church	66 Main St Pittsfield	435-8050
	Family Bible Church	Loudon Ridge Road Loudon	267-7577
	Liberty Assembly of God	339 Mountain Rd Concord	225-8442
	Countryside Community Church	815 Main St Contoocook	746-4043
	Crossroads Community Church	6 Branch Londonderry Tpke E Bow	228-1832
	Epsom Bible Church	Route 4 Epsom	736-9354
	Faith Community Baptist Church	Rt 106 & Currier Road Loudon	783-4045
	First Baptist Church	20 North State St Concord	224-6972
	Freewill Baptist Church	Route 4 Northwood	942-7779
	Hillsboro Baptist Church	337 Second NH Tpke Hillsboro	478-3929
	Hillside Baptist Church	547 Pembroke St Concord	224-6972
	Landmark Baptist Church	103 Chichester Rd Loudon	798-3818
	Loudon Ctr Freewill Baptist Church	Clough Hill Rd Loudon	783-9897
	Park Street Baptist Church	11 Park St Pittsfield	435-8036
	Trinity Baptist Church	80 Clinton St Concord	225-3999
	Sunrise Baptist Church	44 Pinewood Ave Allenstown	485-8133
	United Baptist Church	39 Fayette St Concord	224-7755
	Grace Capital Church	542 Pembroke St Pembroke	415-4000
	Immaculate Conception Church	9 Bonney St Penacook	753-4413
	Immaculate Heart of Mary	180 Loudon Rd Concord	224-4393
	Sacred Heart Church	52 Pleasant St Concord	225-6942
	St. John the Evangelist	72 South Main St Concord	224-2328
	St. Peter's Rectory	135 N State St Concord	225-2131
	St. Theresa's Catholic Church	18 Old W Hopkinton Rd Henniker	428-3325
	Oasis Christian Church	40 Sewalls Falls Rd Concord	219-3914
	First Church of Christ Scientist	33 School St Concord	224-0818
	Church of Christ	141 Fisherville Rd Concord	224-0370
	Pittsfield Church of God	29 Watson St Pittsfield	435-6798
	Dormition of the Theotokos	4 Union St Concord	225-4909
	Orthros Greek Orthodox Church	68 N State St Concord	225-2961
	Grace Episcopal Church	30 Eastman St Concord	224-2252
	St. Andrews Episcopal Church	325 Main St Hopkinton	746-3415
	St. John's Episcopal Church	270 Stark Highway North Dunbarton	774-3678
	St. Paul's Church	21 Centre St Concord	224-2523
	Grace Evangelical Church	31 Summer St Penacook	223-6705
	Sonlight Christian Fellowship	55 Wiggins Rd Loudon	798-4339
	Jehovah's Witnesses Kingdom Hall	199 East Side Drive Concord	228-0118
	Temple Bethjacob	67 Broadway Concord	228-8581
	Concordia Lutheran Church	211 N Main St Concord	224-0277
	Chichester Methodist Church	2 Canterbury Rd Chichester	798-3220
	Hillsboro United Methodist Church	16 Henniker St Hillsboro	464-3056
	Wesley United Methodist Church	79 Clinton St Concord	224-7413
	United Methodist Church of Contoocook	Maple St Contoocook	746-4894
	Bow Mills United Methodist	505 South St Bow	224-0884
	Suncook United Methodist Church	160 Main Street Suncook	485-9707
	Church of Jesus Christ of Latter-Day Saints	90 Clinton St Concord	224-0561
	First Church of the Nazarene	15 Staniels Rd Loudon	224-1311
	Concord Bible Fellowship	25 Rockingham Rd Concord	228-3344
	River of Life Ministries	15 Peterson Circle Concord	224-8658
	Concord Covenant Church	310 Sheep Davis Rd Concord	225-0055
	Grace Bible Fellowship	Concord	224-7944
	Grace Community Bible Church	Warner	456-6071
	New Life New Engalnd Ministries	1576 Dover Rd Epsom	736-4085
	Faith Tabernacle Church	164 E Side Dr Concord	224-1820
	Gospel Light Church of God	124 Hall St Concord	225-7373
	Grace Capital Church	14 Canterbury Rd Concord	225-0044
	Harvest Christian Church	7 Harrison St Concord	228-1053
	First Presbyterian Church	23 Wall St Dunbarton	774-6888
	First Presbyterian Church of Concord	15 Pleasant St Concord	225-7377

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Friends Meeting of Quakers	N Fruit St Concord	224-4748
	Seventh Day Adventists Church	Route 106 Concord	224-3641
	Unitarian-Universalist Church	274 Pleasant St Concord	224-0291
	Boscawen Congregational Church	12 High St Boscawen	796-2565
	Chichester Conservative Congregational Church	153 Main St Chichester	798-4220
	East Congregational Church	51 Mountain Rd Concord	224-9242
	First Congregational Church	177 N Main St Concord	225-5491
	First Congregational Church	Main St Hopkinton	746-4235
	Immanuel Community Church	7 Grover St Concord	224-9238
	New Rye Union Congregational Church	New Rye Rd Epsom	736-9666
	Northwood Congregational Church	Route 4 Northwood	942-7116
	Pembroke Congregational Church	301 Pembroke St Pembroke	485-9639
	Smith Memorial Congregational Church	30 W Main St Hillsboro	464-3529
	South Congregational Church	27 Pleasant St Concord	224-2521
	United Church of Penacook	21 Merrimack St Penacook	753-4072
	Washington Congregational Church	Town Common Washington	495-3474
	West Congregational Church	North State St Concord	224-4142
Lodging	Bear Hill Motel	85 Contoocook Falls Rd Hillsboro	464-3444
	Best Western Inn & Suites	97 Hall St Concord	228-4300
	Brick Tower Motor Inn	71 Hall St Concord	224-9565
	Candlelite Inn	5 Greenhouse Lane Bradford	938-5571
	Colby Hill Inn	The Oaks Henniker	428-3281
	Comfort Inn	71 Hall St Concord	226-4100
	Courtyard By Marriott	70 Constitution Dr. Concord	225-0303
	Daniel Webster Motor Lodge	188 King St Boscawen	796-2136
	Days Inn	406 S Main St Concord	224-2511
	1830 House Motel	626 W Main St Hillsboro	478-3135
	Elmwood Motor Lodge	200 King St Boscawen	796-2411
	Fairfield Inn	4 Gulf St Concord	224-4011
	Hampton Inn	515 South St Bow	224-5322
	Henniker House	2 Ramsdell Rd Henniker	428-3198
	Henniker Motel	5 Craney Pond Rd Henniker	428-3536
	Holiday Inn	172 North Main Concord	224-9534
	Lake Shore Farm	Jenness Rond Rd Northwood	942-5521
	Lun Hing Motel	Fisherville Rd Concord	224-3471
	Manor Motel	41 Village St Penacook	225-3451
	Mountain Lake Inn	2871 Rt 114 Bradford	938-2136
	Northwood Motel	Rt 4 Northwood	942-5476
	Red Roof Inn	519 Rt 106 Loudon	225-8399
Schools - Allenstown	Allenstown Elementary School (Enrollment 266)	30 S Main St Allenstown	485-9574 485-1805 (fax)
	Armand R. Dupont School (Enrollment 247)	10 School St Allenstown	485-4474 485-1806 (fax)
	Pine Haven Boys Center (Enrollment 22)	133 River Rd Suncook	485-7141 485-7142 (fax)
Schools - Barnstead	Barnstead Elementary School (Enrollment 582)	91 Maple St Ctr. Barnstead	269-5161 269-2632 (fax)
Schools - Boscawen	Boscawen Elementary School (Enrollment 296)	1 Best Ave Boscawen	753-6512 753-8140 (fax)
Schools - Bow	Bow Elementary School (Enrollment 563)	22 Bow Center Rd Bow	225-3049 228-2205 (fax)
	Bow High School (Enrollment 637)	32 White Rock Hill Rd Bow	228-2210
	Bow Memorial School (Enrollment 598)	20 Bow Center Rd Bow	485-7141
Schools - Bradford	Kearsarge Regional Elementary School (Enrollment 208)	Old Warner Rd Bradford	938-5959
	KellCo Academy - Private special ED (Enrollment 6)	2552 Rte. 103 Bradford	938-2825 938-6314 (fax)
Schools - Canterbury	Burnham Brook Middle School (Enrollment 36)	106 Kimball Pond Rd Canterbury	783-4501 783-0303 (fax)
	Canterbury Children's Center (Enrollment 19)	53 Pickard Rd Canterbury	783-9065
	Canterbury Elementary School (Enrollment 145)	15 Baptist Rd Canterbury	783-9944 783-4981 (fax)
Schools - Chichester	Chichester Central School (Enrollment 275)	219 Main St Chichester	798-5651 798-3230 (fax)
Schools - Concord	Anna Philbrook Center (Enrollment 32)	36 Clinton St Concord	271-5900 271-5962 (fax)
	Beaver Meadow School (Enrollment 467)	40 Sewalls Fall Rd Concord	225-0853 225-0857 (fax)
	Bishop Brady High School (Enrollment 439)	25 Columbus Ave Concord	224-7418 228-6664 (fax)
	Broken Ground School (Enrollment 380)	123 Portsmouth St Concord	225-0855 225-0869 (fax)
	Conant Elementary School (Enrollment 382)	152 South St Concord	225-0827 225-0829 (fax)
	Concord Christian School (Enrollment 141)	20 N State St Concord	224-7427 224-9532 (fax)

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Concord Senior High School (Enrollment 1919)	170 Warren St Concord	225-0800 223-2054 (fax)
	Dame School (Enrollment 262)	14 Canterbury Rd Concord	225-0830
	Eastman School (Enrollment 137)	15 Shawmut St Concord	225-0858
	Kimball School (Enrollment 306)	17 N Spring St Concord	225-0840
	Merrimack Valley High School (Enrollment 901)	106 Village St Penacook	753-4311 753-6423 (fax)
	Merrimack Valley Middle School (Enrollment 613)	14 Allen St Penacook	753-4891 753-6429 (fax)
	Parker Academy (Enrollment 37)	2 Fiske Rd Concord	410-6240 410-6241 (fax)
	Penacook Elementary School (Enrollment 345)	60 Village Rd Penacook	753-4891 753-6429 (fax)
	Rumford School (Enrollment 158)	40 Thorndike St Concord	225-0836 225-0838 (fax)
	Rundlett Middle School (Enrollment 1220)	144 South St Concord	225-0865 226-3288 (fax)
	Second Start (Enrollment 31)	450 North State St Concord	225-3318 228-1341 (fax)
	Shaker Road School (Enrollment 328)	131 Shaker Rd Concord	224-0161 226-0257 (fax)
	St. John Regional School (Enrollment 249)	61 South State St Concord	225-3222 225-0195 (fax)
	St. Paul's School (Enrollment 521)	325 Pleasant St Concord	229-4600 229-4892 (fax)
	Tobey School Education Program (Enrollment 45)	45 S Fruit St Concord	271-5940 271-5920 (fax)
	Trinity Christian School (Enrollment 235)	80 Clinton St Concord	225-5410 225-3235 (fax)
	Walker School (Enrollment 191)	4 Church St Concord	225-0844 226-1473 (fax)
Schools - Dunbarton	Dunbarton Elementary School (Enrollment 230)	20 Robert Rogers Rd Dunbarton	774-3181 774-3186 (fax)
Schools - Epsom	Cornerstone Christian Academy (Enrollment 100)	1717 Dover Rd Epsom	736-8668 736-9497 (fax)
	Epsom Central School (Enrollment 503)	282 Black Hall Rd Epsom	736-9331 736-8703 (fax)
	Pathfinder Academy (Enrollment 48)	59 Sawyer Ave Epsom	736-8555 736-5888 (fax)
Schools - Henniker	Henniker Community School (Enrollment 488)	Western Ave Henniker	428-3476 428-8271 (fax)
Schools - Hillsborough	Hillsboro Christian School (Enrollment 59)	337 2nd NH Turnpike Hillsboro	478-2233 478-2244 (fax)
	Hillsboro-Deering Elementary School (Enrollment 592)	4 Hillcat Dr Hillsboro	464-1110 464-4385 (fax)
	Hillsboro-Deering High School (Enrollment 442)	12 Hillcat Dr Hillsboro	464-1130 464-4028 (fax)
	Hillsboro-Deering Middle School (Enrollment 388)	6 Hillcat Dr Hillsboro	464-1120 464-5759 (fax)
Schools - Hopkinton	Harold Martin School (Enrollment 292)	271 Main St Hopkinton	746-3473 746-6803 (fax)
	Hopkinton High School (Enrollment 353)	297 Park Ave Contoocook	746-4167 746-5109 (fax)
	Hopkinton Independent School (Enrollment 86)	20 Beech Hill Rd Hopkinton	226-4662 228-5734 (fax)
	Hopkinton Middle School (Enrollment 179)	297 Park Ave Contoocook	746-4167 746-5109 (fax)
	Maple Street Elementary School (Enrollment 237)	194 Maple St Contoocook	746-4195 746-6863 (fax)
	NFI North- Contoocook School (Enrollment 16)	40 Park Lane Contoocook	746-7702 746-5511 (fax)
Schools - Loudon	Loudon Elementary School (Enrollment 388)	7039 School St Loudon	783-4400 783-4222 (fax)
Schools - Northwood	Coe-Brown Northwood Academy (Enrollment 678)	907 First NH Tpke Northwood	942-5531 942-7537 (fax)
	Northwood Elementary School (Enrollment 476)	511 First NH Tpke Northwood	942-5488 942-5746 (fax)
	SAU #44 Pre School Program (Enrollment 14)	569 First NH Tpke Northwood	868-3964 868-3964 (fax)
Schools - Pembroke	Green Valley School (Enrollment 80)	389 Pembroke St Pembroke	485-8550 485-5055 (fax)
	Pembroke Academy (Enrollment 1040)	209 Academy Rd Pembroke	485-7881 485-1824 (fax)
	Pembroke Hill School (Enrollment 285)	1 Belanger Drive Pembroke	485-9000 485-8872 (fax)
	Pembroke Village School (Enrollment 182)	31 High St Pembroke	485-1807 485-1811 (fax)

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	SAU # 53 TLC Preschool (Enrollment 20)	300 Belanger Drive Pembroke	485-5187 485-8622 (fax)
	Three Rivers School (Enrollment 370)	243 Academy Drive Pembroke	485-9539 485-1829 (fax)
Schools - Pittsfield	Pittsfield Elementary School (Enrollment 380)	34 Bow St Pittsfield	435-8432 435-7358 (fax)
	Pittsfield High School (Enrollment 262)	23 Oneida St Pittsfield	435-6701 435-7087 (fax)
	Pittsfield Middle School (Enrollment 112)	23 Oneida St Pittsfield	435-6701 435-7087 (fax)
Schools - Warner	Simonds Elementary School (Enrollment 184)	Church St Warner	456-2241 456-3084 (fax)
Schools - Weare	Center Woods School (Enrollment 646)	14 Center Rd Weare	529-4500 435-7358 (fax)
	John Stark Regional High School (Enrollment 899)	618 N. Stark Highway Weare	529-7675 529-4646 (fax)
	Weare Middle School (Enrollment 606)	16 East St Weare	529-7555 529-0464 (fax)
Schools - Webster	Webster Elementary School (Enrollment 113)	936 Battle St Webster	648-2467 648-2439 (fax)
Schools - Windsor	Wediko Children's Services, Inc. (Enrollment 40)	11 Bobcat Blvd Windsor	478-5236 478-2049 (fax)
Sports Facilities	Everett Arena	15 Loudon Rd Concord	228-2789
	NH Internatioanl Speedway	1122 Rt 106N Loudon	783-4931
ESF-8 Health and Medical Services: Provides care and treatment for the ill and injured. Mobilizes trained health and medical personnel and other emergency medical supplies, materials and			
Assisted Living Facilities	Birches	300 Pleasant St Concord	224-9111
	Gerrish Manor	325 Daniel Webster Hwy Boscawen	796-3241
	Granite Ledges	151 Langley Parkway Concord	224-0777
	Havenwood Heritage Heights	33 Christian Ave Concord	227-1341
	Heartland Place	901 Suncook Valley Epsom	736-9334
	Presidential Oaks	200 Pleasant St Concord	225-6644
Dental Providers	Aesthetics Dental Center	177 Pleasant St Concord	224-1743
	Aspen Dental Center	14 Loudon Rd Concord	227-9899
	Bara Dental	59 W Main St Hillsborough	464-4100
	Binder & Binder	194 Pleasant St #6 Concord	225-6331
	Brad McGowan, DDS	50 Manchester St Pittsfield	435-8030
	Bruce Trivellini, DDS	25 Dolly Rd Hopkinton	746-3900
	Capital Region Family Health Center	250 Pleasant St Concord	228-7200
	Caring Family Dentistry	93 N State St #201 Concord	230-9719
	Cedric Dustin III, DDS	47 Main St Pittsfield	435-8413
	Christensen & Richter	155 Pleasant St Concord	225-5242
	Concord Endodontics	149 N State St Concord	228-5577
	Concord Family Dentistry	4 Wall St Concord	224-4025
	Concord Oral Surgery	194 Pleasant St #13 Concord	225-4382
	Concord Pediatric Dentistry	248 Pleasant St #202 Concord	224-3339
	Cornerstone Periodontics	280 Pleasant St Concord	224-9474
	Cosmetic Dentistry of Concord	16 Wall St Concord	228-1066
	Cronhardt & Headings	514 South St Bow	224-3151
	David Bogacz, DMD	102 Pleasant St Suite 3 Concord	225-4143
	Family Dentistry – Kimberley Meyer, DDS	24 Rochester Rd Northwood	942-8000
	Foxbend Veterinary Clinic	117 W Main St Hillsborough	464-0262
	Jeffrey Forgosh, DMD	280 Pleasant St Concord	228-1191
	John Echternach, DDS	28 Hall Ave Henniker	428-3419
	Jonas Aviza, DDS	410 S Main St Concord	226-2995
	Laurie Rosato, DMD	6 Loudon Rd Suite 2 Concord	228-9276
	Linda Amsden, DDS	210 N Stark Hwy Weare	529-3511
	Lone Wolf Dental Clinic	143 Airport Rd Concord	225-6650
	Northwood Family Dental Center	1466 First NH Turnpike Northwood	942-5541
	Pamela Weitzel, DDS	656 Main St Hopkinton	746-4674
	Raymond Farland, DDS	160 Dover Rd Chichester	795-5800
	Richard Berryman, DDS	20-1/2 S State St Concord	224-2555
	Robert Kuepper, DDS	5 Sheep Davis Rd Pembroke	224-7831
	Roderic Caron, DDS	31 College Dr Concord	271-6484
	Suncook Family Dentistry	119 Pembroke St Allentown	485-9721
	Tri Town Family Dentistry Center	50 Pinewood Rd Allentown	485-8464
Domestic violence/sexual assault centers	Rape & Domestic violence center	PO Box 1344 Concord	225-7376
	Child abuse hotline	NH State of Health & Human Services Dept	800-894-5533
	Human Rights Comm	NH State of Health & Human Services Dept	271-2767
Funeral Homes	Affordable Funeral and Cremation	172 King St Boscawen	224-9524
	Bennett Funeral Home	209 N Main St Concord	225-3517
	Concord Crematorium	8 Broken Bridge Rd Concord	224-5041
	Waters Funeral Home	50 South Main St Concord	225-5707
	Wendell-Butt Funeral Home	42 Washington St Penacook	753-4991
	Holt Funeral Home	3 Hall Ave Henniker	428-3215
	Woodbury Funeral Home	32 School St Hillsborough	464-5501
	Holt Funeral Home	825 Park Ave Hopkinton	746-5264
	Petit Funeral Home	167 Main St Pembroke	485-9573
	Perkins and Pollard Funeral Home	63 Main St Pittsfield	435-6385

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
Healthcare Providers	Advantage Foot Care (Podiatry)	102 Pleasant St Concord	228-3008 228-7148 (fax)
	Affiliates in Podiatry	248 Pleasant St Suite 203 Concord	225-5281 228-7095 (fax)
	Andrew Forrest (Physical Medicine/Rehabilitation)	171 Pleasant St Concord	226-1780 228-3503 (fax)
	Anesthesia Associates	99 N State St Concord	224-4776 228-2113 (fax)
	Arthritis, Osteoporosis & Musculoskeletal (Rheumatology)	280 Pleasant St Concord	228-1148 225-8325 (fax)
	Barbara Steele	20 Pembroke Rd Concord	848-7463
	Bow Adult Counseling Services (Mental Health)	722 Route 3A Bow	230-9444
	Bow Mills Family Practice	514 South St Bow	228-7373 228-7383 (fax)
	Capital Region Family Health Center (Family Practice)	250 Pleasant St Concord	228-7200 228-7307 (fax)
	Capital Valley Counseling (Mental Health)	8 Centre St # 2 Concord	228-7300
	Cardiac Associates of NH (Cardiology)	246 Pleasant St Suite 103 Concord	224-6070 224-6094 (fax)
	Center for Integrative Medicine (Family Practice)	171 Pleasant St Concord	228-7600 228-7320 (fax)
	Cholesterol Treatment Center (Internal Medicine)	246 Pleasant St Suite 210 Concord	230-1920 230-1922 (fax)
	Clinic for Integrated Medicine (Physical Medicine/Rehabilitation)	425 S Stark Highway Weare	529-5007
	Community Medical Associates (Internal Medicine)	60 Commercial St Suite 401 Concord	228-7555 228-7558 (fax)
	Concord Allergy	194 Pleasant St Suite 7 Concord	228-7322 228-7033 (fax)
	Concord Emergency Medical Assoc. (Emergency Medicine)	250 Pleasant St Concord	225-2711 x3500 230-7218 (fax)
	Concord Eye Care (Ophthalmology)	248 Pleasant St Suite 1600 Concord	224-2020 228-0248 (fax)
	Concord Family Medicine (Family Practice)	141 East Side Drive Concord	228-0071 228-7014 (fax)
	Concord Hospital Infection Control (Infectious Disease)	250 Pleasant St Concord	226-3225 228-7357 (fax)
	Concord Imaging Center (Radiology)	248 Pleasant St Suite 102 Concord	225-0425 225-2510 (fax)
	Concord Neurological (Neurology)	248 Pleasant St Suite G200 Concord	224-6691 228-7087 (fax)
	Concord OBGYN (Obstetrics/Gynecology)	189 N Main St Concord	228-1111 226-4314 (fax)
	Concord Orthopaedics (Orthopaedics/Rheumatology)	264 Pleasant St Concord	224-3368 224-7815 (fax)
	Concord Otolaryngology	194 Pleasant St Concord	224-2353 226-0727 (fax)
	Concord Pediatrics	248 Pleasant St Suite 1700 Concord	224-1929 228-7114 (fax)
	Concord Podiatry	102 Pleasant St Concord	224-8534 224-8086 (fax)
	Concord Psychiatric Assoc	248 Pleasant St Suite 205 Concord	228-7100 228-7104 (fax)
	Concord Surgical Associates (General Surgery)	246 Pleasant St Suite 205 Concord	224-0584 225-5769 (fax)
	Concord Urology	246 Pleasant St Suite G2 Concord	224-3388 225-3557 (fax)
	Contoocook Valley Counseling Center (Mental Health)	18 N Main St Henniker	224-0600
	Dale Bundy (General Surgery)	35 Split Rock Rd Warner	456-3129
	Dartmouth Hitchcock Concord (Allergy)	253 Pleasant St Concord	228-4548 226-2152 (fax)
	Dartmouth Hitchcock Concord (Dermatology)	253 Pleasant St Concord	226-6119 229-5119 (fax)
	Dartmouth Hitchcock Concord (Family Practice)	253 Pleasant St Concord	226-6108 229-5111 (fax)
	Dartmouth Hitchcock Concord (General Surgery)	253 Pleasant St Concord	226-6122 229-2079 (fax)
	Dartmouth Hitchcock Concord (Internal Medicine)	253 Pleasant St Concord	226-6113 229-5009 (fax)
	Dartmouth Hitchcock Concord (Obstetrics/Gynecology)	253 Pleasant St Concord	226-6117 229-5492 (fax)
	Dartmouth Hitchcock Concord (Orthopaedics)	253 Pleasant St Concord	224-5522 229-5085 (fax)
	Dartmouth Hitchcock Concord (Pediatrics)	253 Pleasant St Concord	226-6100 229-5112 (fax)
	Dartmouth Hitchcock Concord (Podiatry)	253 Pleasant St Concord	224-5522 229-5085 (fax)
	David Coursin, MD (Psychiatry)	36 Clinton St Concord	271-5300 271-5395 (fax)

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	David Krueger-Andes, EdD (Psychiatry)	194 Pleasant St Concord	225-8451 223-0776 (fax)
	Dermatology Associates of Concord	111 Loudon Rd Concord	224-2251 228-7047 (fax)
	Eugene Guralnick, MD	Nelson Hill Rd Bradford	927-4785
	Eye Center of Concord (Ophthalmology)	2 Pillsbury St Suite 100 Concord	228-1104 228-7061 (fax)
	Family Care of Concord (Family Practice)	246 Pleasant St Suite 2600 Concord	228-7400 228-7403 (fax)
	Family Physicians of Pembroke (Family Practice)	121 Pembroke St Pembroke	485-8441 485-7718 (fax)
	Family Tree Health Care (Family Practice)	171 Pleasant St Concord	228-7245 228-7406 (fax)
	Family Tree Health Care (Family Practice)	19 Farrington Corners Rd Hopkinton	228-7575 228-7585 (fax)
	Family Tree Health Care (Family Practice)	2 East Main St Warner	456-6106 456-6176 (fax)
	GI Associates of NH (Gastroenterology)	60 Commercial St Suite 404 Concord	228-1763 228-7088 (fax)
	Granite Physiatry (Physical Medicine/Rehabilitation)	254 Pleasant St Concord	226-9846 226-8949 (fax)
	Greenbriar Family Health (Internal Medicine)	234 Mountain Ave Northwood	942-8774 942-8756 (fax)
	Hillsboro –Deering Family Health (Family Practice)	15 Antrim Rd Hillsborough	464-3434 464-3440 (fax)
	Internal Medicine	248 Pleasant St Suite 2800 Concord	224-4003 228-7031 (fax)
	Interventional Pain Management (Pain Management)	171 Pleasant St Concord	228-7356 228-7356 (fax)
	Jill Johnson Bardsley Counseling (Mental Health)	12 Pepin Dr Bow	224-2967
	Mary Ellen Forrestall-Nichols (Psychiatry)	66 Bow Bog Rd Bow	225-7770
	Mental Health (Community Mental Health)	40 Pleasant St Concord	228-1551 225-2803 (fax)
	Mental Health (Community Support Program)	40 Pleasant St Concord	228-1551
	Mental Health (Counseling Assoc.)	40 Pleasant St Concord	226-0817
	Mental Health (Elder Services)	30 Borough Rd Suite 2 Concord	228-2101 228-5100 (fax)
	Mental Health (Emergency Services)	40 Pleasant St Concord	226-0817 226-7526 (fax)
	Mertie Potter, ARNP (Psychiatry)	4 Pond Place Lane Concord	228-1272
	Michael Evans, MD (Psychiatry)	143 N Main St Concord	528-2563 528-2558 (fax)
	Michael Gill, MD	Pierce Lake Hillsborough	487-3393
	Nephrology Associates	248 Pleasant St Suite G300 Concord	224-9995 226-0859 (fax)
	NH Neurospine Institute (Neurosurgery)	246 Pleasant St Suite 107 Concord	225-6674
	NH Oncology- Hematology	250 Pleasant St Concord	224-2556
	Northwood Primary Care (Family Practice)	16 First NH Turnpike Northwood	942-5094
	Paul Lena, MD (Internal Medicine)	16 Madison St Concord	228-8416
	Pembroke Wellness Center (Family Practice)	48 Glass St Pembroke	485-7788
	Penacook Family Physicians (Family Practice)	1 Merrimack St Penacook	753-4302
	Pittsfield Medical Center (Family Practice)	44 Loudon Rd Pittsfield	435-8336
	Pleasant St Family Medicine (Family Practice)	280 Pleasant St Concord	226-3400
	Psychological Services Institute (Psychiatry)	28 South Main St Concord	224-2448
	Psychotherapy Associates (Mental Health)	18 N Main St Boscawen	224-0600
	Pulmonary Medicine	248 Pleasant St Suite G100 Concord	224-9661
	Quality Orthopaedic Care	246 Pleasant St Suite 106 Concord	224-1223
	RH Breed, MD (Plastic Surgery)	248 Pleasant St Suite 201 Concord	224-1990
	Riverbend Community (Children's Intervention)	1 North State St Concord	228-0857
	Robert Sturke, PhD	28 S Main St Concord	228-2999
	Roger Belson, MD (Internal Medicine)	10 Bridge St Henniker	428-3262
	Sanders Family Medicine	2 Pillsbury St Suite 400 Concord	224-7575
	Stadelmann Plastic Surgery	248 Pleasant St Suite 201 Concord	224-5200
	Straughn & Welch (Mental Health)	722 Route 3A Bow	224-0101
	Suncook Family Health Center (Family Practice)	50 Pinewood Rd Suncook/ Allenstown	485-7861
	Susan Dakin (Mental Health)	6 Foster Rd Canterbury	738-0508
	Virginia Emery (Mental Health)	15 Buckingham Drive Bow	774-4933
	Walsh & Chaudhari OBGYN	248 Pleasant St Suite 103 Concord	228-8383
	Warren Fitzgerald PhD & Assoc (Psychiatry)	54 S State St Concord	224-5140
	Women's Reproductive Health	248 Pleasant St Suite 2750 Concord	228-7308
	Wound Healing Center	250 Pleasant St Concord	230-1970
Home Care/Hospice	Concord Regional Visiting Nurses Association	250 Pleasant St Concord	224-4093
	Hospice House	240 Pleasant St Concord	224-4093
Hospitals	Concord Hospital	250 Pleasant St Concord	227-7000
	Healthsouth Rehabilitation-Rehabilitation Hospital	254 Pleasant St Concord	226-9800
	NH Hospital - Psychiatric Hospital	36 Clinton St Concord	271-5300
Nursing Homes	Epsom Health Care	Epsom Traffic Circle	736-4772
	Harris Hill - Genesis	20 Maitland St Concord	227-1319

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Havenwood Heritage Heights-Assisted Living/Nursing Home	33 Christian Ave Concord	227-1341
	Hillsboro House	67 School St Hillsborough	464-5561
	Merrimack County Nursing Home	Daniel Webster Hwy Boscawen	796-2165
	Pine Rock Manor	3 Denny Hill Rd	456-3181
	Pleasant View - Genesis	239 Pleasant St Concord	224-6561
	Presidential Oaks - Assisted Living/Nursing Home	200 Pleasant St Concord	225-6644
Oxygen Suppliers	Keene Medical Products	66 Airport Rd Concord	224-0135
Pharmacies	Apothecary Express	121 Loudon Rd Concord	223-6600
	Brooks Pharmacy	24 Fort Eddy Rd Concord	224-7784
	CARE Pharmacy	Route 28 Epsom	736-8412
	Colonial Village Pharmacy	54 Park Ave Hopkinton	746-4600
	CVS Pharmacy	44 N Main St #52 Concord	224-5071
	Hannaford Pharmacy	73 Fort Eddy Rd Concord	228-2121
	Henniker Pharmacy	Henniker	428-3456
	Kindred Pharmacy	38 Locke Rd Concord	223-0380
	Medicine Store	74 S Main St Concord	225-2747
	Modern Pharmacy	5 Clinton St Concord	224-7429
	Northeast Pharmacy	125 N Main St Concord	226-8686
	Osco Drug	246 Loudon Rd Concord	228-2057
	Osco Drug	276 W Main St Hillsborough	464-4133
	Penacook Pharmacy	305 Village St Penacook	753-6391
	Prescription Center	246 Pleasant St Suite 100 Concord	226-4848
	Prescription Center	125 N Main St #1 Concord	224-9591
	Rite Aid	46 Allenstown Rd Allenstown	485-3612
	Rite Aid	92 South St Concord	228-8400
	Rite Aid	315 W Main St Hillsborough	464-5678
	Rite Aid	41 Carroll St Pittsfield	435-8353
	Target Pharmacy	80 D'amante Dr Concord	227-0809
Treatment Facility	Odyssey House- Residential Treatment	367 Shaker Rd Canterbury	783-9104
Wheelchairs - Ramps & Lifts	All-Ways Accessible Inc		224-9226
	Keene Medical Products	66 Airport Rd Concord	224-0135
	Martel's Self-care Products Inc	68 School St. Allenstown	485-3490 800-417-0055
ESF-10 Hazardous Materials: Provides response, inspection, containment and cleanup of hazardous materials accidents or releases.			
Bio-hazard clean-up (chemical emergencies)	Haz Mat Team (Concord Fire Alarm)		225-3355
Bomb squad/disposal	State Police Bomb Squad		800-852-3411
HazMat Team	Central NH HazMat Team		225-3355 225-8507 (fax)
ESF-11 Food & Water: Identifies, secures, prepares and/or arranges for transportation of safe food and water supplies for mass feeding to affected areas following a disaster.			
Food Distributors	McLane North East	Maple St Contoocook	746-8000
Food Pantries	Allenstown Food Pantry	16 School St Allenstown	485-7321
	Barnstead Food Pantry	Town Hall Barnstead	269-4071
	Boscawen Congregational Church Food Pantry	12 High St Boscawen	796-2565
	Bow Food Pantry	10 Grandview Rd Bow	228-1137 x19
	Bradford Community Food Pantry	88 W Main St Bradford	938-5313
	Canterbury United Church of Christ	328 Baptist Rd	783-9365
	Chichester Food Pantry	54 Main St Chichester	435-7190
	Concord Area Center CAP	1 Tremont St Concord	225-6880
	Dunbarton Congregational Church	6 Stark Highway North Dunbarton	774-4601
	First Congregational Church Food Pantry	177 N Main St Concord	225-5491
	Henniker Food Pantry	7 Western Ave Henniker	428-3810
	Hillsboro Food Pantry	7 Church St Hillsboro	464-4080
	Hopkinton Food Pantry	14 Maple St Contoocook	746-6448
	Immaculate Conception Church	9 Bonney St Penacook	753-6999
	Kearsarge Valley Community Action	49 W Main St Warner	456-2207
	Loudon Ctr Freewill Baptist Church Food Pantry	30 Chichester Rd Loudon	783-4540
	Phileo Pantry First Baptist Church	20 N State St	224-7427
	Pittsfield Food Pantry	85 Main St Pittsfield	435-6773
	Seventh-day Adventist Church	Sheep Davis Rd Concord	224-3641
	St Paul's Church Food Pantry	21 Centre St Concord	224-2523
	St VDP/St. John the Evangelist	69 1/2 S Main St Concord	225-1122
	Suncook Community Action Program	15 Glass St Suncook	485-7824
	The Salvation Army	58 Clinton St	225-5586
	Webster Food Pantry	1011 Long St Webster	648-2165
Meals on Wheels	Concord Area Meals on Wheels	2 Industrial Park Dr Concord	225-9092
Soup Kitchens	The Friendly Kitchen	14 Montgomery St Concord	224-7678
	Suncook United Methodist Church	152 Main St Suncook	485-9707
	The United Church of Penacook	21 Merrimack St Penacook	753-4072
Supermarkets	Bi-Wise Market	Daniel Webster Hwy Allenstown	485-9955
	Colonial Village Supermarket	54 Park Ave Hopkinton	746-4600
	Concord Cooperative Market	241/2 S Main Concord	225-6840
	Danis Super Market	8 Water Pittsfield	435-6201
	Epsom Circle Market	Epsom Traffic Circle Epsom	736-8121
	Hannaford Supermarkets	73 Ft Eddy Rd Concord	228-2060
	Kimball's Market Pizza & Subs	351 Pembroke St Pembroke	485-7777
	Loudon Village Country Store	40 South Village Rd Loudon	798-3099
	Market Basket	108 Ft Eddy Rd Concord	224-5479
	Market Basket	80 Storrs St Concord	228-3228

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Market Basket	30 Rt 103 West Warner	456-3800
	New Harvester Market Inc	16 Bradford Rd Henniker	428-3912
	Shaw's Supermarket	20 Ft Eddy Rd Concord	228-0770
	Shaw's Supermarket	20 D'Amante Dr Concord	228-2279
	Shaw's Supermarkets	276 W Main Hillsborough	464-5110
	Shop The Best	308 Village Penacook	753-9891
	Store 24	201 S Main Concord	224-7026
	Twin M Supermarket	12 Catamount Pittsfield	435-6011
	Vista Supermarket	11 Cooperative Way Pembroke	223-6710
	West Street Market	60 West St Concord	228-8288
	Williams' Store	Hillsborough Upper Village	478-3285
Ice - dealers/ makers & dispensers	Laconia Ice Co	45 Blaisdell Av Laconia	800-244-2143
	Thermal Design Systems	2 Industrial Park Dr Concord	226-4073
Water Companies (Bottled, bulk, etc)	Ice Mountain Water Company		877-375-1242
	Poland Spring Natural Spring Water		800-759-9365
	Vermont Pure Springs Inc		800-525-0070
ESF-12 Energy: Coordinates with the private sector the emergency repair and restoration of critical public energy utilities (i.e., gas, electricity, etc.). Coordinate the rationing and distribution of			
Electric companies	Essex Power Services Inc	1 N Main Penacook	753-4577
	New Hampshire Electric Cooperative Inc (Outages)	579 Tenney Mountain Hwy Plymouth	800-343-6432
	New Hampshire Electric Cooperative Inc	579 Tenney Mountain Hwy Plymouth	536-1800
	Public Service of NH		800-662-7764
	Unitil Energy Systems-Capital	1 Mcguire Concord	224-2311
	Unitil Energy Systems-Capital		800-852-3339
Electric Contractors	A T Electric	197 Bow Bog Rd Bow	223-5000
	Alain Biron Electric	39 Olde Mill Brk Rd Dunbarton	774-7393
	Alliance Electric	19 Church Concord	226-9365
	Amour Electric	33 Swiggey Brook Rd Chichester	798-3160
	Angwin Electric	9 Maple Concord	396-9950 800-649-5330 228-0409 (fax)
	Barrett Electric Co Inc	Chichester	435-7542
	Barrett Electric Co Inc	6 Commercial Concord	223-5004
	Bernardi's Electrical Applications	197 Grapevine Rd Dunbarton	774-2109 866-477-3633
	Burpee Electric	128 D Hall Concord	224-3737
	Catamount Electric & Alarm	356 Catamount Rd Pittsfield	435-8980
	Circuit Masters Leighton	Brook Dr Epsom	736-8656
	Custom Design Electric	Concord	224-8059
	Denny Hill Electric Inc	107 Old Denny Hill Rd Warner	456-3131
	Deschenes Electric	Split Rock Rd Warner	456-2154
	Dodd Electric	88 Twist Hill Rd Dunbarton	774-2400
	Drew Bob Electrical Contracting	104 Baptist Rd Canterbury	783-8303
	First Choice Electric	224 Chestnut Pond Rd Epsom	435-6222
	Forty Terrill Park Drive LLC		228-1900
	Hamilton Electrical Co	Hopkinton	746-5143
	Hammar Electric	387 Bog Rd Hillsborough	464-2130 (fax)
	Harry-O Electrical Corp	73 Rte 129 Loudon	798-5599
	Hugo's Electric Inc	Route 114 Bradford	938-5573
	Irish Electric Corp	18 Tamarack Rd Hopkinton	746-2444
	Irish Electric Corp	Bow	224-7474
	Jewell & Johnson Electrical Services Inc	Hopkinton	224-9911
	Lamphier Electric	Clement Hill Rd Deering	464-4402
	Mamakating Electric Co	Rt 9 Hillsborough	478-5514
	Masse Electrical Contractors	197 N Main Boscawen	753-4466
	McDonnell A L Co Inc	6 River Rd Allenstown	485-9201
	Mitchell D A Co	Concord	225-7017
	MSI Electric Inc	2 Long Pond Rd Dunbarton	774-5614
	Nudd & Davis	159 Village Penacook	753-4348
	Pearl Bros	394 Baptist Rd Canterbury	783-4877
	Pembroke Electric	496 Fourth Range Rd Pembroke	224-2987
	People's Electric	Hopkinton	746-6261
	Phillips Brothers Electrical Contractors	734 Route 28 Pembroke	485-1010
	Plourde John & Debbie	3 Bailey Av Allenstown	485-3060
	Powers Generator Service	41 Terrill Park Dr Concord	224-0066
	Preferred Electrical Services LLC	Concord	227-9473
	R & T Electric	315 S Main Concord	224-4782
	Robie's wiring services	20 Baptist Rd Canterbury	783-9922
	Woodman Electric Inc	3 Tallwood Dr Bow	223-0009
Gas Appliances service	Concord Gas Heating Service	74 Hall concord	224-7730
	Desmarais RA & Son	7 West St Concord	224-9505
	Snedeker Plumbing Heating & Gas Service	36 Bog Rd Concord	225-0998
	Trombly Bill Plumbing Heating & Fuel Oil	Concord	800-339-5713
Gas Propane / Gasoline & Oil	Agway Concord		228-8561
	AmeriGas	202 W Main Hillsborough	464-2600
	Ayer & Goss Inc	Hall Av Henniker	428-3333
	Ayer & Goss Inc	Rt 114 Bradford	938-5335
	Countryside Propane	6 Johnson Rd Bow	226-1848
	Dead River Company LP Gas	Concord	800-339-3047

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Eastern Propane	92 Suncook Valley Hwy Epsom	736-9583
	Eastern Propane & Oil	16 International Dr Loudon	800-479-4840
	Energy North Propane Inc	75 Regional Dr Concord	225-6660 800-698-6636
	Fireplace Village	8 Loudon Rd Concord	228-5578
	Irving Oil Corporation	32 Route 103 W Warner	456-2105
	Irving Oil Home Heating Office	200 N State Concord	888-310-1924
	Rymes' Heating Oil	802 Soucook Ln Pembroke	228-2224
	Rymes' Heating Oil Inc	905 Route 106 Loudon	783-0309
	Rymes Propane & Oil	22 Chemical Ln Concord	456-3197
	Stove Barn	249 Loudon Rd Concord	225-8308
	Trombly Bill Plumbing Heating & Fuel Oil	Concord	224-0275
	U-Haul Co	29 Stickney Ave	224-8555
	Allenstown Mobile	Rt 3 & Granite Allenstown	485-8060
	Aranosian Oil Corp	557 N State Concord	224-7500
	Chichester Mobil	181 Dover Rd Chichester	798-5801
	Citgo North Main Street	236 N Main Concord	224-9631
	Complete Car Care	1 Eastman Concord	224-2288
	Concord Farm	188 Pleasant Concord	223-6601
	Cumberland Farm	Henniker Hillsborough	464-3731
	Dandy Automotive	279 Pembroke St Pembroke	485-7200
	Epsom Circle Auto Service	80 Cross Rd Chichester	800-287-9631
	Epsom Getty	1890 Dover Rd Epsom	736-4800
	Mobil Oil Co	110 Loudon Rd Concord	224-6224
	Pittsfield Citgo	29 Carroll Pittsfield	435-6400
	Sam's Club Gas Station	304 Sheep Davis Rd Concord	224-4957
	Shell Concord	33 Loudon Rd Concord	226-9934
	T C's Service Center	1 Concord Hill Rd Pittsfield	435-6803
	Total	Hazen Dr Concord	225-7330
	Z 1 Express	515 Route 106 Loudon	229-0990
	Bernardi's Electrical Applications	197 Grapevine Rd Dunbarton	774-2109 866-477-3633
	Custom Design Electric	Concord	224-8059
	Guardian by Generac power systems	Hillsborough	478-0527
	Powers Generator Service LLC	41 Terrell Park Dr Concord	800-853-7202
	Merrimack Station	97 River Rd Bow	224-4081
	Milton Cat Power Systems	Exit 7-Interstate 89 Warner	746-4671
Heating/plumbing contractors	AGS Services	12 Depot Hill Rd Henniker	428-7990
	AGS Services	Concord	224-7186
	A Heritage Plumbing & Heating Inc	Concord	225-4028 800-977-4737
	Airamar Mechanical	Northwood	942-5700
	AK Plumbing & Heating	42 Dunklee Concord	226-3210
	Able Plumbing Co	30 Farrell Loop Warner	456-3481
	Above Water Plumbing & Heating	Concord	224-3750
	ACE Plumbing Heating & Air Conditioning	Pittsfield	435-6178
	Benjamin Franklin Plumbing	Concord	224-1811
	Best Value Plumbing & Heating	47 Hawthorne Hill Rd Hopkinton	226-7652
	Bow Plumbing & Heating Corp	3 Bow Bog Rd Bow	225-6929
	Carbone Plumbing & Heating	35 Plateau Ridge Rd Loudon	798-3411
	Central-aire	29 River Rd Bow	224-9953
	Clough H R Inc Heating Oils	29 Depot Warner	800-730-2426 800-746-3456
	Concord Gas Heating Service	74 Hall Concord	224-7730
	Custom Design Electric	Concord	224-8059
	Desmarais RA & Son	7 West St Concord	224-9505
	Direct Flow Plumbing & Heating LLC	190 Wildwood Dr Pittsfield	435-8060 724-5496
	Dunbarton Fuel Service	Main Rd Dunbarton	774-3451 800-540-3451
	Fredette Heating & Gas Repair	173 Ricker Rd Loudon	798-4469
	Fusion Mechanical LLC	Northwood	463-7611
	Glidden Heating Service	Fax Line Chichester	798-3855
	Hillside Heating & Air Conditioning	High Bradford	938-2454
	L J Plumbing & Heating	Pembroke	485-2224
	Morse & Martin Remodeling & Heating	42 S Spring Concord	229-1754
	Nor' Easter HVAC	Henniker	428-7484
	North Branch Refrigeration & Heating	Hillsborough	464-4070
	On Demand Plumbing & Heating	35 West St concord	227-9995
	One Hour Heating & Air Conditioning	Concord	224-3799
	P & M Heating Services	311 S Main Concord	228-5405
	Phillips Plumbing & Heating Inc	District No 5 Rd Concord	224-1890
	Pickman & Sons Plumbing & Heating Inc	Old Warner Rd Bradford	938-2480
	Prescott Johnny & Sons Oil Co	122 Airport Rd Concord	225-5991
	Purcell Bob Plumbing & Heating	5 One Stack Dr Bow	225-8052
	Regency Mechanical	19 Whittemore Rd Pembroke	228-0508

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Rescue Plumbing And Heating	44 Denmark Dr Northwood	942-7377
	Sears Roebuck And Co	270 Loudon Rd Concord	229-0195 877-844-2653
	Sittig Sheet Metal	160 Fisher Rd	464-3022
	Snedeker Plumbing Heating & Gas Service	36 Bog Rd Concord	225-0998
	Stewart Heating LLC	99 Robert Rogers Rd Dunbarton	774-4328
	Therrien Heating Service & Sales	183 Woodhill Hooksett Rd Bow	226-0801
	Trombly Bill Plumbing Heating & Fuel Oil	Concord	224-0275
	Sunweaver	Route 4 Northwood	942-5863
	ABC Pump Service Co	36 Weare Rd Henniker	224-7722
	A Rooter Man	Concord area	223-9700 800-972-3490
	A Rooter Man	Epsom	736-9911
	A W Gagnon Plumbing & Heating Inc	260 Suncook Valley Rd Chichester	435-6150
	All In One Plumbing & Heating	20 Latting Ln Warner	456-6276
	Aqua Specialties	462 Mountain Av Northwood	942-5671 800-729-0388
	Cilley John	Washington	495-6011
	Croteau Joe Plumbing & Heating	Loudon	783-0244
	D R G Mechanical Contractor	Route 28 Epsom	736-8809
	Danny Boy's Plumbing	Northwood	942-5775
	Dantry Plumbing & Heating	Hopkinton	724-1944
	Donnelly J Plumbing & Heating	557 Pembroke St Pembroke	228-5204
	Dorr To Door Plumbing And Heating	Hillsborough Upper Village	478-6060
	Fournier Plumbing & Heating	Hillsborough Upper Village	478-2188
	Gagne Kevin	935 Borough Rd Pembroke	224-3920
	Gibeau Joe Plumbing & Heating	5 S State Concord	225-4641
	Hawes Steve Company Inc	29 River Rd Bow	228-4570
	Henniker Sewer & Drain	7 Liberty Hill Rd Henniker	428-8467
	Hill Top Heating	Hillsborough	464-5311
	Hillsboro Plumbing & Heating Supply	74 Henniker Hillsborough	464-2000
	Holmes Allan G Company	Route 107 Northwood	942-5156
	Jay's Plumbing & Heating	8 Jacqueline Dr Dunbarton	774-8175
	L D G Corp	701 Borough Rd Pembroke	224-8370
	LDG Corp Mechanical Contractors	181 Evergreen Ln Pembroke	485-7892
	Moore Plumbing Services	Northwood	942-7962
	Mr Rooter Plumbing	Concord area	228-6929 800-340-7080
	On Demand Plumbing & Heating	2 Industrial Pk Dr Concord	227-5255
	Otis Plumbing & Heating	6 Bean Penacook	753-4391
	Pearl Bros	394 Baptist Rd Canterbury	783-4877
	Pipe Pro Plumbing & Heating	47 Mary Rowe Dr Hillsborough	464-4543
	Purinton Plumbing & Heating	248 Sheep Davis Rd Concord	225-2230
	Robinson Plumbing & Heating	Concord	228-3206
	Roto-Rooter Plumbing Service	Concord	224-3681 800-438-7686
	Spearpoint Plumbing	Canterbury	783-0550
	Wheeler Plumbing & Heating	494 Stowe Mtn Rd Hillsborough Up Vlg	478-5680
Water Companies -Utility	Cogswell Spring Water Works	Henniker	428-3237
	Pembroke Town of Water Works Office	212 N Main Pembroke	485-3362
	Pennichuck Water	10 White Rock Hill Rd Bow	224-5769
	Pennichuck Water Works	371 Catamount Rd Pittsfield	435-6685
	Water Systems Operators of NH	17 Flanders Rd Henniker	428-3525
ESF-13 Law Enforcement & Security: Provides for the protection of life and property by enforcing laws, orders and regulation, including the movement of persons from threatened or			
Sheriff's Departments	Belknap County Sheriff	42 County Drive Laconia NH 03246	527-5454 527-5469 (fax)
	Hillsborough County Sheriff	329 Mast Rd Suite 15 Goffstown NH 03045	627-0168 627-5634 (fax)
	Merrimack County Sheriff	163 N Main St Concord	225-5451 225-5630 (fax)
	Rockingham County Sheriff	101 North Road Brentwood NH 03833	679-2225 679-1877 (fax)
	Sullivan County Sheriff	14 Main St Newport NH 03773	863-4200 863-0012 (fax)
Police Departments	Allenstown	40 Allenstown Rd Allenstown	485-9500 485-9589 (fax)
	Barnstead	119 S Barnstead Rd Barnstead	269-8100 269-2488 (fax)
	Boscawen	116 North Main St Boscawen	796-9124 753-9125 (fax)
	Bow	12 Robinson Rd Bow	228-1240 228-2452 (fax)
	Bradford	75 West Main St Bradford	938-2522
	Canterbury	26 Baptist Rd Canterbury	783-0433
	Chichester		798-4911
	Concord	35 Green St Concord	225-8600 228-2703 (fax)
	Deering	762 Deering Center Rd Deering	464-3127

Appendix D - Capital Area Resource Directory

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	Dunbarton	18 Jean Dr Dunbarton	774-5500
	Epsom	37 Pleasant St Epsom	736-4445 736-8421 (fax)
	Henniker	64 Western Ave Henniker	428-3213 428-7509 (fax)
	Hillsborough	22 Old Dump Rd Hillsborough	464-5512 464-6052 (fax)
	Hopkinton	1696 Hopkinton Rd Hopkinton	746-5151 746-4166 (fax)
	Loudon	8 Cooper St Loudon	798-5584 798-5585 (fax)
	Northwood	1020 First NH Turnpike Northwood	942-8284
	Pembroke	247 Pembroke St Pembroke	485-9173 485-4028 (fax)
	Pittsfield	59 Main St Pittsfield	435-7535 435-7298 (fax)
	Warner	180 Rt 103W Warner	456-3433
	Washington	5 Halfmoon Pond Rd Washington	495-3294
	Weare	144 N. Stark Hwy Weare	529-7755 529-4554 (fax)
	Webster	851 Battle St Webster	648-2200 648-2699 (fax)
	Windsor	22 Old Dump Rd Hillsboro	464-5512 464-6052 (fax)
ESF-14 Public Information: Provides for effective collection, control and dissemination of public information to inform the general public adequately of emergency conditions and available			
Town Halls	Allenstown	16 School St Allenstown	485-4276 485-8669 (fax)
	Barnstead	108 S Barnstead Rd Barnstead	269-4071 269-4072 (fax)
	Boscawen	116 North Main St Boscawen	753-9188 753-9183 (fax)
	Bow	10 Grandview Dr Bow	228-1187 224-6680 (fax)
	Bradford	75 West Main St Bradford	938-5900 938-5694 (fax)
	Canterbury	Hackleboro Rd Canterbury	783-9955 783-0501 (fax)
	Chichester	54 Main St Chichester	798-5350 798-3170 (fax)
	Concord	41 Green St Concord	225-8500
	Deering	762 Deering Center Rd Deering	464-3248
	Dunbarton	1011 School St Dunbarton	774-3541
	Epsom	27 Black Hall Rd Epsom	736-9002 736-8539 (fax)
	Henniker	2 Depot Hill Rd Henniker	428-3221 428-4366 (fax)
	Hillsborough	29 School St Hillsborough	464-3877 464-4270 (fax)
	Hopkinton	330 Main St Hopkinton	746-3170 746-2952 (fax)
	Loudon	29 South Village Rd Loudon	798-4541 798-4546 (fax)
	Northwood	818 First NH Turnpike Northwood	942-5586 942-9107 (fax)
	Pembroke	311 Pembroke St Pembroke	485-4747 485-3967 (fax)
	Pittsfield	85 Main St Pittsfield	435-6773 435-7922 (fax)
	Warner	5 East Main St Warner	456-2298 456-3661 (fax)
	Washington	7 Halfmoon Pond Rd Washington	495-3661
	Weare	15 Flanders Memorial Rd Weare	529-7525 529-4554 (fax)
	Webster	945 Battle St Webster	648-2272 648-2248 (fax)
	Windsor	14 White Pond Rd Windsor	478-3292
ESF-15 Volunteers and Donations: Facilitates the delivery of donated goods and volunteer services to support response operations and relief efforts in a disaster.			
Civic clubs	Bow Brook Club	144 Warren Concord	224-4331
	Concord Boys & Girls Club	Bradley Concord	224-1061
	Concord Woman's Club	44 Pleasant Concord	225-3622
	Eagles Fraternal Order	36 S Main Concord	228-8922
	Elks Club	48 Airport Rd Concord	410-6008
	Knights of Columbus	50 Bradley Concord	228-8927
	Masonic Temple	53 Iron Works Rd Concord	228-8901
	NH Sno-Shakers Snowmobile Club	70 Clough Pond Rd Canterbury	783-9806
	Passaconaway Club	Garvins Falls Rd Concord	225-2602
	Snow Shoe Club	Little Pd Rd Concord	225-2213
	Veterans of Foreign Wars	43 Church Pembroke	485-7753

	Hillsboro Villager	365 w Main St Hillsboro	464-3611
	VFW Post 1631	6 Court Concord	228-8907
ESF-16 Animal Health: Provides for a coordinated response in the management and containment of any communicable disease resulting in an animal health emergency.			
Animal shelters	Concord Merrimack County SPCA	130 Washington Penacook	753-6751
	Pet Net Referral System	24 Montgomery Concord	228-6755
Pest Control Services	A Presidential Pest Control	Concord	229-0088 800-966-5568
	Advanced Wildlife Control	Concord	225-0020 800-870-9288
	Assured Pest Solutions LLC	Concord	224-5614
	Choice Pest Control Inc	Concord	224-9191
	Colonial Pest Control	Concord	228-5525 800-525-8084
	Expert Pest Control	Concord	224-6800 800-235-3093
	Fedolfi Pest Free Management	14 Village Penacook	224-8100
	Hampshire Pest Control Co Inc	516 Jenness Pond Rd Northwood	224-4967
	J P Chemical Co Inc	101 Emerson Rd Milford (Concord area)	226-0700
	J & S Pest Control	Concord	225-6427
	Modern Pest Services	Concord	226-2211
	Orkin Inc	Concord	224-4455 800-542-8882
	Sullivan Pest Management Inc	61 White Pond Rd Windsor	464-4331
	Terminix International	Concord	228-8691
Veterinarians	Allenstown Animal Hospital	9 River Rd. Allenstown	485-7133
	Apple Tree Animal Hospital	662 Maple St. Hopkinton	746-5050
	Capital Area Veterinary Emergency	22 Bridge St. Concord	227-1199
	Central NH Animal Care	4 King Rd. Chichester	798-3400
	Cilley Animal Hospital	37 Iron Works Rd. Concord	224-9549
	Concord Animal Hospital	210 Loudon Rd. Concord	228-0107
	Cutter Veterinary Services	280 Dowboro Rd. Pittsfield	435-8630
	Edward Meeham, DVM	61 Main St. Chichester	798-5822
	Fisherville Animal Hospital	108 Fisherville Rd. Concord	229-0674
	Foxbend Veterinary Clinic	117 W Main St. Hillsborough	464-0262
	Henniker Veterinary Hospital	Rt 114 & Rt 202. Henniker	428-3441
	Holistic Veterinary Hospital	34 West St. Concord	225-9680
	KL Ranch	99 John Tasker Rd. Barnstead	269-4346
	Pembroke Animal Hospital	13 Sheep Davis Rd. Pembroke	228-0019
	Riverside Veterinary Hospital	201 N Main St. Boscawen	224-5615
	Russell Animal Hospital	286 Pleasant St. Concord	224-2361
	VCA Companion Hospital	76 Kelleys Corner Rd. Chichester	435-6744
	VCA Northwood Veterinary Hospital	984 First NH Turnpike Northwood	942-8368
	Weare Animal Hospital	91 N Stark Highway Weare	529-4999

APPENDIX E — Media Contacts

Newspapers

Name	Address	Phone	Fax	Email
Bow Times	1662 Elm St Suite 100 Manchester, NH 03101	314-0447	314-0933	mailto:editor@bowtimes.comailto:
Bradford Bridge	PO Box 463 Bradford, NH 03221	938-5509	938-2287	mailto:bradfordbridge@mcttelecom.com
The Citizen	Laconia, NH 03246	524-3800	527-3593	mailto:tcaldwell@citizen.com
Concord Monitor	PO Box 1177 Concord, NH 03301	224-5300	228-8238	news@cmonitor.com
Goffstown News	1662 Elm St Suite 100 Manchester, NH 03101	314-0447	314-0933	editor@goffstownnews.com
Hillsboro Villager	365 w Main St Hillsboro, NH 03244	464-3611		villagernews@hotmail.com
Hippo Press	49 Hollis St Manchester, NH 03101	625-1855 x14	625-2422	news@hippopress.com
Hooksett Banner	1662 Elm St Suite 100 Manchester, NH 03101	314-0447	314-0933	mailto:gkozlowski@yourneighborhoodnews.com
Loudon Ledger	622 Old Shaker Rd Loudon, NH 03307	783-9812	783-9812	Debbie@debbiekgraphics.com
The Messenger	246 W Main St Hillsboro, NH 03244	464-5588		granitequill@conknet.com
Suncook Valley Sun	8 Broadway St PO Box 156 Pittsfield, NH 03263	435-6291	435-7383	svsun@aol.com
Union Leader	PO Box 9555 Manchester, NH 03108	668-4321	668-0040	news@theunionleader.com
Webster Grapevine	Webster, NH 03303			boswebvine@juno.com
Weare Free Press	90 Old Town Rd Weare, NH 03281	529-0272		freepress@comcast.net
The Weekly Contender	PO Box 1768 Hillsboro, NH 03244	464-4830	464-4810	advertising@nhcontender.com

Television

Name	Address	Phone	Fax	Email
WMUR (ABC)	100 S Commercial St Manchester, NH 03101	800-257-5151		
WNDS	50 Television Place Derry, NH 03038	434-8850		
NHPTV (PBS)	268 Mast Rd Durham, NH 03824	868-1100	868-7552	themailbox@nhtv.org
Concord CTV	170 Warren St Concord, NH 03301	226-8872	226-3343	dball@csd.k12.nh.us
Weare CATV	PO Box 190 Weare, NH 03281			

Radio

Name	Address	Phone	Fax	Email
WEVO (NHPR)	27 N Main St Concord, NH 03301	228-8910	224-6052	mbevis@nhpr.org
WJYY	11 Kimball Dr # 114 Hooksett, NH 03106	228-9036		
WKXL	37 Redington Rd Concord, NH 03301	224-1450		mailto:news@wkxl1450.com
WVNH	10 Ferry St Concord NH 03301	227-0911		
WZID	500 N Commercial St Manchester, NH 03101	669-5777		

APPENDIX F — Glossary

Airborne Precautions	Includes the placement of the case in an airborne isolation room with negative air pressure and the use of N-95 fit-tested respirator by individuals entering the room.
Airborne Transmission	Occurs when disease particles <5um in size are released in the air by an infectious person and then persist in the environment long enough to transmit to others in that environment
Antiviral	A medication that destroys or inhibits the growth and reproduction of viruses. Commonly used for influenza.
CDC	Centers for Disease Control and Prevention - The federal agency responsible for preventing and controlling infectious and chronic diseases, injuries, workplace hazards, disabilities, and environmental health threats. This agency provides funding to the state health department for Bioterrorism Preparedness.
CERT	Community Emergency Response Team - A Citizen Corps program that provides training in emergency preparedness and basic response to citizens.
Citizen Corps	A federal program to establish and fund local councils to train citizens on crime, terrorism, and natural disaster risks to supplement the needs of first responders.
DBHRT	Disaster Behavioral Health Response Team - An initiative to form statewide teams of trained behavioral health volunteers to support communities as needed.
DHHS	NH Department of Health and Human Services
DOS	NH Department of Safety
DPHS	Division of Public Health Services (a division of DHHS)
Decon	Decontamination - The removal of foreign substances from a person with the primary intent of stopping or minimizing the risk of the substance to cause harm to the individual or those providing care.
Droplet Precautions	Designed to reduce the risk of droplet transmission of infectious disease agents. They include the use of gloves, gowns, surgical or other masks, and goggles or face shield.
Droplet Transmission	Occurs when droplets containing infectious agents generated by an infectious person are propelled a short distance through the air by coughing, sneezing, or talking.
EMD	Emergency Management Director - A local official appointed to develop and maintain the Local Emergency Operations Plan.

EOC	Emergency Operations Center - The protected site from which State and local civil government officials coordinate, monitor, and direct emergency response activities during an emergency.
ERI	Epidemic Respiratory Infection
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals - A nationwide system of pre-credentialing health professionals who may be interested in volunteering in a public health emergency.
ESF	Emergency Support Functions - The 16 components of a Local Emergency Operations Plan.
ESF1	Transportation
ESF2	Communications & Alerting
ESF3	Public Works & Engineering
ESF4	Fire Fighting
ESF5	Information & Planning
ESF6	Mass Care & Shelter
ESF7	Resource Support
ESF8	Health & Medical Services
ESF9	Search & Rescue
ESF10	Hazardous Materials
ESF11	Food
ESF12	Energy
ESF13	Law Enforcement & Security
ESF14	Public Information
ESF15	Volunteers & Donations
ESF16	Animal Health
FEMA	Federal Emergency Management Agency - The federal agency responsible for helping people before, during and after disasters.
First Receiver	Healthcare workers at a hospital receiving victims for treatment.
First Responder	Firefighters, law enforcement, HAZMAT teams, and ambulance service personnel
HAN	Health Alert Network – A system used to notify health care workers of a public health emergency.
Hazard Mitigation	Any action taken to eliminate or reduce the long-term risk to life and property from hazards.
HazMat	Hazardous Material - A foreign substance that is capable of causing harm to a person regardless of the duration of exposure.

HRSA	Health Resources and Services Administration - A federal agency responsible for assuring access to comprehensive, culturally competent, quality care. This agency provides funding to the hospitals for Bioterrorism Preparedness.
HSEM	NH Homeland Security and Emergency Management (a division of DOS)
ICS	Incident Command System - A standardized organizational structure used to command, control, and coordinate the use of resources and personnel that have responded to the scene of an emergency. The concepts and principles for ICS include common terminology, modular organization, integrated communication, unified command structure, consolidated action plan, manageable span of control, designated incident facilities, and comprehensive resource management.
ILI	Influenza-like illness - Defined as 1) a fever ≥ 100.4°F and 2) cough and/or sore throat in the absence of a known cause.
Incubation Period	The time from exposure to an infectious disease to symptom onset. The incubation period for influenza is usually two days, but can vary from one to five days.
Isolation	The separation of persons who have a specific infectious illness from those who are healthy.
JIC	Joint Information Center – Media center set up and managed by state emergency operations center in the event a state-wide emergency declared by the governor
LEOP (or EOP)	Local Emergency Operations Plan - A plan done at the municipal level that describes how people and property will be protected in disaster and disaster threat situations; details who is responsible for carrying out specific actions; identifies the personnel, equipment, facilities, supplies, and other resources available for use in the disaster; and outlines how all actions will be coordinated.
LEPC	Local Emergency Planning Committee - A municipal group that reviews and tracks a chemical stored in that community and develops an emergency response plan to respond to a contamination.
Mass Prophylaxis	A measure taken for the prevention of a disease or condition on a large scale.
Medical Reserve Corps	A Citizen Corps program that provides training in emergency preparedness and basic response to practicing and retired medical personnel.
MOA/MOU	Memorandum of Agreement/ Memorandum of Understanding - An agreement between two agencies to provide a service under special circumstances.
N-95	A facemask used to minimize the risk of contact with an infectious substance by removing particulate matter from the air.

NIMS	National Incident Management System - A nationwide template to enable all government, private sector and nongovernmental organizations to work together during domestic incidents.
Outbreak	A sudden increase in the number of cases of a specific disease or clinical symptom.
Pandemic	A global outbreak of disease that occurs when a new virus appears or "emerges" in the human population, causes serious illness in people, and then spreads easily from person to person worldwide.
PAPR	Powered Air Purifying Respirator - A battery powered unit that is worn that uses a blower system to pull air through filters and into a hood that covers the face.
PHIP	Public Health Improvement Plan - A plan identifying a strategy for improving the health and safety of a community.
PIO	Public Information Officer - Person responsible for preparing and coordinating the dissemination of emergency public information.
POD	Point of Distribution Site - Community-based clinic site for large-scale vaccination or medication dispensing during a public health emergency or disease outbreak.
PPE	Personal Protective Equipment -Items that are worn to minimize the risk of contact with a hazardous or infectious substance. Includes: gowns or suits, boots, gloves, masks, etc.
Prophylaxis	The prevention of or protective treatment for a disease.
Push Pack	This portion of the SNS consists of medical material that can arrive anywhere in the Continental United States within 12 hours; there are 12 Push Packages prepositioned at strategic locations nationwide.
Quarantine	The separation and restriction of movement of persons who, while not ill yet, have been exposed to an infectious agent and therefore may become infectious.
RSS	Receive, Store and Stage warehouse
SARS	Severe Acute Respiratory Syndrome
SNS	Strategic National Stockpile - Packages of medical assets (medications and supplies) stored in strategic locations around the US to ensure rapid delivery to anywhere in the US in the event of a national emergency.
SOP	Standard Operating Procedure - A set of instructions constituting a directive, covering those features of operations that lend themselves to a definite, step-by-step process of accomplishment. SOPs supplement EOPs by detailing and specifying how tasks assigned in the EOP are to be carried out.
Standard	The basis level of infection control focusing on proper hand hygiene and include

Precautions	the use of PPE to serve as protective barriers and appropriate handling of clinical waste.
Surge Capacity	The ability to increase operations to treat a much larger volume of cases than usual.
Triage	A system used by medical or emergency personnel to determine to severity of a person's illness or injury.

APPENDIX G

Reportable Disease Information

Fact Sheets

Note:

Except for Hepatitis B thru G, the disease contained in this section must be reported to the New Hampshire Department of Health and Human Services or local health officers within 24 hours.

New Hampshire

Department of Health and Human Services

REPORTABLE DISEASE INFORMATION 2007

*Diseases with an asterisk should be reported within 24 hours (all others within 72 hours)

All cases should be reported following diagnosis or suspicion of diagnosis

ALL REPORTED INFORMATION WILL BE HANDLED MAINTAINING STRICT CONFIDENTIALITY STANDARDS.

Reports shall include:

A - The name of the disease

B - The name of the person reporting

C - Physician Name and Phone Number

D - Patient information:
- Name
- Date of Birth/Age
- Sex
- Race
- Ethnicity
- Address
- Telephone Number
- Occupation
- Place of Employment
- Date of onset

E - Diagnostic Test Information:
- Type of test performed
- Specimen type(s)
- Date
- Results

F - Treatment Information for Sexually Transmitted Diseases:
- Date
- Drug
- Dosage

Phone disease reports to:

Communicable Disease Control and Surveillance Sections

Office:	603-271-4496
Toll free office:	800-852-3345 ext 4496
Hotline:	888-836-4971
After hours response:	800-852-3345 ext 5300

FAX disease reports to:

Communicable Disease Control and Surveillance Sections

603-271-0545

Mail disease reports to:

NH Department of Health and Human Services
Division of Public Health Services
Communicable Disease Control and Surveillance Sections
29 Hazen Drive
Concord NH 03301-6504

- Acquired Immune Deficiency Syndrome (AIDS)
- Anthrax [*Bacillus anthracis*]*
- Babesiosis [*Babesia microti*]*
- Botulism [*Clostridium botulinum*]*
- Brucellosis [*Brucella abortus*]*
- Campylobacteriosis [*Campylobacter species*]
- CD4+ lymphocyte counts
- Chlamydial infection [*Chlamydia trachomatis*]
- Cholera [*Vibrio cholerae*]*
- Coccidioidomycosis [*Coccidioides immitis*]
- Creutzfeldt-Jakob Disease*
- Cryptosporidiosis [*Cryptosporidium parvum*]
- Cyclospora infection [*Cyclospora cayetanensis*]
- Diphtheria [*Corynebacterium diphtheriae*]*
- Ehrlichiosis [*Ehrlichia species*]
- Encephalitis, arboviral only*
- *Escherichia coli* O157 infection and other shiga toxin producing *E. coli*
- Food poisoning*
- Giardiasis [*Giardia lamblia*]
- Gonorrhea [*Neisseria gonorrhoeae*]
- *Haemophilus influenzae*, invasive disease, sterile site*
- Hantavirus Pulmonary Syndrome [Hantavirus]*
- Hemolytic Uremic Syndrome (HUS)
- Hepatitis, viral: A*, B, E, G
- Hepatitis, viral: positive B surface antigen in a pregnant woman
- Human Immunodeficiency Virus (HIV)
- Legionellosis [*Legionella pneumophila*]
- Leprosy, Hansen's disease [*Mycobacterium leprae*]
- Listeriosis [*Listeria monocytogenes*]
- Lyme disease [*Borrelia burgdorferi*]
- Malaria [*Plasmodium species*]
- Measles [Rubeola]*
- Mumps*
- *Neisseria meningitidis*, invasive disease, sterile site*
- Pertussis [*Bordetella pertussis*]*
- Plague [*Yersinia pestis*]*
- Pneumococcal disease, invasive [*Streptococcus pneumoniae*]*
- Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
- Poliomyelitis [Polio]*
- Psittacosis [*Chlamydophila psittaci*]*
- Rabies in humans or animals*
- Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
- Rubella, including Congenital Rubella Syndrome*
- Salmonellosis [*Salmonella species*] (report *S.* Typhi* within 24 hours)
- Shigellosis [*Shigella species*]
- Streptococcus Group A/B, invasive disease [*Streptococcus pyogenes/agalactiae*], sterile site
- Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
- Tetanus [*Clostridium tetani*]
- Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
- Trichinosis [*Trichinella spiralis*]
- Tuberculosis disease [*Mycobacterium tuberculosis*]*
- Tuberculosis infection, latent
- Tularemia [*Francisella tularensis*]*
- Typhoid fever [*Salmonella* Typhi]*
- Typhus [*Rickettsia prowazekii*]*
- Varicella*
- Vibrio infection [*V. cholerae, V. parahaemolyticus, V. vulnificus*]*
- Vancomycin Resistant Enterococci (VRE)
- Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
- Yersiniosis [*Yersinia enterocolitica*]
- Any unusual occurrence or cluster of illness which may pose a threat to the public's health*

New Hampshire Communicable Disease Report Form 2006

DISEASE: REPORT DATE:

Patient's Name _____
(Last) (First)

Date of Birth _____ Age _____ ☐ Male ☐ Female

Address _____

City/Town _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Occupation/Employment _____

Race
- ☐ White
- ☐ Black
- ☐ Asian /Pacific Islander
- ☐ Native Am./Alaskan Native
- ☐ Other
- ☐ Unknown

Ethnicity
- ☐ Hispanic
- ☐ Not Hispanic

Miscellaneous Information
(check all that apply)
- ☐ Pregnant
- ☐ Health Care Worker
- ☐ Nursing Home Resident / Worker
- ☐ Day Care Child / Worker
- ☐ Food Service Worker
- ☐ Deceased
- ☐ Hospitalized (if yes, where?)

Onset Date of Symptoms _____
Diagnosis date _____
Date of test _____
Type of test _____
TB (PPD) mm _____
Chest Xray? ☐ NO ☐ YES

Specimen Source
- ☐ Blood
- ☐ Stool
- ☐ Urine
- ☐ Other *(specify)*
- ☐ Cervix
- ☐ Urethra
- ☐ Pharynx
- ☐ Unknown

Treatment
Date _____
Drug _____
Dosage _____

Does patient know of diagnosis?
☐ NO ☐ YES

If reporting a Vaccine Preventable Disease, please indicate if patient was previously vaccinated for this infection:
☐ NO ☐ YES: Date Administered _____

Provider Information
Reported by _____
Provider _____
Facility _____
City/Town _____ State _____ Zip _____
Phone _____

3 Ways to Report Communicable Disease in NH

Phone: Hotline (888)836-4971 or Office (603)271-4496
Fax: (603)271-0545 **Do not fax HIV/AIDS reports**

Mail: Department of Health and Human Services
Communicable Disease Surveillance & Control
29 Hazen Drive
Concord NH 03301

Healthy New Hampshire

Diseases with an (*) should be reported within 24 hours. All others should be reported within 72 hours of diagnosis. NH RSA 141-C and He-P300 mandate that the listed communicable diseases are reportable by all physicians, labs and health care providers. We request prompt reporting of suspect and confirmed cases as well as any suspect outbreaks of illness.

-Acquired Immune Deficiency Syndrome (AIDS)
-Anthrax [*Bacillus anthracis*]*
-Babesiosis [*Babesia microti*]*
-Botulism [*Clostridium botulinum*]*
-Brucellosis [*Brucella abortus*]*
-Campylobacteriosis [*Campylobacter* species]
-CD4+ lymphocyte counts
-Chlamydial infection [*Chlamydia trachomatis*]
-Cholera [*Vibrio cholerae*]*
-Coccidioidomycosis [*Coccidioides immitis*]
-Creutzfeldt-Jakob Disease*
-Cryptosporidiosis [*Cryptosporidium parvum*]
-Cyclospora infection [*Cyclospora cayetanensis*]
-Diphtheria [*Corynebacterium diphtheriae*]*
-Ehrlichiosis [Ehrlichia species]
-Encephalitis, arboviral only*
-*Escherichia coli* O157 infection and other shiga toxin producing *E. coli*
-Food poisoning*
-Giardiasis [*Giardia lamblia*]
-Gonorrhea [*Neisseria gonorrhoeae*]
-*Haemophilus influenzae*, invasive disease, sterile site*
-Hantavirus Pulmonary Syndrome [Hantavirus]*
-Hemolytic Uremic Syndrome (HUS)
-Hepatitis, viral: A*, B, E, G
-Hepatitis, viral: positive B surface antigen in a pregnant woman
-Human Immunodeficiency Virus (HIV)
-Legionellosis [*Legionella pneumophila*]
-Leprosy, Hansen's disease [*Mycobacterium leprae*]
-Listeriosis [*Listeria monocytogenes*]
-Lyme disease [*Borrelia burgdorferi*]
-Malaria [Plasmodium species]
-Measles [Rubeola]*
-Mumps*
-*Neisseria meningitidis*, invasive disease, sterile site*
-Pertussis [*Bordetella pertussis*]*
-Plague [*Yersinia pestis*]*
-Pneumococcal disease, invasive [*Streptococcus pneumoniae*]*
-Pneumocystis pneumonia [*Pneumocystis jiroveci* formerly *carinii*]
-Poliomyelitis [Polio]*
-Psittacosis [*Chlamydophila psittaci*]*
-Rabies in humans or animals *
-Rocky Mountain Spotted Fever [*Rickettsia rickettsii*]
-Rubella, including Congenital Rubella Syndrome*
-Salmonellosis [*Salmonella* species] (report *S.* Typhi* within 24 hours)
-Shigellosis [*Shigella* species]
-Streptococcus Group A/B, invasive disease [*Streptococcus pyogenes*/*agalactiae*], sterile site
-Syphilis, including Congenital Syphilis Syndrome [*Treponema pallidum*]
-Tetanus [*Clostridium tetani*]
-Toxic-Shock Syndrome (TSS) [streptococcal or staphylococcal]
-Trichinosis [*Trichinella spiralis*]
-Tuberculosis disease [*Mycobacterium tuberculosis*]*
-Tuberculosis infection, latent
-Tularemia [*Francisella tularensis*]*
-Typhoid fever [*Salmonella* Typhi]*
-Typhus [*Rickettsia prowazekii*]*
-Varicella*
-Vibrio infection [*V. cholerae, V. parahaemolyticus, V. vulnificus*]*
-Vancomycin Resistant Enterococci (VRE)
-Vancomycin Resistant *Staphylococcus aureus* (VRSA)*
-Yersiniosis [*Yersinia enterocolitica*]
-Any unusual occurrence or cluster of illness which may pose a threat to the public's health*

FACT SHEET

Anthrax: What You Need To Know

What Is Anthrax?

Anthrax is a serious disease caused by ***Bacillus anthracis***, a bacterium that forms spores. A bacterium is a very small organism made up of one cell. Many bacteria can cause disease. A spore is a cell that is dormant (asleep) but may come to life with the right conditions.

There are three types of anthrax:

- **skin (cutaneous)**
- **lungs (inhalation)**
- **digestive (gastrointestinal)**

How Do You Get It?

Anthrax is not known to spread from one person to another.

Anthrax from animals. Humans can become infected with anthrax by handling products from infected animals or by breathing in anthrax spores from infected animal products (like wool, for example). People also can become infected with gastrointestinal anthrax by eating undercooked meat from infected animals.

Anthrax as a weapon. Anthrax also can be used as a weapon. This happened in the United States in 2001. Anthrax was deliberately spread through the postal system by sending letters with powder containing anthrax. This caused 22 cases of anthrax infection.

How Dangerous Is Anthrax?

The Centers for Disease Control and Prevention classifies agents with recognized bioterrorism potential into three priority areas (A, B and C). Anthrax is classified as a Category A agent. Category A agents are those that:

- pose the greatest possible threat for a bad effect on public health
- may spread across a large area or need public awareness
- need a great deal of planning to protect the public's health

In most cases, early treatment with antibiotics can cure cutaneous anthrax. Even if untreated, 80 percent of people who become infected with cutaneous anthrax do not die. Gastrointestinal anthrax is more serious because between one-fourth and more than half of cases lead to death. Inhalation anthrax is much more severe. In 2001, about half of the cases of inhalation anthrax ended in death.

What Are the Symptoms?

The symptoms (warning signs) of anthrax are different depending on the type of the disease:

- Cutaneous: The first symptom is a small sore that develops into a blister. The blister then develops into a skin ulcer with a black area in the center. The sore, blister and ulcer do not hurt.
- Gastrointestinal: The first symptoms are nausea, loss of appetite, bloody diarrhea, and fever, followed by bad stomach pain.

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- Inhalation: The first symptoms of inhalation anthrax are like cold or flu symptoms and can include a sore throat, mild fever and muscle aches. Later symptoms include cough, chest discomfort, shortness of breath, tiredness and muscle aches. (Caution: Do not assume that just because a person has cold or flu symptoms that they have inhalation anthrax.)

How Soon Do Infected People Get Sick?

Symptoms can appear within 7 days of coming in contact with the bacterium for all three types of anthrax. For inhalation anthrax, symptoms can appear within a week or can take up to 42 days to appear.

How Is Anthrax Treated?

Antibiotics are used to treat all three types of anthrax. Early identification and treatment are important.

Prevention after exposure. Treatment is different for a person who is exposed to anthrax, but is not yet sick. Health-care providers will use antibiotics (such as ciprofloxacin, levofloxacin, doxycycline, or penicillin) combined with the anthrax vaccine to prevent anthrax infection.

Treatment after infection. Treatment is usually a 60-day course of antibiotics. Success depends on the type of anthrax and how soon treatment begins.

Can Anthrax Be Prevented?

Vaccination. There is a vaccine to prevent anthrax, but it is not yet available for the general public. Anyone who may be exposed to anthrax, including certain members of the U.S. armed forces, laboratory workers, and workers who may enter or re-enter contaminated areas, may get the vaccine. Also, in the event of an attack using anthrax as a weapon, people exposed would get the vaccine.

What Should I Do if I Think I Have Anthrax?

If you are showing symptoms of anthrax infection, call your health-care provider right away.

What Should I Do if I Think I Have Been Exposed to Anthrax?

Contact local law enforcement immediately if you think that you may have been exposed to anthrax. This includes being exposed to a suspicious package or envelope that contains powder.

What Is CDC Doing To Prepare For a Possible Anthrax Attack?

CDC is working with state and local health authorities to prepare for an anthrax attack. Activities include:

- Developing plans and procedures to respond to an attack using anthrax.
- Training and equipping emergency response teams to help state and local governments control infection, gather samples, and perform tests. Educating health-care providers, media, and the general public about what to do in the event of an attack.
- Working closely with health departments, veterinarians, and laboratories to watch for suspected cases of anthrax. Developing a national electronic database to track potential cases of anthrax.
- Ensuring that there are enough safe laboratories for quickly testing of suspected anthrax cases.
- Working with hospitals, laboratories, emergency response teams, and health-care providers to make sure they have the supplies they need in case of an attack.

For more information, visit www.bt.cdc.gov/agent/anthrax,
or call CDC at 800-CDC-INFO (English and Spanish) or 888-232-6348 (TTY).

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FACT SHEET

Facts about Botulism

Botulism is a muscle-paralyzing disease caused by a toxin made by a bacterium called *Clostridium botulinum*.

There are three main kinds of botulism:

- Foodborne botulism occurs when a person ingests pre-formed toxin that leads to illness within a few hours to days. Foodborne botulism is a public health emergency because the contaminated food may still be available to other persons besides the patient.
- Infant botulism occurs in a small number of susceptible infants each year who harbor *C. botulinum* in their intestinal tract.
- Wound botulism occurs when wounds are infected with *C. botulinum* that secretes the toxin.

With foodborne botulism, symptoms begin within 6 hours to 2 weeks (most commonly between 12 and 36 hours) after eating toxin-containing food. Symptoms of botulism include double vision, blurred vision, drooping eyelids, slurred speech, difficulty swallowing, dry mouth, muscle weakness that always descends through the body: first shoulders are affected, then upper arms, lower arms, thighs, calves, etc. Paralysis of breathing muscles can cause a person to stop breathing and die, unless assistance with breathing (mechanical ventilation) is provided.

Botulism is not spread from one person to another. Foodborne botulism can occur in all age groups. A supply of antitoxin against botulism is maintained by CDC. The antitoxin is effective in reducing the severity of symptoms if administered early in the course of the disease. Most patients eventually recover after weeks to months of supportive care.

For more information, visit www.bt.cdc.gov or call the CDC public response hotline at (888) 246-2675 (English), (888) 246-2857 (Español), or (866) 874-2646 (TTY)

www.CDC.gov/hepatitis
August 9, 2007

Hepatitis A Fact Sheet

Description	Hepatitis A is a liver disease caused by the hepatitis A virus. Hepatitis A can affect anyone. In the United States, hepatitis A can occur in situations ranging from isolated cases of disease to widespread epidemics. Good personal hygiene and proper sanitation can help prevent hepatitis A. Vaccines are also available for long-term prevention of hepatitis A virus infection in persons 12 months of age and older. Immune globulin is available for short-term prevention of hepatitis A virus infection in individuals of all ages.
SIGNS & SYMPTOMS	Adults will have signs and symptoms more often than children. • jaundice • fatigue • abdominal pain • loss of appetite • nausea • diarrhea • fever
CAUSE	• Hepatitis A virus (HAV)
LONG-TERM EFFECTS	• There is no chronic (long-term) infection. • Once you have had hepatitis A, you cannot get it again. • About 15% of people infected with HAV will have prolonged or relapsing symptoms over a 6-9 month period.
TRANSMISSION	• HAV is found in the stool (feces) of persons with hepatitis A. • HAV is usually spread from person to person by putting something in the mouth (even though it might look clean) that has been contaminated with the stool of a person with hepatitis A.
PERSONS AT RISK for INFECTION	• Household contacts of infected persons • Sex contacts of infected persons • Persons, especially children, living in areas with increased rates of hepatitis A during the baseline period of 1987-1997 • Persons traveling to countries where hepatitis A is common • Men who have sex with men • Users of injection and non-injection drugs
PREVENTION	• Hepatitis A vaccine is the best protection. • Short-term protection against hepatitis A is available from immune globulin. It can be given before and within 2 weeks of coming in contact with HAV. • Always wash your hands with soap and water after using the bathroom, changing a diaper, and before preparing and eating food.

VACCINE RECOMMENDATIONS	Vaccine is recommended for the following persons from 12 months of age and older: • All children at age 1 year (i.e., 12–23 months) • Travelers to areas with increased rates of hepatitis A • Men who have sex with men • Users of injection and non-injection drugs • Persons with clotting-factor disorders (e.g., hemophilia) • Persons with chronic liver disease • Children living in areas with increased rates of hepatitis A during the baseline period of 1987-1997 (view map) • Persona who work with HAV in a laboratory setting
TRENDS & STATISTICS	• Hepatitis A occurs in epidemics both nationwide and in communities. • Before hepatitis A vaccine became available, the number of reported cases reached 35,000 per year. • In the late 1990s, hepatitis A vaccine was more widely used and the number of cases reached historic lows. • One-third of Americans have evidence of past infection (immunity).

www.CDC.gov/hepatitis
July 27, 2007

Hepatitis B Fact Sheet

DESCRIPTION	Hepatitis B is a serious disease caused by a virus that attacks the liver. The virus, which is called hepatitis B virus (HBV), can cause lifelong infection, cirrhosis (scarring) of the liver, liver cancer, liver failure, and death. Hepatitis B vaccine is available for all age groups to prevent hepatitis B virus infection.	
SIGNS & SYMPTOMS	About 30% of persons have no signs or symptoms. Signs and symptoms are less common in children than adults.	
	• jaundice • fatigue • abdominal pain	• loss of appetite • nausea, vomiting • joint pain
CAUSE	• Hepatitis B virus (HBV)	
TRANSMISSION	• Occurs when blood from an infected person enters the body of a person who is not infected. • HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission), by sharing drugs, needles, or "works" when injecting drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth. Persons at risk for HBV infection might also be at risk for infection with hepatitis C virus (HCV) or HIV.	
RISK GROUPS	• Persons with multiple sex partners or diagnosis of a sexually transmitted disease • Men who have sex with men • Sex contacts of infected persons • Injection-drug users • Household contacts of chronically infected persons	• Infants born to infected mothers • Infants/children of immigrants from areas with high rates of HBV infection (country listing) • Health-care and public safety workers with exposure to blood (View current post-exposure prophylaxis recommendations) • Hemodialysis patients
PREVENTION	• Hepatitis B vaccine is the best protection. • If you are having sex, but not with one steady partner, use latex condoms correctly and every time you have sex. The efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use might reduce transmission. • If you are pregnant, you should get a blood test for hepatitis B. Infants born to HBV-infected mothers should be given HBIG (hepatitis B immune globulin) and vaccine within 12 hours after birth. • Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share drugs, needles, syringes, water, or "works", and get vaccinated against hepatitis A and B. • Do not share personal care items that might have blood on them (razors, toothbrushes). • Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices.	

	• If you have or had hepatitis B, do not donate blood, organs, or tissue. • If you are a health-care or public safety worker, get vaccinated against hepatitis B, and always follow routine barrier precautions and safely handle needles and other sharps (view current post-exposure prophylaxis recommendations).
VACCINE RECOMMENDATIONS	• Hepatitis B vaccine has been available since 1982. • Routine vaccination of 0-18 year olds • Vaccination of risk groups of all ages
LONG-TERM EFFECTS WITHOUT VACCINATION	Chronic infection occurs in: • 90% of infants infected at birth • 30% of children infected at age 1–5 years • 6% of persons infected after age 5 years Death from chronic liver disease occurs in: • 15%–25% of chronically infected persons
CONTRAINDICATIONS TO VACCINE	• A serious allergic reaction to a prior dose of hepatitis B vaccine or a vaccine component is a contraindication to further doses of hepatitis B vaccine. The recombinant vaccines that are licensed for use in the United States are synthesized by *Saccharomyces cerevisiae* (common bakers' yeast), into which a plasmid containing the gene for HBsAg has been inserted. Purified HBsAg is obtained by lysing the yeast cells and separating HBsAg from the yeast components by biochemical and biophysical techniques. Persons allergic to yeast should not be vaccinated with vaccines containing yeast.
TREATMENT & MEDICAL MANAGEMENT	• HBV infected persons should be evaluated by their doctor for liver disease. • Adefovir dipivoxil, interferon alfa-2b, pegylated interferon alfa-2a, lamivudine, entecavir, and telbivudine are six drugs used for the treatment of persons with chronic hepatitis B. • These drugs should not be used by pregnant women. • Drinking alcohol can make your liver disease worse.
TRENDS & STATISTICS	• Number of new infections per year has declined from an average of 260,000 in the 1980s to about 60,000 in 2004. • Highest rate of disease occurs in 20-49-year-olds. • Greatest decline has happened among children and adolescents due to routine hepatitis B vaccination. • Estimated 1.25 million chronically infected Americans, of whom 20-30% acquired their infection in childhood.

www.cdc.gov/hepatitis
May 24, 2005

Hepatitis C Fact Sheet

SIGNS & SYMPTOMS	80% of persons have no signs or symptoms.	
	• jaundice • fatigue • dark urine	• abdominal pain • loss of appetite • nausea
CAUSE	• Hepatitis C virus (HCV)	
LONG-TERM EFFECTS	• Chronic infection: 55%-85% of infected persons • Chronic liver disease: 70% of chronically infected persons • Deaths from chronic liver disease: 1%-5% of infected persons may die • Leading indication for liver transplant	
TRANSMISSION	• Occurs when blood from an infected person enters the body of a person who is not infected. • HCV is spread through sharing needles or "works" when "shooting" drugs, through needlesticks or sharps exposures on the job, or from an infected mother to her baby during birth.	

Recommendations for testing based on risk for HCV infection

Persons at risk for HCV infection might also be at risk for infection with hepatitis B virus (HBV) or HIV.

Recommendations for Testing Based on Risk for HCV Infection

PERSONS	RISK OF INFECTION	TESTING RECOMMENDED?
Injecting drug users	High	Yes
Recipients of clotting factors made before 1987	High	Yes
Hemodialysis patients	Intermediate	Yes
Recipients of blood and/or solid organs before 1992	Intermediate	Yes
People with undiagnosed liver problems	Intermediate	Yes
Infants born to infected mothers	Intermediate	After 12-18 mos. old
Healthcare/public safety workers	Low	Only after known exposure
People having sex with multiple partners	Low	No*
People having sex with an infected steady partner	Low	No*

*Anyone who wants to get tested should ask their doctor.

PREVENTION	• There is no vaccine to prevent hepatitis C. • Do not shoot drugs; if you shoot drugs, stop and get into a treatment program; if you can't stop, never share needles, syringes, water, or "works", and get vaccinated against hepatitis A & B. • Do not share personal care items that might have blood on them (razors, toothbrushes). • If you are a health care or public safety worker, always follow routine barrier precautions and safely handle needles and other sharps; get vaccinated against hepatitis B. • Consider the risks if you are thinking about getting a tattoo or body piercing. You might get infected if the tools have someone else's blood on them or if the artist or piercer does not follow good health practices. • HCV can be spread by sex, but this is rare. If you are having sex with more than one steady sex partner, use latex condoms* correctly and every time to prevent the spread of sexually transmitted diseases. You should also get vaccinated against hepatitis B. • If you are HCV positive, do not donate blood, organs, or tissue.
TREATMENT & MEDICAL MANAGEMENT AASLD Practice Guideline: Diagnosis, Management, and Treatment of Hepatitis C	• HCV positive persons should be evaluated by their doctor for liver disease. • Interferon and ribavirin are two drugs licensed for the treatment of persons with chronic hepatitis C. • Interferon can be taken alone or in combination with ribavirin. Combination therapy, using pegylated interferon and ribavirin, is currently the treatment of choice. • Combination therapy can get rid of the virus in up to 5 out of 10 persons for genotype 1 and in up to 8 out of 10 persons for genotype 2 and 3. • Drinking alcohol can make your liver disease worse.

STATISTICS & TRENDS	• Number of new infections per year has declined from an average of 240,000 in the 1980s to about 26,000 in 2004. • Most infections are due to illegal injection drug use. • Transfusion-associated cases occurred prior to blood donor screening; now occurs in less than one per 2 million transfused units of blood. • Estimated 4.1 million (1.6%) Americans have been infected with HCV, of whom 3.2 million are chronically infected. • The risk for perinatal HCV transmission is about 4% • If coinfected with HIV the risk for perinatal infection is about 19%

* The efficacy of latex condoms in preventing infection with HCV is unknown, but their proper use may reduce transmission.

www.cdc.gov/hepatitis

Hepatitis D

Fact Sheet

SIGNS & SYMPTOMS		
	• jaundice • fatigue • abdominal pain • loss of appetite	• nausea, vomiting • joint pain • dark (tea colored) urine
CAUSE	• Hepatitis D virus (HDV)	

LONG-TERM EFFECTS WITHOUT VACCINATION	• HDV can be acquired either as
	  ○ a co-infection (occurs simultaneously) with hepatitis B virus (HBV) or
	  ○ as a superinfection in persons with existing chronic HBV infection.
	• HBV-HDV co-infection:
	  ○ may have more severe acute disease and a higher risk (2%-20%) of developing acute liver failure compared with those infected with HBV alone
	• HBV-HDV superinfection
	  ○ chronic HBV carriers who acquire HDV superinfection usually develop chronic HDV infection
	  ▪ progression to cirrhosis is believed to be more common with HBV/HDV chronic infections	

TRANSMISSION	• Occurs when blood or body fluids from an infected person enters the body of a person who is not immune. • HBV is spread through having sex with an infected person without using a condom (the efficacy of latex condoms in preventing infection with HBV is unknown, but their proper use may reduce transmission); • By sharing drugs, needles, or "works" when "shooting" drugs; • Through needlesticks or sharps exposures on the job; or • From an infected mother to her baby during birth.	
RISK GROUPS	• Injection drug users • Men who have sex with men • Hemodialysis patients • Sex contacts of infected persons	• Health care and public safety workers • Infants born to infected mothers (very rare)

PREVENTION	• Hepatitis B vaccination
	• HBV-HDV coinfection
	  ○ pre- or post-exposure prophylaxis (hepatitis B immune globulin or vaccine) to prevent HBV infection
	• HBV-HDV superinfection
	  ○ education to reduce risk behaviors among persons with chronic HBV infection	

VACCINE RECOMMENDATIONS	• Hepatitis B vaccine should be given to prevent HBV/HDV co-infection	

TREATMENT & MEDICAL MANAGEMENT	• Acute HDV infection
	  ○ Supportive care
	• Chronic HDV infection
	  ○ interferon-alfa
	  ○ liver transplant	

TRENDS & STATISTICS	• Routine surveillance data are not available.	

www.cdc.gov/hepatitis
November 1, 2005

Hepatitis E Virus

SIGNS & SYMPTOMS	Highest attack rate among persons aged 15-40 years	
	• jaundice • fatigue • abdominal pain	• loss of appetite • nausea, vomiting • dark (tea colored) urine
CAUSE	• Hepatitis E virus (HEV)	
LONG-TERM EFFECTS WITHOUT VACCINATION	• There is no chronic (long-term) infection • Hepatitis E is more severe among pregnant women, especially in third trimester	
TRANSMISSION	• HEV is found in the stool (feces) of persons and animals with hepatitis E. • HEV is spread by eating or drinking contaminated food or water. • Transmission from person to person occurs less commonly than with hepatitis A virus • Most outbreaks in developing countries have been associated with contaminated drinking water.	
RISK GROUPS	• Travelers to developing countries, particularly in South Asia and North Africa	• Rare cases have occurred in the United States among persons with no history of travel to endemic countries
PREVENTION	• Always wash your hands with soap and water after using the bathroom, changing a diaper, and before preparing and eating food • Avoid drinking water (and beverages with ice) of unknown purity, uncooked shellfish, and uncooked fruits or vegetables that are not peeled or prepared by the traveler.	
TREATMENT & MEDICAL MANAGEMENT	• Treatment is supportive	
TRENDS & STATISTICS	• Hepatitis E remains uncommon in the United States. Routine surveillance data are not available.	

Public Health
Seattle & King County
HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Pertussis (Whooping Cough)

❑ WHAT IS IT?

- ✓ Pertussis (also called "whooping cough") is a highly contagious bacterial infection that causes a severe cough.

❑ SYMPTOMS

- ✓ Symptoms appear 6 to 21 (average 7-10) days after exposure to an infected person.
- ✓ Pertussis may start with cold symptoms or simply a dry cough followed by episodes of severe coughing. Fever is absent or mild.
- ✓ **Gagging or vomiting** may occur after severe coughing spells. Cough may be worse at night.
- ✓ The person may look and feel healthy between coughing episodes.
- ✓ Immunized school children, adolescents, and adults often have milder illness than young children.
- ✓ Infants with pertussis may not develop a severe cough. They may only have a mild cough, decreased feeding, and may have difficulty breathing or turn bluish.

❑ HOW IS IT SPREAD?

- ✓ Pertussis is spread through droplets from the mouth and nose when a person with pertussis coughs, sneezes, or talks.
- ✓ Untreated, persons with pertussis can spread the infection for several weeks.
- ✓ Adults and older children with unrecognized pertussis often spread the infection to others, including young children.

❑ WHO GETS IT?

- ✓ Anyone who is exposed to the bacteria can get pertussis.
- ✓ Pertussis vaccine prevents severe disease in young infants, but even a vaccinated person can get pertussis infection.
- ✓ Pertussis occurs in older children and adults because protection from the vaccine (DTP or DTaP) lasts only 5-10 years after the last dose.

Report all King County cases to Public Health by calling (206) 296-4774.

❑ WHO IS AT GREATEST RISK?

- ✓ Infants less than one year old are considered at ***high*** risk for complications of pertussis, including hospitalization, pneumonia, convulsions, and rarely, brain damage or death.
- ✓ Unimmunized or partly immunized children are also at higher risk for pertussis infection and severe disease.
- ✓ Pregnant women with pertussis near the time of delivery may spread it to their newborns.
- ✓ Persons who have close contact with pregnant women, infants, or health care workers can spread pertussis to these high risk individuals.
- ✓ Health care workers with pertussis who have face-to-face patient contact can spread pertussis to their patients and other health care staff.

❑ TREATMENT

- ✓ Treatment is most effective early in the disease. A health care provider must prescribe an antibiotic active against pertussis.
- ✓ Persons treated with antibiotics are no longer contagious after the first 5 days of appropriate antibiotic treatment have been completed.

❑ PREVENTION

- ✓ Pertussis vaccine is included in DTaP and the new Tdap vaccine for adolescents and adults (available since 2006).
  - Before age 7, children should get 5 doses of the DTaP vaccine.
  - Doses are usually given at 2, 4, 6, and 15-18 months of age and 4 - 6 years of age.
  - The 4th dose may be given as early as 12 months of age.
  - Tdap should be given as a single booster dose to 11-64 year old individuals.
- ✓ Persons with cough illnesses should avoid contact with infants and expectant mothers, including visiting or working in labor, delivery, and nursery areas of hospitals and in child care settings.
- ✓ If you live or have close contact with someone who has pertussis, you should take antibiotics to prevent pertussis – contact your health care provider.

World Health Organization

Fact sheet N°104
Revised March 2007

Tuberculosis

Infection and transmission

Tuberculosis (TB) is a contagious disease. Like the common cold, it spreads through the air. Only people who are sick with TB in their lungs are infectious. When infectious people cough, sneeze, talk or spit, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected.

Left untreated, each person with active TB disease will infect on average between 10 and 15 people every year. But people infected with TB bacilli will not necessarily become sick with the disease. The immune system "walls off" the TB bacilli which, protected by a thick waxy coat, can lie dormant for years. When someone's immune system is weakened, the chances of becoming sick are greater.

- Someone in the world is newly infected with TB bacilli every second.
- Overall, one-third of the world's population is currently infected with the TB bacillus.
- 5-10% of people who are infected with TB bacilli (but who are not infected with HIV) become sick or infectious at some time during their life. People with HIV and TB infection are much more likely to develop TB.

Global and regional incidence

The World Health Organization (WHO) estimates that the largest number of new TB cases in 2005 occurred in the South-East Asia Region, which accounted for 34% of incident cases globally. However, the estimated incidence rate in sub-Saharan Africa is nearly twice that of the South-East Asia Region, at nearly 350 cases per 100 000 population.

It is estimated that 1.6 million deaths resulted from TB in 2005. Both the highest number of deaths and the highest mortality per capita are in the Africa Region. The TB epidemic in Africa grew rapidly during the 1990s, but this growth has been slowing each year, and incidence rates now appear to have stabilized or begun to fall.

In 2005, estimated per capita TB incidence was stable or falling in all six WHO regions. However, the slow decline in incidence rates per capita is offset by population growth. Consequently, the number of new cases arising each year is still increasing globally and in the WHO regions of Africa, the Eastern Mediterranean and South-East Asia.

Estimated TB Incidence, Prevalence and Mortality, 2005

	Incidence[a]				Prevalence[a]		TB Mortality	
	All forms		Smear-positive[b]					
WHO region	number (thousands) (% of global total)	per 100 000 pop	number (thousands)	per 100 000 pop	number (thousands)	per 100 000 pop	number (thousands)	per 100 000 pop
Africa	2 529 (29)	343	1 088	147	3 773	511	544	74
The Americas	352 (4)	39	157	18	448	50	49	5.5

Eastern Mediterranean	565 (6)	104	253	47	881	163	112	21
Europe	445 (5)	50	199	23	525	60	66	7.4
South-East Asia	2 993 (34)	181	1 339	81	4 809	290	512	31
Western Pacific	1 927 (22)	110	866	49	3 616	206	295	17
Global	**8 811 (100)**	**136**	**3 902**	**60**	**14 052**	**217**	**1 577**	**24**

[a]*Incidence - new cases arising in given period; prevalence - the number of cases which exist in the population at a given point in time.*
[b]*Smear-positive cases are those confirmed by smear microscopy, and are the most infectious cases.*
pop indicates population.

HIV and TB

HIV and TB form a lethal combination, each speeding the other's progress. HIV weakens the immune system. Someone who is HIV-positive and infected with TB bacilli is many times more likely to become sick with TB than someone infected with TB bacilli who is HIV-negative. TB is a leading cause of death among people who are HIV-positive. In Africa, HIV is the single most important factor contributing to the increase in incidence of TB since 1990.

WHO and its international partners have formed the TB/HIV Working Group, which develops global policy on the control of HIV-related TB and advises on how those fighting against TB and HIV can work together to tackle this lethal combination. The interim policy on collaborative TB/HIV activities describes steps to create mechanisms of collaboration between TB and HIV/AIDS programmes, to reduce the burden of TB among people and reducing the burden of HIV among TB patients.

Drug-resistant TB

Until 50 years ago, there were no medicines to cure TB. Now, strains that are resistant to a single drug have been documented in every country surveyed; what is more, strains of TB resistant to all major anti-TB drugs have emerged. Drug-resistant TB is caused by inconsistent or partial treatment, when patients do not take all their medicines regularly for the required period because they start to feel better, because doctors and health workers prescribe the wrong treatment regimens, or because the drug supply is unreliable. A particularly dangerous form of drug-resistant TB is multidrug-resistant TB (MDR-TB), which is defined as the disease caused by TB bacilli resistant to at least isoniazid and rifampicin, the two most powerful anti-TB drugs. Rates of MDR-TB are high in some countries, especially in the former Soviet Union, and threaten TB control efforts.

While drug-resistant TB is generally treatable, it requires extensive chemotherapy (up to two years of treatment) with second-line anti-TB drugs which are more costly than first-line drugs, and which produce adverse drug reactions that are more severe, though manageable. Quality-assured second-line anti-TB drugs are available at reduced prices for projects approved by the Green Light Committee.

The emergence of extensively drug-resistant (XDR) TB, particularly in settings where many TB patients are also infected with HIV, poses a serious threat to TB control, and confirms the urgent need to strengthen basic TB control and to apply the new WHO guidelines for the programmatic management of drug-resistant TB.

The Stop TB Strategy, the Global Plan to Stop TB, 2006–2015 and targets for TB control

In 2006, WHO launched the new Stop TB Strategy. The core of this strategy is DOTS, the TB control approach launched by WHO in 1995. Since its launch, more than 22 million patients have been treated under DOTS-based services. The new six-point strategy builds on this success, while recognizing the key challenges of TB/HIV and MDR-TB. It also responds to access, equity and quality constraints, and adopts evidence-based innovations in engaging with private health-care providers, empowering affected people and communities and helping to strengthen health systems and promote research.

The six components of the Stop TB Strategy are:

- **Pursuing high-quality DOTS expansion and enhancement.** Making high-quality services widely available and accessible to all those who need them, including the poorest and most vulnerable, requires DOTS expansion to even the remotest areas. In 2004, 183 countries (including all 22 of the high-burden countries which account for 80% of the world's TB cases) were implementing DOTS in at least part of the country.
- **Addressing TB/HIV, MDR-TB and other challenges.** Addressing TB/HIV, MDR-TB and other challenges requires much greater action and input than DOTS implementation and is essential to achieving the targets set for 2015, including the United Nations Millennium Development Goal relating to TB (Goal 6; Target 8).
- **Contributing to health system strengthening.** National TB control programmes must contribute to overall strategies to advance financing, planning, management, information and supply systems and innovative service delivery scale-up.
- **Engaging all care providers.** TB patients seek care from a wide array of public, private, corporate and voluntary health-care providers. To be able to reach all patients and ensure that they receive high-quality care, all types of health-care providers are to be engaged.
- **Empowering people with TB, and communities.** Community TB care projects have shown how people and communities can undertake some essential TB control tasks. These networks can mobilize civil societies and also ensure political support and long-term sustainability for TB control programmes.
- **Enabling and promoting research.** While current tools can control TB, improved practices and elimination will depend on new diagnostics, drugs and vaccines.

The strategy is to be implemented over the next 10 years as described in The Global Plan to Stop TB, 2006–2015. The Global Plan is a comprehensive assessment of the action and resources needed to implement the Stop TB Strategy and to achieve the following targets:

- Millennium Development Goal (MDG) 6, Target 8: Halt and begin to reverse the incidence of TB by 2015
- Targets linked to the MDGs and endorsed by the Stop TB Partnership:
  - by 2005: detect at least 70% of new sputum smear-positive TB cases and cure at least 85% of these cases
  - by 2015: reduce TB prevalence and death rates by 50% relative to 1990
  - by 2050: eliminate TB as a public health problem (1 case per million population)

Progress towards targets

In 2005, an estimated 60% of new smear-positive cases were treated under DOTS – just short of the 70% target.

Treatment success in the 2004 DOTS cohort of 2.1 million patients was 84% on average, close to the 85% target. However, cure rates in the African and European regions were only 74%.

The 2007 WHO report Global TB Control concluded that both the 2005 targets were met by the Western Pacific Region, and by 26 individual countries (including 3 of the 22 high-burden countries: China, the Philippines and Viet Nam.

The global TB incidence rate had probably peaked in 2005, and if the Stop TB Strategy is implemented as set out in the Global Plan, the resulting improvements in TB control should halve prevalence and death rates in all regions except Africa and Eastern Europe by 2015.

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ANNEX A Crisis and Emergency Risk Communication Plan

Contents

1. Introduction
    1.1. Purpose
    1.2. Scope
    1.3. Situation and Assumptions
    1.4. Goals of the Plan
    1.5. PIO Contacts – State and Regional

2. Crisis and Emergency Risk Communication Principles

3. Pre-Event Planning
    3.1. Training
    3.2. Media
    3.3. Spokespersons

4. Regional PIO Responsibilities

5. Identified Vehicles of Communication

6. Reaching Special Populations

7. Media Monitoring and Rumor Control

8. Recovery and Deactivation

Appendix A – Principles of Crisis and Emergency Risk Communication

Appendix B – Checklists

Appendix C – CAPHN Communication Matrix

1. Introduction

The New Hampshire Department of Health and Human Services‘ (DHHS) Public Information Office (PIO) has primary Department responsibility for communicating with the public and partners during a bioterrorism or health-related crisis, such as a smallpox attack or pandemic flu, or regarding the health components of another type of emergency, i.e., flooding or other natural disaster, under the direction of the Commissioner of the New Hampshire DHHS.

1.1. Purpose

This plan establishes Capital Area All Hazards Region procedures and policies for the development, coordination, and dissemination of information to the general public in the event of a health emergency in New Hampshire. This plan gives an overview of what the Capital Area‘s regional communications response will be during a public health emergency.

This plan covers the steps the Capital Area will undertake to provide timely, accurate, and useful information and instructions to the public before, during, and after a public health threat or emergency within the context of the principles of risk communication.

1.2. Scope

During a public health emergency, such as a bioterrorist attack or a disease outbreak, the Capital Area Public Information Officer (PIOs), in conjunction with the DHHS Public Information Office (PIO), will coordinate and deliver crisis and emergency risk communication (CERC) and public health information to the public and partners through every appropriate and available channel including the media, via press conferences, media availability, teleconferences, and press releases; a telephone information line (hotline); the Health Alert Network (HAN); local cable station appearances; town meetings, educational forums and broadcasts; flyers, brochures, or other printed material; cooperation with appropriate partners; and through stakeholders.

Communications will be conducted through coordination with the NH Department of Health and Human Services office; the Department of Safety, HSEM; other appropriate State agencies; sites; key local partners in accordance with other State and local emergency plans (such as physicians, health officers, hospitals, etc.). DHHS will initially assume the communications lead by virtue of it being a public health emergency, but the Governor‘s office, HSEM or federal officials may take over the response depending on the situation, in which case DHHS will work collaboratively with the designated lead agency.

1.3. Situation and Assumptions

A. Situation

Public information and rumor control are crucial when dealing with an emergency to help the public understand the situation, avoid panic, and take the appropriate actions. Bioterrorism, disease outbreaks, natural disasters, and other potential public health emergencies may require a long, complex, and coordinated communication response, depending on the situation and how widespread it is.

The public response may include anxiety, fear, depression, panic, inappropriate actions, substance abuse, absenteeism, family disruption, and even violence. Therefore, it is not only imperative that the communication regarding the situation be well handled and widely disseminated, but also that the Capital Area Regional PIOs be a leader in helping to educate the public, allay fears, give appropriate instructions, and aid citizens in finding the help they may need.

B. Assumptions

A key element of this plan is that a public health emergency will require extensive communication activities which will involve many other people, agencies, and partners. The size, type, scope, novelty, and location of the disease outbreak or other emergency will also dictate the public‘s reaction and the media interest. It is thus impossible to entirely plan for every eventuality, especially in the case of a new illness never seen before, such as SARS.

In any public health crisis though, the public‘s safety and welfare are primary and the general public needs to receive as much information about the situation as possible, as soon as possible and as often as new information is available. The media is an essential participant and partner in disseminating information about any health event. Working with the media is the fastest, most efficient way to reach the most number of people. Since the media will be covering the situation to report on events, it is beneficial to everyone that Regional Planning Partners and the media collaborate, before, during, and after any public health emergency.

Rumor control is also a major aspect of public information. Public feedback and regular monitoring of news reports facilitates the communication efforts and helps to alleviate bad situations which may result from misinformation as well as to measure the effectiveness of information being released.

Thus, it is imperative that the dissemination of information during a public health emergency be centrally coordinated for the Capital Area. Coordination will generally take place at the Capital Area Coordination Center (CACC) or through virtual communications. Coordination helps to ensure that the information being released is credible, accurate, complete, timely, useful, helpful, and relevant.

1.4. Goals of the Plan

The goals of the implementation of this plan are to:

- Provide timely, credible, and accurate health information about a crisis to the public to maintain public confidence;
- To use as many different avenues as feasible to involve as many citizens as necessary or possible in responding to a crisis;
- To work closely with the media, making efforts to respect media deadlines, deliver background information in writing when possible, and in tailoring the information to a type of outlet when possible;
- To build public trust by showing empathy, acknowledging uncertainty, by explaining what is known and not known and what will be done to find answers, by not over-reassuring, and by listening and responding to public concerns;
- To involve community officials and other partners by sharing clear and accurate information quickly, by listening carefully and responding to needs and suggestions;
- To direct public action as determined by the Commissioner of DHHS, in consultation with the Department's Medical Director and Director of Public Health Services, in concert with the Governor of New Hampshire and the Department of Safety and the Capital Area; and
- To coordinate with other federal, state, and local agencies and entities involved in responding to the crisis and providing information to the public.

1.5 PIO Contacts – State and Regional

NH Dept. of Health and Human Services	DHHS PIO Nicola Whitley	1-800-852-3345 x4957 603-271-4957 603-271-4727 (fax)
NH Dept. of Homeland Security and Emergency Management	HSEM PIO – Jim Von Dongen	1-800-852-3792 603-271-2231 603-225-7341 (fax)
NH Emergency Operations Center (EOC)	110 Smokey Bear Blvd Concord NH 03301	1-800-852-3792 603-271-2231 603-223-3609 (fax)
Capital Area Coordination Center (CACC)	Concord Hospital Conference Room OD 1&2	603-230-6162 603-227-7010 (fax)
Concord Hospital	Public Affairs Department	603-230-4215 603-228-7026 (fax)
	Incident Command Center - PIO	603-227-7136 603-228-7020 (fax)

- Each Municipality within the Region will designate and train a PIO for their jurisdiction.
- All local emergency management directors, department heads, local PIO and on-scene commanders will refer media questions to the Regional PIOs.

2. Crisis and Emergency Risk Communication Principles

Be first. Be right. Be credible.

In a crisis, people make decisions differently than during normal times. They simplify, they process information less well, and they cling to current beliefs. They remember what they see or have previously experienced, which means that initial messages carry more weight.

The overall objectives of crisis and emergency risk communication (CERC) principles include gaining the public's trust and confidence by providing information that is timely and empathetic, accurate and understandable, and credible yet pertinent. It is also important to allay fears by acknowledging any uncertainty, taking care not to over-reassure, admitting when information is not known, yet explaining the process in place to find answers, giving the public specific things to do relative to the emergency, and involving the public in the response by asking more of them (sharing the risk).

There are many resources available on the principles of risk communication (see Appendix A), but key principles to which this plan adheres and that would be followed during an emergency are listed below.

Stop trying to allay panic – People tend not to panic because of an emergency; it is usually lack of information or conflicting information that may cause panic. In general, people are levelheaded and calm during emergencies.

It is essential to build trust and credibility – By expressing empathy and caring, competence, expertise, honesty, and dedication Regional PIO officials can earn the public's trust--key in managing a public health emergency.

Choose the correct spokespersons –Capital Area spokespersons will of the region's planning efforts, will stay within the scope of their responsibilities, be honest and transparent, be caring and sympathetic, be able to explain complex material so it is easily understood, stay calm no matter the situation.

The most important element is speed – In a crisis, the Regional PIOs will deliver the information it has as soon as possible and not wait for further data. This promotes credibility and is important to provide factual information before others who may not be experts but will gain the public's trust just by virtue of being first.

Crafting the public message correctly – In accordance with the CDC principles, the Region's public messages in a crisis will employ the STARCC Principle, in other words be:

Simple – Frightened people don't want to hear big words
Timely – Frightened people want information now
Accurate – Frightened people won't get nuances
Relevant – Answer their questions and give action steps

Credible – Empathy and openness are key to credibility
Consistent – The slightest change in the message is upsetting and dissected by all

3. Pre-Event Planning

3.1. Training

For any emergency, it is important to plan ahead and put in place as many resources, instructions, and training as possible. Nothing can take the place of training to prepare for an emergency. At a minimum, the Region's Public Information Officers and other officials designated to help during an emergency will be trained in:

- The Crisis and Emergency Risk Communication Plan
- The Incident Command System
- Crisis and Emergency Risk Communication
- News Release Writing
- Use of the Internet for Research
- Presentation and Interview Skills

3.2. Media

It is also important to build strong media relations before any emergency, as the media will be one of the Region's main partners. The Region continually works with the media including answering questions on a day-to-day basis, distributing press releases, inviting the media to press conferences, town meetings, drills, and other events of potential interest to the public, as well as providing training and materials on potential health emergencies such as pandemic flu. A list of all current media outlets in the Region is located at Appendix N of the Capital Area Public Health Emergency Preparedness and Response Plan (PHEPRP).

3.3. Spokespersons

It is important that spokespersons for the Region be trained in advance of any emergency. During the response to an emergency is not the time for training, if it can be avoided. In addition, spokespersons should be identified ahead of time for their specific skills and strengths, such as the ability to speak clearly and remain calm during a crisis.

The Capital Area has identified spokespersons that can speak to planning efforts, impacts of an emergency, and regional response. These spokespersons are actively involved in all regional planning efforts regarding preparedness, so they are aware of all activities taking place within the Region, at the local level, and across State government.

If staffing is insufficient through this system, due to illness or the scope or duration of the incident, the Public Health Coordinator will work with the Regional Planning Partners to identify additional spokespersons.

4. Regional PIO Responsibilities

The Capital Area PIOs, with the assistance of the Public Health Coordinator or designee, will assume the following responsibilities during a crisis:

- Coordinate Capital Area media communications
- Assess media needs and organize mechanisms to fulfill those needs during a crisis
- Handle all media calls
- Support spokespersons
- Produce and distribute media advisories and press releases as directed
- Develop and maintain media contact lists and call logs
- Produce and distribute materials, such as fact sheets, audio releases, and video releases, web postings, etc.
- Oversee media monitoring to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests, and needs arising from the crisis and response
- Help ensure that risk communication principles to build trust and credibility are incorporated into all public messages delivered through the media
- Serve in an advisory capacity if JIC is activated
- Coordinate message content with other agency PIOs and other partners
- To facilitate swift release of information, PIO staff will continue to develop/obtain and pre-clear fact sheets on a variety of diseases and agents. During an incident, all prepared and pre-approved information will be reviewed to make sure it is sensitive and pertinent to the incident.
- An inventory of fact sheets will be maintained by PIO, with copies available on the DHHS website at www.dhhs.nh.gov.

5. Identified Vehicles of Communication

The mechanisms for communicating in a crisis will vary depending on the nature of the crisis, the audience for communication, the geographical location of the incident, and resources available. Means used to communicate with the public, the media, and partners will include:

- Phone (including telebriefings and conference calls)
- Hotline
- NH 2-1-1 (when operational)
- Fax
- Email
- E-studio
- Health Alert Network
- Town hall meetings
- Press conferences and briefings
- Mailings
- Media (including print, radio, web, and TV)

- Prerecorded phone messages
- Printed material, such as brochures, fact sheets and posters and flyers
- Videotaping for dissemination

Emergency Responders in the Region use digital/analog radios through their local dispatch or mutual aid agencies. All municipalities have the ability to communicate between their fire, police and public works departments. In addition, Capital Area Amateur Radio Emergency Service will provide communication resources as needed.

6. Reaching Special Populations

In the event of a health emergency, one of the greatest challenges will be to communicate effectively with the Region's special populations. A broad-based, multi-faceted strategy is needed to meet the specific needs of Capital Area's special populations. For the purposes of this plan, special populations include any individual, group, or community whose physical, mental, emotional, cognitive, cultural, ethnic, socio-economic status, language, or circumstance creates barriers to understanding or the ability to communicate and act in the manner in which the general population has been requested to proceed.

(See Appendix E of PHEPRP for listing of Special Populations and regional service providers).

The Region will coordinate with other State and local agencies as needed and will:

- Utilize Language Line (130 languages interpreters) when possible
- Deliver communication materials to key partners under the Emergency Communications Network being developed by PIO and the NH Department's Office of Minority Health
- Encourage the general public via the media to adopt the buddy system and check on neighbors and relatives, especially the elderly/homebound
- Institute the use of alternate communication methods, vehicles, and styles as needed
- Make every attempt to communicate information in a culturally sensitive fashion

The NH Department of Health and Human Services has already developed some resources other languages for use during a public health emergency. Because not every possible event or scenario can be known in advance, general materials have been developed and translated into the top five languages spoken in New Hampshire after English by population according to the 2000 Census: Spanish, French, Bosnian, Vietnamese, and Arabic. These materials include brochure, fact sheets, posters, and web content on such topics as how to prevent illness, smallpox symptoms, avian and pandemic flu, and mental health issues during a crisis.

7. Media Monitoring and Rumor Control

The Regional PIOs will monitor local, regional, and national television, radio, and newspaper coverage to discern focus, content, and accuracy of news stories addressing the issue. In the event a misunderstanding, error, or inaccuracy is discovered or reported,

the Regional PIO will contact the news outlet and ask that a correction be made. Due to the fast-paced nature of emergencies, it is inevitable that rumors will arise among the press, the public, and/or health care providers. The Regional PIOs will rely on several methods to discern the advent of rumors, including (but not limited to):

Health Officers – Each town in the State has a designated health officer, whose role is to serve as a liaison to DHHS. The Regional PIO will ask the Regional Health Officers to actively inquire about any rumors being discussed in town and to notify the Regional PIO in a timely fashion if any are encountered.

9. Recovery and Deactivation

After a health emergency has ended, Communications will be an essential part of providing any after-action reports requested, archiving material for future use, participating in any debriefings, and creating any reports needed, as well as continuing day-to-day responsibilities such as handling press calls.

Post event review and analysis will include evaluation of communications and warranted adjustments to the Emergency/Risk Communications Plan will be made.

Appendix A – Principles of Crisis and Emergency Risk Communication

Purpose

Sound and thoughtful risk communication can assist CAPHN in preventing ineffective, fear-driven, and potentially damaging public responses to serious crises such as unusual disease outbreaks and bioterrorism. Moreover, appropriate risk communication procedures foster the trust and confidence that are vital in a crisis situation (Covello et al., 2001; Maxwell, 1999).

PUBLIC CONFIDENCE IS EVERYTHING

The success of any policy, program and management decision ultimately depends on how well it is communicated and understood. It is vital that a communication process and planning be at the forefront of all plans, policy, and management decisions.

Communication processes, audiences and tools cannot be an afterthought of decision-making, but must be an integral part of all forms of management operations to ensure that goals and objectives are understood and achieved.

Risk communication "is the interactive process of exchanging information and opinion among individuals, groups and institutions. It involves multiple messages about the nature of risk and other messages, not strictly about risk, that express concerns, opinions, or reactions to risk messages or to legal and institutional arrangements for risk management" (National Research Council). Furthermore, risk communication provides a means for involving and informing the general public in the decision making process.

RISK COMMUNICATION PRINCIPLES AND PITFALLS

Risk communication must be initiated at the start of the decision making process and carried throughout. Much of the "process", then, consists of obtaining and providing information from and to the stakeholders involved. It can be seen as a relatively straightforward operation. However, given the combination of the technical nature of some material, the need to ascertain and utilize the values of the participants, and the democratic nature of our society, there are numerous pitfalls that can be encountered.

The technical nature of risk messages frequently proves to be difficult for those involved in the risk communication process. A balance must often be struck between summarizing the information in concise, everyday terms (in order to facilitate understanding, stimulate and maintain interest, etc.), and presenting a complete set of information (in order to develop detailed understanding, eliminate bias and/or charges of manipulation). This is not an easy balance to maintain, particularly given the difficulties in effectively utilizing the various forums:

- Face to Face Meeting
- Group or Community Presentations

- Direct Mailings
- Press Conferences
- Advertisements
- TV/Radio Interviews
- Hot Lines
- News/Journal Articles

The cardinal rule of risk communication is the same as that for emergency medicine: first do no harm. A threatening or actual crisis often poses a volatile equation of public action and reaction. Given the often technical information that is used in the decision making process, difficulties in understanding the information used are often encountered. These difficulties primarily fall into two areas; ***unfamiliar language*** and ***unfamiliar magnitudes***. With the lack of formal training/education in basic risk principles in today's society, participants in a process often struggle with the meaning, relevance and importance of the material presented. Furthermore, the (usually) exceedingly small probabilities and large consequences of environmental or ecological risks are often difficult to comprehend. Introduction of risk comparisons to provide a frame of reference comes with its own problems (comparing unlike risks, comparisons with risks that are perceived to be minimal/great).

Closely related to and compounding these difficulties in understanding the technical information are the problems encountered as a result of conflicting messages to stakeholders and to the public. Given the uncertainties inherent in risk-based decision making, varying interpretations of available data will be encountered. When presented with multiple opposing views, participants often become confused and may discount input from one or all sides, thus causing the risk communication to fail.

Goal #1: Ease public concern

Messages
• The risk is low.
• The illness is treatable.
• It is not easily contracted.
• Symptoms are easily recognized.

Goal #2: Give guidance on how to respond

Messages
• Take these precautions.
• If possibly exposed, contact physician.
• If symptomatic, contact physician.
• Note possible symptoms in others.

The second major problem encountered in risk communication is the need to deal with and include the values of the participants. Values are explicitly included in risk communication through two primary means; choice of the normalizing factor for exposure, and encoding of the values and attributes of the hazards and countermeasures.

Value judgments are explicitly included in assessing the values and attributes of hazards and their associated countermeasures. If these steps are neglected in risk assessment and risk management phases, then the rankings of the risks and countermeasures will not be representative of stakeholder perception of the situation at hand. To assume that hazards and countermeasures are viewed the same by all involved parties is a mistaken simplification which should be avoided.

Qualitative Factors Affecting Risk Perception

Factor	Conditions Associated with **Increased** Public Concern	Conditions Associated with **Decreased** Public Concern
Catastrophic Potential	Fatalities and injuries grouped in time and space	Fatalities and injuries scattered and random
Familiarity	Unfamiliar	Familiar
Understanding	Mechanisms or process not understood	Mechanisms or process understood
Controllability (own)	Uncontrollable	Controllable
Exposure Willingness	Involuntary	Voluntary
Effects on Children	Children specifically at risk	Children not specifically at risk
Effects Manifestation	Delayed effects	Immediate effects
Future Generation Effects	Risk to future generations	No risk to future generations
Victim Identification	Identifiable victims	Statistical victims
Dread	Effects dreaded	Effects not dreaded
Trust in Institutions	Lack of trust in responsible institutions	Trust in responsible institutions
Media Attention	Much media attention	Little media attention
Accident History	Major and/or minor accidents	No major or minor accidents
Equity	Inequitable distribution of risks and benefits	Equitable distribution of risks and benefits

Benefits	Unclear benefits	Clear benefits
Reversibility	Effects irreversible	Effects reversible
Origin	Caused by human actions/failures	Caused by acts of nature/God

With this understanding of some of the pitfalls encountered in communicating about risks and technological issues, some basic objectives for a given risk communication effort can be identified.

RISK COMMUNICATION DEVELOPMENT

Risk communication must be a designed process, targeted for the audience and the situation. Audience considerations to take into account include; cultural background, shared interests, concerns and fears, social attitudes, and facility with the technical language used. If low trust is felt about or within a given institution, more care must be given into the crafting of risk messages, as misunderstandings will be more likely to occur. Conversely, if high trust is encountered, messages may be less rigorous. Additionally, high degrees of trust prevent/minimize the finger pointing encountered if a good decision has a bad outcome.

Once goals and messages have been established, the challenge becomes one of delivery and ensuring that messages are heard and goals are met. The method for accomplishing this is what has come to be known as being ―on message" and is, essentially, a form of artful repetition.

If the goal is to ease public concern and the message in support of that goal is, ―the risk to the public is low," that message should be clearly stated at the outset and returned to as often as possible:

―I want to begin by first saying that the risk to the public is very low."

―As I said a moment ago, the risk to the public is low . . ."

―That's an important question, but before I answer it I want to again stress that the fact remains that the risk to the public is low."

―Before I close I want to remind everyone that the risk is low."

Raise your points often enough that your audience leaves with a clear understanding of the message you wanted them to hear.

Take opportunities to begin or end statements with a reiteration of your message.

Don‘t be so repetitious with a single message that you appear to be trying to convince a person of something that isn‘t true.

Don‘t repeat your messages word-for-word every time you answer a question.

Another aspect of staying on message is to exercise some control over the conversation you are having, be it an interview, press conference, or questions from an audience. Don‘t allow the conversation to be led down paths that are not pertinent to your goals or message—no matter how persistent the questioner might be in pursuing a line of inquiry.

Risk Message Checklist

INFORMATION ABOUT THE NATURE OF RISKS

- What are the hazards of concern?
- What is the probability of exposure to each hazard?
- What is the distribution of exposure (who is exposed to the hazard)?
- What is the probability of each type of harm from a given exposure to each hazard?
- What are the sensitivities of different populations to each hazard?
- How do exposures interact with exposures to other hazards?
- What are the qualities of the hazard?
- What is the total population risk?

INFORMATION ON ALTERNATIVES

- What are the alternatives to the hazards in question?
- What is the effectiveness of each alternative?
- What are the risks and benefits of alternative actions and of not acting?
- What are the costs and benefits of each alternative and how are they distributed?

UNCERTAINTIES IN KNOWLEDGE ABOUT RISKS

- What are the weaknesses of available data?
- What are the assumptions on which estimates are based?
- How sensitive are the estimates to changes in assumptions?
- How sensitive is the decision to changes in the estimates?
- What other assessments have been made, what differences exist and why?

INFORMATION ON MANAGEMENT

- Who is responsible for the decision?
- What issues have legal importance?
- What constrains the decision?
- What resources are available?

Risk Communication practices are of necessity an essential element for communicating about public health matters in an emergency. This type of communication practice in the event of an emergency or pandemic, however, needs to be well coordinated within the state, and perhaps the region, to ensure that messaging is clear and consistent.

Risk and Crisis Communication
77 Questions Commonly Asked by Journalists during a Crisis

(Reprinted from: Covello, V.T., Keeping Your Head In A Crisis: Responding To Communication Challenges Posed By Bio-terrorism And Emerging Infectious Diseases. Association of State and Territorial Health Officers (ASTHO), 2003 in press)

Journalists are likely to ask six questions in a crisis (who, what, where, when, why, how) that relate to three broad topics: (1) what happened; (2) What caused it to happen; (3). What does it mean.

Specific questions include:

1. What is your name and title?
2. What are you job responsibilities?
3. What are your qualifications?
4. Can you tell us what happened?
5. When did it happen?
6. Where did it happen?
7. Who was harmed?
8. How many people were harmed?
9. Are those that were harmed getting help?
10. How certain are you about this information?
11. How are those who were harmed getting help?
12. Is the situation under control?
13. How certain are you that the situation is under control?
14. Is there any immediate danger?
15. What is being done in response to what happened?
16. Who is in charge?
17. What can we expect next?
18. What are you advising people to do?
19. How long will it be before the situation returns to normal?
20. What help has been requested or offered from others?
21. What responses have you received?
22. Can you be specific about the types of harm that occurred?
23. What are the names of those that were harmed?
24. Can we talk to them?
25. How much damage occurred?
26. What other damage may have occurred?
27. How certain are you about damages?
28. How much damage do you expect?
29. What are you doing now?
30. Who else is involved in the response?
31. Why did this happen?
32. What was the cause?
33. Did you have any forewarning that this might happen?
34. Why wasn't this prevented from happening?
35. What else can go wrong?
36. If you are not sure of the cause, what is your best guess?
37. Who caused this to happen?
38. Who is to blame?
39. Could this have been avoided?
40. Do you think those involved handled the situation well enough?
41. When did your response to this begin?
42. When were you notified that something had happened?

43. Who is conducting the investigation?
44. What are you going to do after the investigation?
45. What have you found out so far?
46. Why was more not done to prevent this from happening?
47. What is your personal opinion?
48. What are you telling your own family?
49. Are all those involved in agreement?
50. Are people over reacting?
51. Which laws are applicable?
52. Has anyone broken the law?
53. How certain are you about whether laws have been broken?
54. Has anyone made mistakes?
55. How certain are you that mistakes have not been made?
56. Have you told us everything you know?
57. What are you not telling us?
58. What effects will this have on the people involved?
59. What precautionary measures were taken?
60. Do you accept responsibility for what happened?
61. Has this ever happened before?
62. Can this happen elsewhere?
63. What is the worst case scenario?
64. What lessons were learned?
65. Were those lessons implemented?
66. What can be done to prevent this from happening again?
67. What would you like to say to those that have been harmed and to their families?
68. Is there any continuing the danger?
69. Are people out of danger? Are people safe?
70. Will there be inconvenience to employees or to the public?
71. How much will all this cost?
72. Are you able and willing to pay the costs?
73. Who else will pay the costs?
74. When will we find out more?
75. What steps need to be taken to avoid a similar event?
76. Have these steps already been taken? If not, why not?
77. What does this all mean?

Appendix B – Checklists

Public Information Officer

You Report To: Incident Commander

Mission: Provide effective collection, control, and dissemination of public information

Immediate:

Action	Completed
At initial briefing, identify resources required for section operations.	
Establish communication with State PIO	
Review current information supplied by State of NH	
Establish communication with local and site PIOs or media liaisons	
Establish coordination of information and dissemination of information with media	
Follow procedures outlined in Annex A Risk Communication Plan	
Prepare initial information summary to include: o Level of public/media interest in incident. o Incident information and activities already underway.	

Intermediate:

Action	Completed
Develop media statement(s) as appropriate.	
Determine media interview schedule.	
Coordinate media activities: o Make media contacts as necessary. o Provide media statements and answer questions as necessary. o Arrange guided tours for media at sites as necessary.	
Answer appropriate media calls.	
Provide information to local information and referral services	
❑ Ensure all documents and reports are complete for section and submitted appropriately. o Media Releases. o Unit Logs and General Messages to Incident Commander.	

Extended:

Action	Completed
Update and train replacement	

Media Conferences and Briefings Checklist

Media Conferences and Briefings are used to quickly communicate directly with the media by providing specific and updated information and providing the media with a format to ask questions.

During most emergency events, statements should be made by senior public health officials and can involve more than one participant. The PIO serves as a facilitator/mediator. If the event is ongoing and/or senior officials are not available, the PIO is designated to act as spokesperson and provide updates.

CHECKLIST

- ☐ Identify key speaker or speakers.
- ☐ Identify speakers/staff who speak Spanish, Vietnamese or other needed languages.
- ☐ Confirm spelling of names and titles. Obtain business cards.
- ☐ Determine the message and content. If there are multiple speakers, determine who is going to address what.
- ☐ Prepare speakers by reviewing statements and potential questions likely to be asked by the media. Brief and prepare bi-lingual speakers.
- ☐ Use a Media Advisory to inform media of the time, location and provide a general overview or what's going to be covered. Do this by phone, fax, email or all three.
- ☐ Prepare Media Kits.
    - ☐ News Release (if possible translated)
    - ☐ Fact Sheets (if possible translated)
    - ☐ Graphs, charts or maps
    - ☐ Brief biographies of speakers and photos
    - ☐ Background Information including organizational information
- ☐ Set up the Facility.
- ☐ Podium
- ☐ Backdrop or Background
- ☐ Electricity
- ☐ Seating
- ☐ Camera Area
- ☐ Stage and media molt box (if available)
- ☐ Media Parking (determine where and post signs to direct media as well a Media Parking signs to hold spaces)
- ☐ Table for media packets and media sign-in sheets
- ☐ Noise Control
- ☐ Access Control
- ☐ Set speaking times and rehearse remarks.

- ☐ Assign staff member to take notes of questions asked during the media conference.
- ☐ Assign staff member to track follow-up items from the media conference.

DURING THE CONFERENCE

- Meet the media as they arrive and have them sign in.
- Begin as close to your published time is possible.
- PIO introduces participants by name and title.
- PIO provides an overview of what is to be covered and the ground rules (such as each speaker will make a statement and we will take all questions at the end).
- PIO assist with questions from the members of the media by recognizing who is next to ask a question.
- PIO and other speakers, particularly those who speak other languages, are made available for media follow-up.
- If possible, announce next briefing time and place.

Crisis and Emergency Risk Communication Checklist

Action	Completed
1. Verify Situation with DHHS to ensure accuracy o If necessary, clarify the information through a subject information expert o Review Crisis and Emergency Risk Communication principles and guidelines (Annex A)	
2. Conduct Notifications o Notify all partners of the situation utilizing emergency notification procedure and call tree (Appendix B) o Establish a schedule for regular updates and briefings to partners o Send all media statements to network partners to ensure message consistency o Solicit feedback and respond to partner information requests and inquiries o Oversee partner/stakeholder monitoring systems	
3. Ensure coordination with local, state and federal partners o Serve as regional PIO to support local PIOs o Serve in an advisory capacity if JIC is activated	
4. Organize and Give Assignments o Identify and support spokespersons as needed	
5. Coordinate Capital Area media communications o Handle all media inquiries o Develop and maintain media contact lists and call logs o Assess media needs and organize mechanisms to fulfill those needs during a crisis o Oversee media monitoring to determine needed messages, to discover which information needs to be corrected, and to identify concerns, interests, and needs arising from the crisis and response o Develop press packets o Coordinate with site liaisons at PODs, NEHC, ACC, QC, etc to set up media interviews.	
6. Develop and distribute media advisories and press releases as needed o Design messages building on information provided by NH DHHS o Coordinate message content with local PIOs and other partners o Determine target audiences o Determine appropriate channels and materials for messages (fact sheets, audio releases, and video releases, web postings, toll-free telephone number, mailings or meetings etc. o Determine timing for press releases, press conferences o Develop/prepare messages and materials for public distribution o Obtain clearance for release of messages from CACC Commander	
7. Respond to public inquiries o Oversee all public inquiries o Respond to legislators, special interest groups requests and inquiries o Oversee public information monitoring systems o Set up a hotline if you anticipate the public will be seeking reassurance or information directly from your organization. o Organize and manage emergency response web site (if available)	
8. Track all expenses	

POD Public Information Checklist

Action	Completed
1. Develop Press Release with the following information: o Target population (who should and should not go to POD) o Site location and directions o Dates and times of operation o Type of identification to bring, if required o What to expect at POD o Explain the process o Explain the treatment o Type of clothing to wear o Culturally appropriate information o Basic medical information about the event o Agent involved. o Early signs and symptoms o Mode of transmission and incubation period o Community locations affected by the agent. o Symptomatic or ill persons should consult with their health care providers.	
2. Plan mechanisms for release of all public information o Complete media advisory o Set up media assembly area o Update media lists and contacts. o Develop a list of subject matter experts and media spokespersons from local public health and safety agencies o In addition to media, identify alternate public information distribution methods (i.e.: distribute flyers, post information on websites, door-to-door, etc.) o Establish a hotline to provide information about the event, agents, PODs, etc.	
3. Complete POD Staff Script and distribute to staff	
4. Develop a plan for communicating with special populations through mass media methods Consider the following: o Certain special population groups (i.e., various language groups) may be asked to come at a specific time and date (i.e., when translator resources are available.) o If special transportation can be provided for physically disabled or elderly persons, the telephone number for requesting special transportation should be included in all media releases.	

Appendix C – CAPHN Communication Matrix

PLANNING: To be performed quarterly

Goal: Raise awareness of the importance of preparedness

Anticipated Results: People are aware of planning activities, measures and actions they can take to assist and support, and be safe and prepared.

Audience	Message	Messenger	Vehicle	Timeline
Network Partners	○ Update on planning activities ○ Schedule of available training	CAPHN Coordinator	○ Email list ○ Newsletter	
General Public	○ We are planning for a public health emergency ○ Individual/Family Preparedness ○ Where to go for more information	CAPHN Coordinator	○ Media ○ Newsletter ○ Flyers ○ Fact Sheets ○ Websites	
Media	○ Update of planning activities	CAPHN Coordinator	○ Press Releases	

PRE-EVENT PREPAREDNESS: To be performed when there is an immediate threat of a regional public health emergency

Goal: To make people aware of the situation and increase preparedness vigilance.

Anticipated Results: People are aware and prepared.

Audience	Message	Messenger	Vehicle	Timeline
Network Partners	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ Media Procedures	CACC PIO	○ Email list ○ Call Tree ○ Conference Calls ○ Meetings	
General Public	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ Individual/ Family Preparedness ○ Where to go for more information	CACC PIO	○ Media ○ Hotline ○ Town Hall Meetings ○ Flyers ○ Fact sheets ○ Websites	
Media	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ Individual/ Family Preparedness ○ Where to go for more information	CACC PIO	○ Press conferences ○ Media Advisories ○ Fact Sheets	

RESPONSE: To be performed when the region is experiencing a public health emergency.

Goal: Provide timely credible and accurate health information about a crisis to the public and maintain public confidence

To minimize disease by directing public action

Anticipated Results: Compliance with recommended course of action

Audience	Message	Messenger	Vehicle	Timeline
Network Partners	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ Media Procedures ○ Assistance Needed	CACC PIO	○ Email list ○ Call Tree ○ Conference Calls ○ Meetings	
General Public	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ How to care for sick individuals at homes strategies ○ Where to go for more information/ support services/ supplies	CACC PIO	○ Media ○ Hotline ○ Town Hall Meetings ○ Flyers ○ Websites	
Media	○ Nature of incident ○ Prevention measures ○ State/regional/local response ○ How to care for sick individuals at homes strategies ○ Where to go for more information/ support services/ supplies	CACC PIO	○ Press conferences ○ Media Advisories ○ Fact Sheets	

RECOVERY: To be performed following state declaration that public health emergency has ended

Goal: Describe progress toward resolution of emergency

Anticipated Results: Return to normal operations/routines

Audience	Message	Messenger	Vehicle	Timeline
Network Partners	○ Incident is over ○ How to get back to _nomal‘ operations/ routines	CAPHN Coordinator	○ Email list ○ Call Tree ○ Conference Calls ○ Meetings	
General Public	○ Incident is over ○ How to get back to _nomal‘ operations/ routines	CACC PIO	○ Media ○ Hotline ○ Town Hall Meetings ○ Flyers ○ Fact sheets ○ Websites	
Media	○ Incident is over ○ How to get back to _nomal‘ operations/ routines	CACC PIO	○ Press conferences ○ Media Advisories ○ Fact Sheets	

Capital Area Coordination Center (CACC) Checklist

Action	Completed
1. Convene Activation Team	
2. Complete the Activation Team Log o Date and time of meeting o Description of Incident o Activation Level o Staffing Level o Hours of Operation o Mission o Objectives	
3. Assign staff (AT members) to CACC positions o Locate additional staff as needed	
4. Develop Initial Message to local agencies & municipalities o Description of event o What action needs to be taken o What action municipalities should take o Schedule for updates o CACC activation level o Contact information for the CACC	
5. Set up Command Center o Contact Concord Hospital to determine availability of Conference Room OD1 o Set-up phones, computers, and other equipment	
6. Open CACC	
7. Establish communications with DHHS (state EOC)	
8. Send initial message to network partners o Follow Emergency Notification procedure (Appendix B) to activate call tree	
9. Coordinate requests for assistance from facilities, agencies and municipalities. o Receive requests o Compile requests o Assist with fulfillment of requests o Track all expenses and actions	
10. Facilitate opening and closing of facilities as needed (POD, ACC, etc)	
11. At end of event o Ensure that all equipment is returned to proper owner o Ensure that all facilities conduct debriefings with staff o Conduct debriefing with CACC staff o Develop After Action Report/Improvement Plan	

Capital Area Coordination Center (CACC) Room Set-up

Location: Concord Hospital 4th Floor Conference Room OD1

Equipment:

Item	Quantity	Location
Laptop*	1	PHN Coordinator Office
Phones* Numbers:	6	
Whiteboard	1	PHN Coordinator's Office (Next to printer)
Flipchart Paper	2	PHN Coordinator's Office (Next to printer)
Easel	1	Conference Room OD 1
Fax* Number: 227-7010	1	PHN Coordinator's Office (Will stay in office)
Printer*	1	PHN Coordinator's Office (Will stay in office)
Copier*	1	Education Services (Take left out of room, take left at end of hall through double doors. 4th room on left)
TV/VCR*	1	Conference Room OD 1
Tables+	4	Conference Room OD 1
Chairs+	8	Conference Room OD 1
Binders & Misc. Office supplies	1	Closet in PHN Coordinator's Office (Black Box labeled CACC)
Other:		

* Call ITS Help Desk **x7777** for assistance with these items.
+ Call Environmental Services **x3550** for assistance with these items.

Call Security **x3999** for issues regarding parking, security or access.

ANNEX B Capital Area Coordination Center (CACC)

Purpose: To coordinate local and regional resources during a large-scale public health emergency within the capital area. Resources are defined as any personnel, equipment, supplies or information that needs to be shared in a public health event.

Location: Concord Hospital 4th Floor: Conference Rooms OD1 & 2 and Public Health Network Coordinator's Office (Backup Location TBD)

Activation Triggers:

- More than one town is involved in a public health incident
- Town has incident and calls for assistance
- State contacts region to open POD, ACC, etc
- Threat outside region likely to affect our region

How to Activate:

- Call Merrimack County Sheriff's Department @ 225-5451 or 225-5453
- Indicate that you are requesting the assistance of the Capital Area Coordination Center (CACC)
- The Sheriff's Department will notify the Activation Team of the request

Activation Team:

- Upon notification from the Sheriff's office, a core team will meet (in person or via conference call) to determine:
  - If and when to open
  - Appropriate activation level
  - The mission of the operation and initial message
  - Appropriate staffing levels
- The team will consist of 5 members
  - One representative from Concord Hospital
  - One representative from Merrimack County
  - One representative from local Fire
  - One representative from local Police
  - One public health representative
- Each team member will be:
  - Appointed for a one-year term
  - Asked to provide 24/7 contact information
  - Asked to provide a backup when unavailable

Activation Levels: The complexity of the event will determine the level of activation.

Level 1:

Incident: Normal Operations, no incident
Staffing: Public Health Network Coordinator can be reached during regular business hours, after hours contact Merrimack County Sheriff's Office

Level 2:

Incident: Low intensity event affecting neighboring regions or states (i.e.: EEE, pandemic in another country)
Staffing: Minimal staff as needed
Resources: Information collection and sharing only

Level 3:

Incident: High intensity event affecting portion of region (i.e.: Hepatitis A outbreak)
Staffing: Limited staff as needed
Resource: Information sharing and limited resource sharing

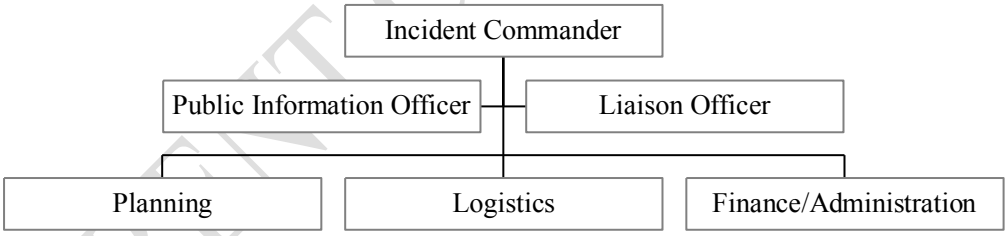
Level 4:

Incident: A complex, high intensity event has or is likely to occur affecting entire region (i.e.: Pandemic in our region)
Staffing: Full staff
Resources: Information sharing and full resource sharing

Communications:

- PODs, ACCs, etc will contact CACC directly with requests
- Briefings will be scheduled to disseminate updates on a regular basis
- CACC will contact NH DHHS Incident Command Center with any requests that can't be fulfilled locally.

Structure:



Responsibilities: The following responsibilities are to serve as a guide for designating tasks and are not all encompassing

Incident Commander: Provides overall leadership for incident response

- Responsible for all activities and functions until delegated and assigned to staff
- Establishes incident objectives
- Reports to NH DHHS

Public Information Officer (PIO): Provides for effective collection, control, and dissemination of public information.

- Obtains information from NH DHHS and provides information to general public and media

Liaison Officer: Coordinates and communicates with other agencies and municipalities.

- Receives incoming requests for assistance
- Reports to planning chief on local needs

Planning: Collects and analyzes critical information on emergency operations for decision-making purposes.

- Compiles all requests for resources
- Prepares and updates incident action plan
- Project future resource needs

Logistics: Secures resources for all functions, as needed.

- Provides resources and services required to support incident activities (including but not limited to: supplies, equipment, personnel)
- Contracts for and purchases goods and services needed at the incident
- Coordinates hotlines as needed

Finance and Administration:

- Tracks all expenditures and number of hours worked at CACC
- Collects staff time sheets/expenditures from PODs, ACCs, etc.
- Creates log of CACC activities

Staffing: The number of individuals required to staff the CACC (approximately 1-6 individuals) will be emergency-specific, but should always consider an appropriate and manageable span of control, as is described in the National Incident Management System (NIMS). The number of shifts per day and the duration of the CACC activation will be determined by the incident.

- All towns and agencies will be asked to designate 2-3 people that could serve in CACC roles.
- Each designees will be:
    - Appointed for a one-year term
    - Asked to provide 24/7 contact information
    - Trained on CACC roles and responsibilities and ICS

Staff Activation:

- The activation team will determine the appropriate number of staff required
- All designees will be notified through a call tree and requested to volunteer for shifts and positions
- Unaffected towns will be called to staff first

Appendix 1 – CACC Checklists, Procedures, Call Tree and Forms

Checklists

CACC Checklist
- CACC Setup

Incident Commander
Public Information Officer
Liaison Officer
Planning Chief
Logistics Chief
Finance and Administration Chief
Activation Team
- Activation Team Procedure
- Activation Team Call Tree
- Activation Team Log

Merrimack County Sheriff's Dispatch Procedure

CACC Forms
Event Log
Incident Report

CACC Staffing
Volunteer Recruitment Sheet
Volunteer List with contact information (to be added later)

Incident Commander

Reporting To You Are: PIO, Liaison Officer, Planning Chief, Logistics Chief, Finance & Administration Chief

Mission: Provide overall leadership for response to a public health emergency within the capital area

Immediate:

Action	Completed
Open the Capital Area Coordination Center by assuming role of Incident Commander	
Facilitate completion of Activation Log (in lieu of Incident Action Plan)	
Contact NH DHHS ICC o Indicate that CACC is open o Ask for initial release o Determine communication protocols	
Contact network partners initial message	
Activate appropriate Command and General Staff positions o Public Information Officer o Liaison Officer o Logistics Chief o Planning Chief o Finance/Admin Chief	
Ensure that CACC is set up with needed equipment and supplies (refer to CACC Set up guide)	
Brief staff on status of incident o Summary of current situation and activities o Determine times for ongoing briefings/planning meetings	
Activate sites as needed (POD, ACC, QC, etc.)	
Establish parameters for resource requests	
Establish parameters for release of information to the public	

Intermediate:

Action	Completed
Communicate with NH DHHS ICC at regular intervals.	
Periodically check progress of Command and General Staff o Establish briefing schedule	
Assist all Command and General Staff when needed.	
Manage any incidents or problems while the CACC is operational.	
Reassess activation level and assign additional staff as needed	
Approve requests for incoming or outgoing resources	
Approve media releases	

Extended:

Action	Completed
Ensure that all sections utilize event logs to track activities	
Establish a schedule for continual 24-hour operations if appropriate. o Notify dispatch of CACC downtimes	
With replacement Incident Commander, conduct briefing/planning meeting. o Assess current situation. o Update the Incident Action Plan. o Modify goals and objectives of Command Staff and Section Chiefs.	
Send all reports, documents, etc. to the necessary Section Chiefs or NH DHHS ICC.	

Deactivation:

Action	Completed
Notify NH DHHS ICC that CACC is closing	
Notify network partners that CACC is closing	
Conduct debriefing with staff	
Ensure that all sites conduct debriefing with their staff	
Develop After Action Report and Improvement Plan	

Public Information Officer

You Report To: Incident Commander

Mission: Provide effective collection, control, and dissemination of public information

Immediate:

Action	Completed
At initial briefing, identify resources required for section operations.	
Establish communication with State PIO	
Review current information supplied by State of NH	
Establish communication with local and site PIOs or media liaisons	
Establish coordination of information and dissemination of information with media	
Follow procedures outlined in Annex A Risk Communication Plan	
Prepare initial information summary to include: o Level of public/media interest in incident. o Incident information and activities already underway.	

Intermediate:

Action	Completed
Develop media statement(s) as appropriate.	
Determine media interview schedule.	
Coordinate media activities: o Make media contacts as necessary. o Provide media statements and answer questions as necessary. o Arrange guided tours for media at sites as necessary.	
Answer appropriate media calls.	
Provide information to local information and referral services	
❑ Ensure all documents and reports are complete for section and submitted appropriately. o Media Releases. o Unit Logs and General Messages to Incident Commander.	

Extended:

Action	Completed
Update and train replacement	

Liaison Officer

You Report To: Incident Commander

Mission: Receive incoming requests from agencies, municipalities, and sites.

Immediate:

Action	Completed
At initial briefing, identify resources required for section operations.	
Establish communication with local EOCs and site Command Centers	

Intermediate:

Action	Completed
Receive incoming requests from agencies, municipalities, and sites	
Receive incoming status reports from agencies, municipalities, and sites	
Complete incident reports and forward to Planning Chief o Name of caller o Contact number o Site information o Description of incident o Resources requested	
Ensure all documents and reports are complete for section and submitted appropriately. o Incident reports o Unit Logs and General Messages to Incident Commander.	

Extended:

Action	Completed
Update and train replacement	

Planning Chief

You Report To: Incident Commander

Mission: Collects and analyzes critical information on emergency operations for decision-making purposes.

Immediate:

Action	Completed
Based on information gathered in Activation Log complete an Incident Action Plan (ICS 201)	
At initial briefing, identify resources required for section operations.	

Intermediate:

Action	Completed
Review incident reports and compile all resource needs	
Forward resource requests to Logistics Chief	
Project future resource needs	
Provide routine progress and/or status reports to Incident Commander	
Ensure all documents and reports are complete for section and submitted appropriately. o Incident Reports o Unit Logs and General Messages to Incident Commander.	

Extended:

Action	Completed
Confirm with Incident Commander process for developing Demobilization Plan (ICS Form 221).	
Update and train replacement	

Logistics Chief

You Report To: Incident Commander

Mission: Coordinate local and regional resources during a large-scale public health emergency within the capital area. Resources are defined as any personnel, equipment, supplies or information that needs to be shared in a public health event.

Immediate:

Action	Completed
At initial briefing, identify resources required for section operations.	
Review current Capital Area Resource Inventory and Resource Directory	
Facilitate resource requests through agencies and municipalities.	

Intermediate:

Action	Completed
Communicate all requests for incoming and outgoing resources with Incident Commander.	
Provide routine progress and/or status reports to Incident Commander.	
Track all resources used and ensure that they are returned in same condition	
Ensure all documents and reports are complete for section and submitted appropriately. o Supply and inventory documents. o Sign-off documents when supplies were delivered. o Unit Logs and General Messages to Incident Commander.	

Extended:

Action	Completed
Update Capital Area Resource Inventory and Resource Directory	
Update and train replacement	

Finance and Administration Chief

You Report To: Incident Commander

Mission: Track all events and expenditures associated with public health events

Immediate:

Action	Completed
At initial briefing, identify resources required for section operations.	
Coordinate with agencies, municipalities, and sites for expenditures and workforce time tracking	
Begin Chronological Event Log	

Intermediate:

Action	Completed
Maintain Chronological Event Log	
Collect and compile documents from agencies, municipalities and sites o Workforce sign-in/out sheets. o Equipment sign-in/out sheets. o Overtime logs o Accident investigation reports o Contracts and agreements with supply vendors o Expenditures o Cost summaries or spreadsheets o Resource logs o Agency specific records and summaries o Unit log/status report compilation.	
Prepare 'cost-to-date' reports for each briefing	
Maintain security of documents and records.	
Provide routine progress and/or status reports to Incident Commander.	

Extended:

Action	Completed
Submit all expenditures for reimbursement to appropriate state and Federal agencies.	
Update and train replacement	

Activation Team Procedure

Mission: Quickly determine the activation level of the CACC and set initial operational objectives

Composition:

- One representative from Concord Hospital
- One representative from Merrimack County
- One representative from local Fire
- One representative from local Police
- One public health representative

Immediate:

- The first person to receive a call from dispatch will:
    1. Contact the original caller to get more information about the public health incident
    2. Contact the other members of the activation team with a meeting time and location.

Intermediate: (at the meeting)

- Complete the Activation Team Log with the following information:
    - Date and Time of meeting
    - Description of Incident
    - Activation Level
    - Staffing Level
    - Mission
    - Objectives
    - Initial message to local agencies and municipalities

Extended: (CACC set up)

- Contact Concord Hospital to open Conference Room OD1 for CACC set-up
- Develop staffing schedule for CACC
- Contact CACC volunteers to fill open positions
- Follow Emergency Notification Procedure (Appendix B) to send message to municipalities and affected agencies with initial information and CACC contact information

CACC Activation Team Log

Date & Time of Meeting:

Description of Incident:

_____

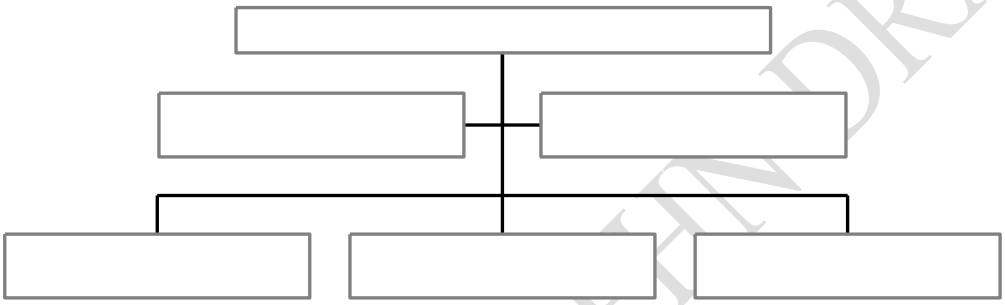
_____

Level of Activation:

_____

Level of Staffing: (Include position and name of individual)

_____



Hours of Operation:

_____

CACC Mission:

_____

_____

_____

CACC Objectives:

1. _____

   _____

2. _____

   _____

3. _____

   _____

4. _____

   _____

Develop Initial Message for municipalities and agencies

When crafting initial message, be sure to include the following information:

- **Description of event**
- **What action needs to be taken**
- **What action municipalities should take** (i.e.: Notify town emergency management, look for HAN messages)
- **Schedule for updates/ scheduled conference calls**
- **CACC Activation level**
- **Contact information for the CACC:**

Ask if municipal contact wants information faxed/emailed

If yes, what is fax number/ email address? _____

Message:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Merrimack County Sheriff's Dispatch

Mission: Serve as primary point of contact for state and locals in need of a regional response to a public health event

CACC: Capital Area Coordination Center

Immediate:

- Receive calls for assistance through dispatch
- Collect the following information from the caller
  - Name of caller
  - Call back number
  - Brief description of public health event
- Activate the CACC call tree if:
  - The caller reports a public health emergency
  - The caller requests a public health response
  - The caller requests assistance from the CACC
- Call the names and numbers on the call tree until you reach the first person
- Give the person you reach the following information
  - Name of caller
  - Call back number
  - Brief description of public health event

Intermediate:

- Maintain call tree

CACC Activation Team

Merrimack County Dispatch

225-5451 or 225-5453

	Alternates
Wendy Dumais Work: 230-6162 Home: 526-6602 Cell: 748-0263 Pager: 564-9551	**Mike Melody** Work: 230-6151 Home: 456-3768 Cell: 783-1098 Pager: 639-3936
Thomas Van Beaver Work: 228-0529 Home: 224-7443 Cell: 568-5577	**Craig Saltmarsh** Work: 225-5583 Home: 753-8355 Cell: 724-5417
Scott Nichols Work: 225-8600 x3053 Home: 736-4744 Cell: 682-6482	**Bob Barry** Work: 225-8600 x3734 Cell: 496-9339
Jeff Burr Work: 798-5612 Home: 798-5012 Cell: 783-1054	**Ed Mical** Work: 456-2298 Home: 456-3350 Cell: 376-6277
Claudia Alvarado Work: 271-0724 After hours: 271-5300 (ask operator to page her)	**Darlene Morse** Work: 271-4494 After hours: 271-5300 (ask operator to page her)

CACC Event Log

Position:

Name:

Date:

Event:

Time	Activity

CACC Incident Report

Date:	Time:

Caller Information

Municipality Name:	Agency Name:	Site Type: Name:
Caller Name:		
Phone:	Fax:	

Sites

	Status	Time Opening	Est. Numbers
Local EOC	Open / Closed		
Shelter	Open / Closed		
POD	Open / Closed		
ACC	Open / Closed		
NEHC	Open / Closed		
Quarantine	Open / Closed		
Other:	Open / Closed		

Description of Incident

Incident:
Resources Requested:

Additional Comments:

: Yes / No	Time:

Capital Area Coordination Center (CACC)

Volunteer Sheet

Name:_____

Organization:_____

Position:_____

Contact Information (*all information will be kept confidential)*

Email:_____

Work Phone:_____ **Fax:**_____

Home Phone: _____ **Cell Phone:** _____

The following positions would need to be staffed in the CACC

(Please circle all positions in which you are interested):

Incident Commander	Planning Chief
Public Information Officer	Logistics Chief
Liaison Officer	Finance/Administration Chief

The following training is required of all staff at the CACC

(Please circle the training you have already completed):

ICS 700 – Introduction to National Incident Management System

IS 100 – Introduction to Incident Command System

IS 200 – Basic Incident Command System

Please list additional Incident Command experience:

_____

_____

_____

ANNEX C Point of Dispensing Plan

Contents

Section 1: Command Structure

Section 2: Planning
- Clinic Sites
- Signage
- Special Populations
- Off-Site Prophylaxis/Vaccination Services
- Language Issues
- Behavioral Health Services

Section 3: Clinic Operations
- Clinic Set-Up
- Clinic Flow
- Clinic Site Layout

Section 4: Staffing
- Staffing Models
- Volunteers
- Activation
- PPE
- Priority Prophylaxis/Vaccination
- Workforce Services
- Liability

Section 5: Logistics
- Communications
- Transportation
- Security
- Facility management
- Ordering Strategic National Stockpile (SNS)
- Handling and Storage of SNS
- Inventory of SNS
- Disposal of Medical Waste

Section 6: Finance and Administration

Appendix 1: Bow High School
Appendix 2: Coe Brown Academy
Appendix 3: Hopkinton High School
Appendix 4: New Hampshire Technical Institute
Appendix 5: Weare Middle School
Appendix 6: Facility Distribution Plan
Appendix 7: First Responder Distribution Plan
Appendix 8: Job Action Sheets and Station Checklists
Appendix 9: POD Notification Protocol
Appendix 10: Training Checklist for Point of Dispensing

POD Checklist

Action	Completed
1. At direction of DHHS, establish Point of Dispensing Sites (PODs) o Review Annex C – Point of Dispensing	
2. Determine number of individuals requiring medication/vaccination	
3. Determine which PODs will open o Bow High School o Coe Brown Academy o Hopkinton High School o NH Technical Institute o Weare Middle School o Special & Fixed Populations medication pick up	
4. Convene POD partners to plan activation of POD o Activate phone tree o Arrange for the opening of all facilities to be used o Assess the need for additional assets o Print/copy all event specific materials and signs o Determine start of prophylaxis for POD staff o Coordinate with DHHS, and the State EOC for the time of opening to the public o Plan a system for determining when and who will come to the PODs	
5. Contact facilities to determine availability	
6. Establish communications with CACC and DHHS o Assist CACC with development of Public Information Strategy	
7. Establish POD Command structure	
8. Set-up facilities o Determine available supplies o Call CACC for additional supplies needed o Mark/Delineate traffic patterns o Obtain buses, drivers if staging area used o Obtain barriers, cones, etc. for parking and traffic control o Obtain walkers, wheelchairs for use in clinics o Set up tables/chairs and additional equipment using site map o Post all signs using site map o Arrange for EMT/EMS support for emergencies o Arrange for facility engineering and janitorial support o Prepare refrigerator and /or space for receipt of prophylaxis o Test back-up electrical power capabilities (if available) o Set-up 2-way radio system for communication o Test Internet and phone and other communication tools capability	
9. Establish staffing schedule and recruit staff o Email CAPHN volunteers o Contact regional agencies with staffing requests o Scheduled Just In Time training for staff	
10. Track all expenses	

Special & Fixed Populations Medication Pick up

Set up facility for Special and Fixed Populations medication pick-up o Contact Special and Fixed Populations Agencies o Contact NHTI to set up facility o Identify quantity of medication to go to special and fixed populations o Package medication	

Purpose

Point of Dispensing (POD) Sites to administer vaccine or dispense antibiotics are likely to be part of the response to infectious disease outbreaks of any magnitude. Incidents that may trigger the need for a POD could include:

- Hepatitis A in a food handler that requires Hepatitis Immune Globulin to be administered to thousands of people within a few days
- Cases of meningitis in a school where mass dispensing of medication on short notice is needed
- An influenza pandemic
- A bioterrorist event involving thousands of people or even the entire population

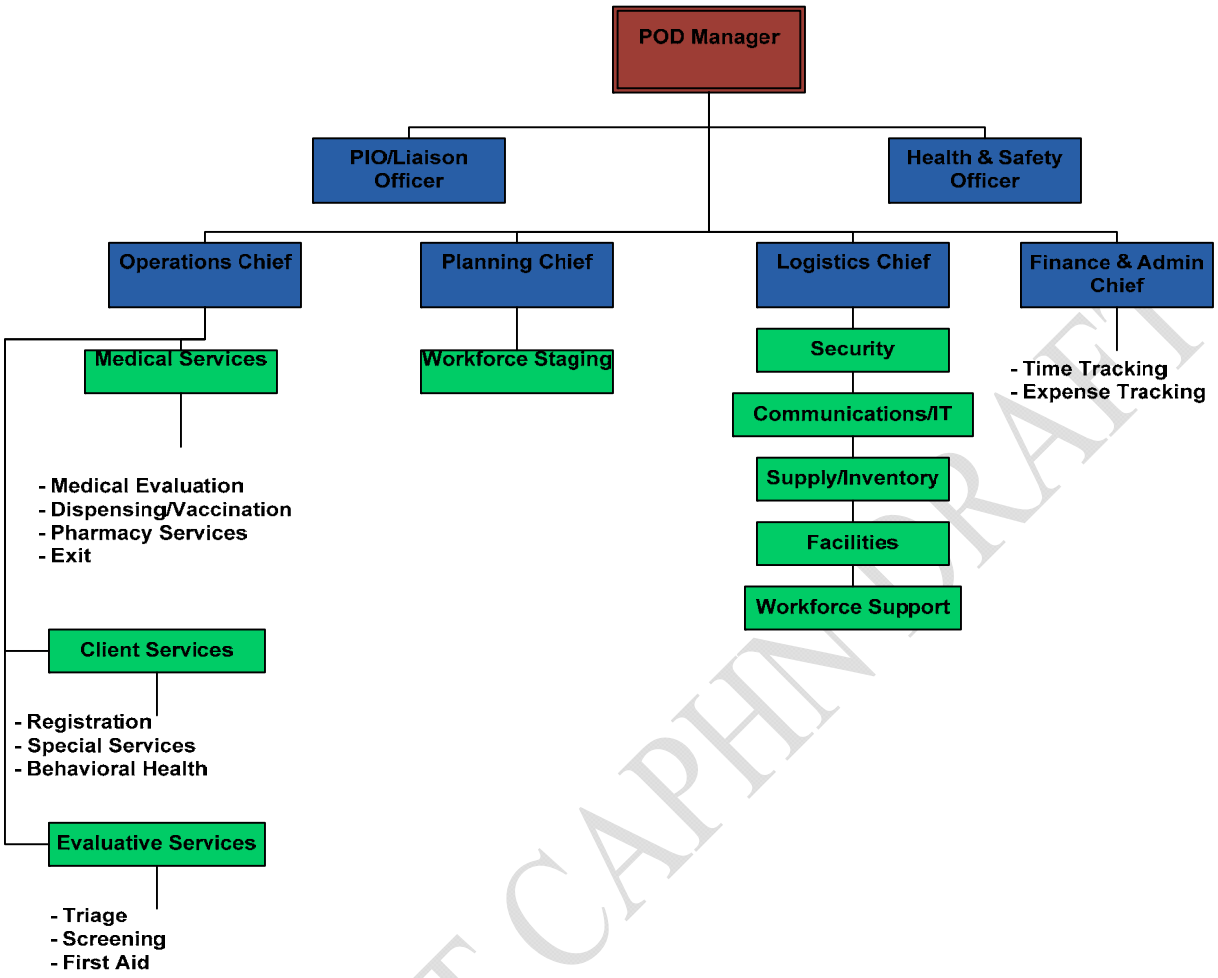
This plan will serve a guide for a regional response to a local or regional event in the Capital Area. The guide is flexible to adjust to the scope of the event. POD response time and target numbers needed are specific to the particular event. This plan prepares for the worst-case scenario by identifying five POD sites located throughout the region to be used in large-scale emergencies. In addition, every town in the region has identified a site where a smaller POD could be set up.

Section 1: Command Structure

The POD will operate under the incident command system (ICS) that is compliant with the National Incident Management System (NIMS), in accordance with existing state and local emergency operation plans. The decision to open a POD would initially rely on state and local resources. It would not involve federal resources such as the Strategic National Stockpile unless the event fits the established criteria for requesting SNS.

Small -scale incident requiring one POD - Once the decision to open a POD has been made; the local Emergency Management Director will work with the CAPHN Coordinator to determine resources needed. They will coordinate with the Emergency Support Function (ESF) 8, Health and Medical of the local EOC. The local EOC will report to the state EOC. All relevant information and decision-making should pass through the local EOC to ensure coordination of all emergency operations.

Large-scale incident involving more than one POD - A Regional Coordination Center will be opened at Concord Hospital to handle all staffing and supply requests from the Clinic Manager at the POD. Each town that has opened a POD will open their local EOC to handle all security and safety issues of the POD. The local EOC will use existing Mutual Aid with area Police Departments to fulfill requests.



Incident Command

Each dispensing site will have a *POD Manager* who will serve as the Incident Commander. The POD Manager is responsible for all functions of the POD. The POD Manager directly oversees operations, logistics, planning, and administration by working closely with the section chiefs and coordinators for all shifts. The POD Manager will be the highest-ranking local Police Representative, Emergency Management Director or designee. The POD Manager will coordinate with the local EOC for all issues regarding safety and security at the POD.

Public Information and Liaison Officer

The *Public Information Officer and Liaison Officer* roles will be combined. The PILO will be the spokesperson for the site to any external contact (e.g. media, general public, EOC) and will serve as the point of contact for representatives of the governmental agencies, non-governmental organizations, and/or private entities reporting to the mass clinic for assignment. The PILO will receive sample media releases and guidance from the state's Joint Information Center.

Health and Safety Officer

The *Health & Safety Officer* is responsible for ensuring the health and safety of clinic workforce and clients. The *Health & Safety Officer* conducts a safety inspection of the facility before the POD opens and makes suggestions for improvement.

Operations Chief

The *Operations Chief* will be responsible for all functions related to medication delivery in the POD. The OC directly oversees the medical and non-medical branches as well as pharmaceutical services:

- Medical – Triage, Medical Screening and Counseling, Dispensing or Vaccination
- Non-medical – Greeting/Registration, Education, Exit Review (Checkout)
- Pharmaceutical – prepare medications or vaccine

Planning Chief

The *Planning Chief* is responsible for coordinating and the status of workforce assigned to the POD and planning for demobilization process. The Planning Chief is responsible for scheduling, training and orienting staff at the POD.

Logistics Chief

The *Logistics Chief* ensures that all necessary support is available for the operation of the site. This section has five branches:

- Security – area security, traffic, access control, and security for SNS assets
- Communications/IT – internal and external communications
- Supply/Inventory – responsible for ensuring adequate supplies
- Facilities – setting up facility, housekeeping, maintenance
- Workforce Support – responsible for all needs of staff including food, breaks, education

Finance & Administration Chief

The *Finance & Administration Chief* is responsible for documenting costs and tracking data. This section is divided into three components:

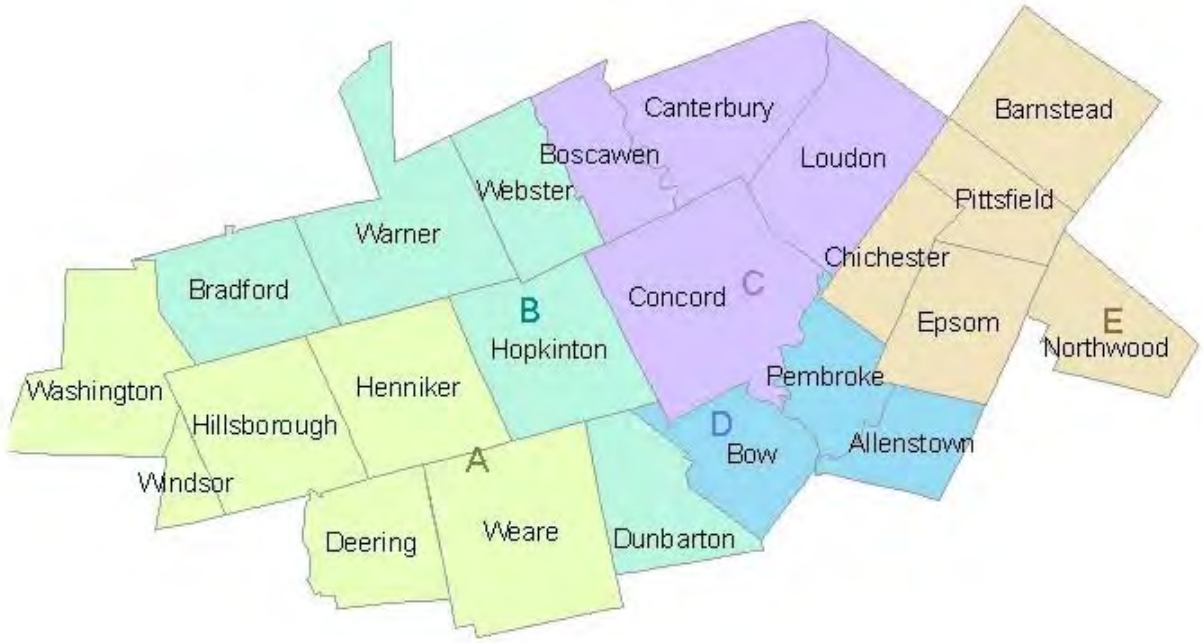
- Time – tracking the on site timekeeping of all staff
- Expenses – tracking all purchases and expenditures
- Data – tracking all patient information collected (to be done off-site after POD operations)

Section 2: Planning

Clinic Sites

Five POD's will be activated in the event of a large-scale emergency to serve the entire region. In order to balance clinic load, reduce congestion, and maximize facility operations, residents have been assigned to a specific POD by municipality.

Weare Middle School (A)	**Hopkinton High School (B)**	**NH Technical Institute(C)**	**Bow High School (D)**	**Coe Brown Academy (E)**
Henniker	Hopkinton	Concord	Bow	Northwood
Weare	Webster	Canterbury	Allenstown	Barnstead
Hillsboro	Warner	Boscawen	Pembroke	Pittsfield
Washington	Bradford	Loudon		Epsom
Windsor	Dunbarton			Chichester
Deering				
22,175	14,660	54,140	20,580	15,600



In the event of an isolated public health emergency affecting only one municipality, a site will be opened in the municipality affected. (See Appendix 1 for list of sites)

Point of Dispensing (POD) locations in the Capital Area

	Site	Address	Phone #
Allenstown	Armand Dupont School	10 ½ School St	485-4474
Barnstead	Barnstead Town Hall	108 S. Barnstead Rd	269-4071
Boscawen	Boscawen Town Hall	14 High St	796-2415
Bow	Bow High School	32 White Rock Hill Road	228-2210
Bradford	Bradford Elementary School	Old Warner Rd	938-5959
Canterbury	Fire Station	26 Baptist Rd	783-4798
Chichester			
Concord	NH Technical Institute	31 College Drive	271-6484

Deering	Deering Town Hall	762 Deering Center Rd	464-3248
Dunbarton	Dunbarton Elementary School	20 Robert Rogers Rd	774-3181
Epsom	Epsom Central School	282 Blackhall Rd	736-9331
Henniker	Henniker Community School	Western Avenue	428-7256
Hillsborough	Hillsboro-Deering Middle School	6 Hillcat Drive	464-1120
Hopkinton	Hopkinton High School	297 Park Avenue	746-4167
Loudon	Loudon Fire Station	8 Cooper St	798-5612
Northwood	Coe Brown Academy	907 First NH Turnpike	942-5531
Pembroke	Pembroke Academy	209 Academy Rd	485-7881/485-5187
Pittsfield	Pittsfield Elementary School	34 Bow St	435-8432
Warner	Town Hall		
Washington	Camp Morgan Lodge	339 Millen Pond Road	495-0336
Weare	Weare Middle School	16 East Rd	529-7555
Webster	Webster Safety Facility	851 Battle Street	648-2200
Windsor	Windsor Town Hall	14 White Pond Rd	478-3292

Signage

The State of NH will provide a list or appropriate signs for each POD site in advance; to include internal and external signs. Signs will be printed in advance and stored at each POD site.

Special Populations

The mass clinic will provide additional assistance to special needs populations to access the clinic. All facilities are ADA compliant and have designated routes for people who require additional assistance. The Capital Area has identified a list of special populations currently within the region's area of responsibility. (See Appendix C of PHERP – Special Populations)

Off-Site Prophylaxis/Vaccination Services

MOU's are being developed between CAPHN and several facilities in the region to deliver vaccines/medications directly to the facilities for administration to their residents and staff. (See Appendix 6 for list of facilities and MOU)

Language Issues

Language Line, a service that offers language translation by phone is available by calling 1-800-752-0093 or on-line at: info@languageline.com or: www.Languageline.com. Concord Hospital also subscribes to DT Interpreting Service that can be reached by calling 1-866-237-0173. Interpreters will also be available for known languages including American Sign Language. The CDC and NH DHHS will provide educational materials for several languages and literacy levels. Pictures and universal symbols will be used when available.

Behavioral Health Services
A behavioral health team will be available for counseling. Individuals identified as needing behavioral health assistance at triage or medical screening will be referred to the Behavioral Health team.

Post-Mass Clinic Activities (Recovery)
An evaluation of each mass clinic site will be conducted to include: a review of expenditures and in-kind costs incurred during the operation, identification of gaps and problems based on staff debriefings and benchmarks reached, recommended changes in emergency response plans, and a description of implications for the public health infrastructure.

Section 3: Clinic Operations

Clinic Set-Up

The *POD Manager* and *Operations Chief* will contact the planning chief and logistics chief to coordinate the opening of the clinic. The logistics chief will contact the appropriate personnel to begin setting up the POD. Non-medical supplies not available on-site will be requested from approved vendors unless the SNS or state trailers are requested and approved. The POD Manager will work with all section chiefs and the local and/or regional EOC to determine sources and availability of medical supplies. The local EOC will make the formal request for medical supplies not available at the mass clinic. Ideally the clinic would be set-up within 12 hours of the initial approval to open, and could be open to the public within 24 hours.

Clinic Flow

1. **Triage** (Medical Services Branch) - Triage by an EMT or clinician will occur at the point of entry to the dispensing site or at the transportation staging area. Recipients who have been exposed to the agent or to cases will be escorted to a separate room/area for interviewing. Clinicians will perform a basic health exam on the symptomatic recipients and will arrange transport to a treatment facility via on-site ambulance if necessary. Asymptomatic recipients will proceed to registration.

2. **Greeting/Registration** (Non-Medical Services Branch) – The state DHHS will supply the forms necessary to track recipient information. Information collected includes: demographics, vaccination/medication info, and informed consent. Recipients will be given forms to complete, information sheets to review and will be assigned an ID number. The data will be collected at the POD to be entered into a database after the clinic operations. Greeters will identify recipients with special needs and match them up with assistance (ie- translator, behavioral health, etc.)

3. **Education** (Medical Services Branch) – Education will be done in line with signs and handouts when possible. If buses are used, education will be done on the buses en route to

the clinic. If a video is needed, groups will be led into a video screening room to view the video before proceeding, and/or the state will supply videos to the television/cable channels.

4. **Screening and Counseling** (Medical Services Branch) – Clinicians will review completed registration forms for contra-indications. If recipient answers positively to any of the listed contra-indications for themselves or a family member, they will proceed to the counseling station where they will meet with a clinician to determine if they are clear to receive the vaccine. If there are no identified contra-indications, the recipient will sign applicable consent forms and proceed to the dispensing or vaccination station.

5. **Dispensing or Vaccination** (Medical Services Branch) - Recipients with no medical contraindications will be directed to the Vaccination/Medication Dispensing area. Separate lines will be created for the elderly, disabled and others who may not be able to stand for long periods of time.
    - For vaccination: The recipient is given the vaccine, a band-aid, and is instructed on post-vaccination care of the vaccination site.
    - For medication dispensing: The recipient is given a supply of the appropriate medications based on the medical screening, takes the first dose of the medication at the dispensing station and is instructed on proper use of the medication.
    - Medications must be labeled to comply with State and FDA regulations. The State of NH will provide a template for the labels in advance of POD operations.

6. **Checkout/Exit Station** (Non-Medical Services Branch) - Recipients receiving their medication or vaccination will proceed to the checkout station. Staff will provide information and documentation to assist the recipient in managing their treatment beyond the clinic. In some situations, vaccinees may be asked to remain at the clinic for a designated period of time for review of adverse reactions.

Clinic Site Layout

Clinic sites will have clearly marked entrance and exit points with adequate waiting space for groups of people seeking vaccination/medication. Security staff will be posted at both locations to maintain order. Traffic flow within the dispensing site should be controlled and should follow a logical path from entry into the dispensing site to exit from the dispensing site. A linear path of traffic flow from entry to exit on opposite sides of the facility is optimal. Easy-to-read signs will be provided to guide people through the dispensing site process. All sites have a clearly defined layout and flow, but include the capability of opening additional stations if necessary.

Section 4: Staffing

Staffing

The number of staff needed will be determined by the expected number of patients coming to the POD per hour. That will depend on the number of patients needing the medication/vaccine, the duration of POD operations and the time required to set-up the POD. The type of public health event will determine the duration of POD operations. (i.e. – Anthrax antibiotics must be administered within 48 hours; Smallpox vaccine must be administered within 10 days.) In the

event of antibiotic dispensing, head of household may pick up medications for up to 5 family members or neighbors (with documentation). The average household size in the Capital Area is 2.5. This number will be used to compute approximate number of people going to a POD.

The formula used to determine patients per hour and number of staff needed is (# pts needing meds/(# hours to dispense-# hours to set up)) [ie – If 18,000 people needed antibiotics within 48 hours and it takes approx 12 hours to set up a POD – we would be seeing approx 500 pts per hour (18,000/ (48-12) = 500)

Use the chart below to determine staffing numbers for PODs seeing 1000, 500 and 250 patients per hour.

Position	1000/hr*	500/hr*	250/hr*	Qualifications/Comments
POD Manager	1	1	1	NIMS/ICS Experience
Assistant	1	1	0	
PIO/Liaison Officer	1	1	1	
Health & Safety Officer	1	1	1	
Admin/Finance Chief	1	1	1	
Operations Chief	1	1	1	Licensed Medical Professional
Evaluative Services Director	1	1	1	RN/LPN/Paramedic/EMT
Triage Station Supervisor	1	1	1	RN/LPN/Paramedic/EMT
Triage Staff	4	2	1	RN/LPN/Paramedic/EMT
Triage Runner	1	1	1	
Screening Station Supervisor	1	1	1	
Screeners	6	4	2	
Screening Runner	2	1	1	
Line Monitor Supervisor	1	1	1	
Line Monitors	7	5	3	
Medical Services Director	1	1	1	MD/NP
Medical Evaluation Supervisor	3	2	1	MD/NP
Medical Evaluation Staff	16	8	5	MD/NP/PA/RN
Medical Eval Runner	4	2	1	
Vaccination/Dispensing Station Supv	3	2	1	RN
Vaccinators/Dispensers	16	8	5	RN/LPN/Paramedic
Vacc/Disp Runner	4	2	1	
EMS/First Aid Crew	2	2	1	Ambulance Crew/EMT
Client Services Director	1	1	1	
Greeter/Registration Supv	1	1	1	
Greeter Registration Staff	6	4	2	
Greeter/Registration Runner	2	2	1	
Behavioral Health Supv	2	1	1	Licensed BH Professional

BH Counselors	10	7	5	Licensed BH Professional
BH Runner	1	1	1	
Exit Station Supervisor	1	1	1	
Exit Station Staff	2	1	0	
Special Services Supv	1	1	1	
Special Services Staff	4	3	2	
Special Services Runner	2	1	1	
Pharmaceutical Svcs Supv	1	1	1	Pharmacist
Pharmaceutical Svcs Staff	2	1	0	Pharmacist Technician
Planning Chief	1	1	1	
Workforce Staging Area Supervisor	1	1	1	
Workforce Staging Area Staff	2	1	1	
Logistics Chief	1	1	1	
Security Manager	1	1	1	Police
Security Staff	14	10	8	Police
Transportation Leader	1	1	1	
Supply/Inventory Leader	1	1	1	
Supply/Inventory Staff	2	1	0	
Facilites Leader	1	1	1	Knowledge of Facility
Facilities Staff	1	1	0	
Communications Supervisor	1	1	1	
Comm/IT Staff	2	1	0	
Workforce Services Supervisor	1	1	1	
Workforce Services Staff	2	1	0	
Total	147	100	69	

Volunteers

Volunteers will be utilized to staff the POD sites. A Volunteer Management plan has been developed to address all aspects of volunteering including: expectations, recruiting, activation/notification, training/orientation, record keeping, spontaneous volunteers, and volunteers' needs. (See Annex D of PHERP- Volunteer Management Plan)

Activation

Volunteers will be notified by their designated agency/organization or directly from the Volunteer Coordinator. Volunteers will work with the Volunteer coordinator to determine shifts and sites to report to. Volunteers will be instructed to park at a site separate from the staging area, to be bused to the POD for their shift and training. (See Appendix 9 – POD Notification Protocols)

Training
All pre-identified volunteers will receive training on POD Operations in advance. They will also receive on-site Just-in-Time training on specific job assignments. Each position in the POD has a predetermined Job Action Sheet detailing requirements and responsibilities. (See Appendix 8 – Job Action Sheets)
All spontaneous volunteers will receive on-site training in POD Operations and their specific job assignments.

PPE
Depending on the type of public health event and disease threat, clinic volunteers will be provided with protection from exposure at the mass clinic. The type of protection needed depends on the specific disease.

Priority Prophylaxis/Vaccination
First responders, volunteers and staff essential to the opening and initial operation of the POD as well as their household family members will receive immediate prophylaxis or vaccination. A list will be developed with the numbers of first responders who will require priority prophylaxis. (See Appendix 7 - First Responder Prophylaxis/Vaccination Plan)

Workforce Services
The Concord Chapter of the American Red Cross will provide food services for staff and volunteers. Volunteers will have a designated area away from the clinic operations, when possible, for breaks and/or lodging. They will also have access to behavioral health services.

Liability

Two NH State Laws cover liability and workers compensation for volunteers. The NH Good Samaritan Law provides that any person in good faith who renders emergency care is exempt from civil liability as long as he acts exclusive of compensation and reasonably provides emergency care without willful or wanton acts of negligence. RSA 508:17-a further extends the scope of the registered volunteer by offering worker's compensation coverage to persons acting as volunteers for the Department of Health and Human Services and the Department of Safety in the event of a public health or a public safety incident. This bill also limits liability for such volunteers.

Section 5: Logistics

Communications
The Communications Group Supervisor will be responsible for coordinating the internal and external communication resources including land-line and cellular phones, 2-way radios, computers, printers, and fax machines. Important information, such as: number of radios, frequencies used, and who has what type of equipment will be determined. A list of important phone numbers will be located in the incident command of each POD.

The primary mode of communication with the mass clinic will be by telephone line. Another resource for external communications at clinic locations is the Capital Area Amateur Radio Emergency Service. On-site communication will be by internal telephone system (if available) or 2-way radio.

(See Appendix 9 – POD Notification Protocols and Annex A of PHERP – Crisis and Emergency Risk Communication Plan)

Transportation

A detailed transportation plan will be developed for each POD. Specific areas identified are: transporting staff to and from facility, transporting vaccines/medications and supplies, transporting recipients to and from facility, transporting symptomatic patients to hospital, and parking.

Depending on circumstances, four populations may require transportation assistance:

- Dispensing site staff,
- Persons exposed to known cases and other high-risk individuals, and
- The general public (e.g. persons with low or unknown risk of exposure).
- Special consideration should be given if transportation of special populations becomes necessary [e.g. children, the elderly, homeless persons, remote populations, and disabled (including homebound) persons].

Security

A detailed security plan has been developed for each POD. The local Police department will have authority over the security of the facility and will draw support from surrounding towns. Specific areas included in the security plan are: traffic control, crowd management, securing supplies, and safety of clinic staff.

In an event involving bio-terrorism or a naturally occurring large-scale infectious disease, the level of threat perceived by the public, whether real or imagined, may be extreme. In these circumstances, local public health officials should be prepared for a high level of demand for vaccine/medication. Security must be provided throughout the length of the emergency, including when the site is not operational (i.e. during the night when restocking is occurring).

Based on lessons learned through NH DHHS sponsored public clinics, the region is planning for security, traffic control and crowd management for even moderately challenging public health clinic situations that are not a declared emergency. In extreme cases, the region may find it necessary to request the assistance of surrounding municipalities, the county sheriff, state troopers and if it becomes necessary, the Governor may order the National Guard to assist in traffic and/or crowd control. The ability of law enforcement and the military to supply security for a public health response may be limited by the demands of their duties as defined by emergency response plans.

Facility Management

A representative from each facility with working knowledge of the facility will be available during set-up and throughout each shift. Facility personnel will provide general

housekeeping for mass clinic. They will be familiar with all physical operations of the facility, specifically the temperature control, ventilation and refrigeration.

Ordering Strategic National Stockpile

The State SNS Coordinator can be reached at 603-271-2231. Homeland Security and Emergency Management will work with appropriate state officials to determine whether or not to request the stockpile from the federal government. The Governor or their designee will make the formal request. The State Emergency Management Director will then contact local Emergency Management officials to inform them that the request has been approved and approximate time of arrival at their location.

Additional clinic supplies will be provided through the SNS vendor managed inventory (VMI). These supplies will be requested and may arrive separately from the requested SNS vaccine, prophylaxis or full Push Pack. Planners must provide for adequate clinic supplies for a period of time between SNS request and its arrival at clinic.

Handling and Storage of SNS

State Police or National Guard will deliver SNS to the POD sites with a specific set of handling and storage instructions. These will include guidance on security, storage and temperature control of the vaccines/medications. Designated delivery points, storage areas and adequate refrigeration have been identified in each clinic. Forklifts or hand trucks will also be made available to move supplies. Additional medical supplies may be delivered at a later date through the SNS. The same security and storage measures should be observed for medical supplies. Arrangements to obtain additional non-medical supplies will be made in advance.

Inventory of SNS

The pharmacy staging area will work as an on-site pharmacy, and be managed by a licensed pharmacist or an MD. The pharmacist will coordinate the availability of all pharmaceuticals, vaccine and medical supplies during operation of the clinic. A careful log of the vaccines/medications will be kept to ensure an adequate supply.
A shipping manifest and reorder form will come with the SNS.
Inventory tracking Forms have been developed to include:

- The log will require counting of inventory by two staff members with signatures (like controlled substances at an institution).
- Beginning inventory balance
- Vials/doses received
- Total doses administered by lot number
- Doses wasted with lot number (documentation will include date, dose, lot number, and reason for loss with staff member's signature)
- Ending inventory at end of each day

Logistical Trailers

NH Homeland Security and Emergency Management has strategically deployed twelve logistics trailers around the State to provide basic medical and other supplies to support public health emergency's and other types of large-scale or long-term incidents. Police, fire,

emergency medical services or other first responders, municipalities, hospitals or clinics may request the trailers when needed.

The trailer for our region is located at the Manor Fire Station in Penacook at 46 Village St. To request the trailer contact Concord Fire Dispatch at 225-3355.

Disposal of Medical Waste

Biohazard bags and sharps containers will be made available for disposal of the needles and medical waste. Concord Hospital will be responsible for disposing of the medical waste.

Section 6: Finance and Administration

Time keeping, procurement, and cost accounting are the primary functional activities of this section. This section will make available and manage all paperwork generated at the site. This section is responsible for managing records related to client registration, treatment or its deferral, and disposition of records. Based on the size of the incident the Finance and Administration functions can support multiple mass clinics or those functions may be coordinated at the local EOC.

Client information to be completed will be based on the identified threat. At a minimum it will include; demographics, vaccine/medication information, and permission/authorization documentation.

All staff and volunteer time must be accurately recorded in order to receive state and federal reimbursement.

Documentation and Paperwork

Certain administrative documents and worksheets will be required to assist in dispensing site management and keeping track of the vaccine. NH DHHS will provide these documents. If computer resources and standardized systems for data entry are available, data should be entered on each recipient into the data system in real time during registration and at appropriate points throughout the dispensing site process. However, paper copies of all documents must be available in sufficient quantities so that dispensing site operations can continue if the computer system fails or is not available.

Appendix 1 Bow High School Clinic

Address: 32 White Rock Hill Road
Bow, NH 03304

Telephone: (603) 228-2210

Fax: (603) 228-2212

Town Contact: Jim Pitts, Town Manager 228-1187 x10

Facility Contacts: Dawn Tuttle, Head Custodian

SNS Delivery Contact Information

Bow Police: 228-1240 (24/7)

Authorized to sign:
1. Bow Police Department
2. Bow Town Manager
3. Bow High School Head Custodian

1. **Population**
2. **Operations**
3. **Transportation**
4. **Security**
5. **Ambulance Coverage**
6. **Portable Toilets**
7. **Staffing/Volunteers**
8. **Additional Rooms**
9. **Available Equipment/Supplies**
10. **Maps of Facility**

1. Population

Town	Population
Allenstown	5,150
Bow	8,010
Pembroke	7,420

Population estimate: 20,580*

*- This is based on the 2005 estimates by NH Office of Energy and Planning and is to be used to plan for a worst-case scenario of number of people to be vaccinated at a healthcare facility. In the

event medications are dispensed, heads of households may pick up the medications for their entire family.

2. Operations

Clinic Flow: (see attached map)

The public will be given registration forms in the parking lots and at the bus drop off site to complete while they are waiting in line.

They will enter the building through the Auditorium entrance. Handicapped individuals will enter the building from the handicapped parking lot.

Triage- Upon entrance into the building, individuals will be triaged to determine if they are sick or well. Sick individuals will be sent to the Nurse's Office.

Greeting/Registration - Well individuals will be given registration forms to complete and will proceed to the Gymnasium. The hallway will be divided with plastic chains with one lane devoted to handicapped individuals and those who may need additional assistance. The other half will be for the general public. The hallway traffic will be one-way only.

Education - The auditorium can be used for education or as a resting area if bottleneck occur. (Seating capacity 640).

Screening - Individuals will proceed into the gymnasium. They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions.

Dispensing/Vaccination - If they are clear for medication/vaccination they will proceed directly to the dispensing area.

Counseling - If they have indicated an allergy or interaction on their form, they will proceed to the medical counseling area to determine if they are eligible to receive the medication/vaccination.

Exit Review - Once individuals have received their medications/vaccinations they will proceed to exit review. If the medication/vaccination calls for additional monitoring, the individuals will sit in a chair for a determined amount of time (up to 15 minutes). Once their time is up they will be free to leave the gym through the back exit.

Floaters will be used to monitor the lines and provide any additional assistance necessary. BHS personnel will be available to unlock rooms and assist with facility issues as needed.

Possible issues:

Handicapped person comes by bus: If an individual arrives by bus that is unable to walk or stand in line outside of the building, the bus will make an additional drop off at the handicapped entrance of the building. A van could be used if needed to help escort as well.

Behavior or security problem in line: In the event of an individual acting up in line, he/she will be escorted out of line by a police officer and taken out of the building. The individual will not be allowed to return to the line or walk back through the line. The individual will be escorted outside and enter through the _____ entrance. The individual will be placed in a room until a staff member is able to give them their medication/vaccination. They will then be escorted from the building.

Fainting or adverse reaction: In the event of an individual fainting or having an adverse reaction to the medication/vaccination he/she will be moved to a cot or gurney and moved out of the gym through the back exit. If the individual requires emergency medical attention, the ambulance will transport them directly to Concord Hospital.

If the individual does not require emergency medical attention, but requires additional rest and observation, the individual will be escorted to the Nurse's Office.

Minor arrives without Parent or Guardian: In the event a minor arrives at the clinic without a parent or guardian, a phone will be available at the medical screening station to call for consent.

The POD Manager will make decisions on how to handle all other unforeseen issues that arise during clinic operations.

3. Transportation Plan:

Parking:
There is an estimated 600-700 parking spots on the Bow High School campus. Based on the worst-case scenario of 48 hours to get vaccination/medication to the public the estimated flow would be 428 people per hour. The 600-700 parking spots would be sufficient. Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security.

It is recommended that handicapped parking be made available near the clinic entrance or have people who need assistance park at the Bow Fire Department and get shuttled into the clinic.

Traffic Flow:
The general public will enter and leave the campus via White Rock Hill Road.

The Bow Highway Department will have the responsibility for placing message boards, signs and traffic barriers on Bow Center Road, White Rock Hill Road, on campus, and other roads as needed..

Busing:
Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security and for people with transportation challenges. There is currently a plan in place to use Concord Area Transit and area private busing companies to provide transportation for up to 33% of the population. Each town has a designated location for pick-ups and drop offs.

Town	Location
Bow	Bow Fire Department
Allenstown	
Pembroke	

4. Security Plan
The Bow Police Department would have authority over the security of the POD. Police Departments from Allenstown and Pembroke will provide supplemental assistance. The clinic will be secured by 24-hour coverage throughout the entire clinic operation.

Traffic Posts:
There will be ____ personnel assigned to traffic and parking posts. These posts would ideally be manned by sworn officers, but may be manned by fire, public works or other personnel.
Posts _____:
Posts _____:
Posts _____:

Crowd Control/Security Posts:
There will be _____ law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts.
Post _____: North Side of Bow High School
Post _____: South Side of Bow High School
Post _____: Main hallway
Post _____: Entrance of gymnasium
Post _____: Exit of gymnasium
Post _____: Security of medications/vaccines
Post _____: Assigned as needed.

5. Ambulance Coverage:
Bow Fire will staff an advanced life support unit at the clinic, with backup support provided by Allenstown and Pembroke Fire Departments.

6. Portable Toilets:
Need to contact _____ Septic for MOU to get ___ toilets delivered.
Placement on campus will be determined in advance and noted on maps.

7. Staff /Volunteers:
Staff will park behind the school in the Staff Parking Lot. Staff and volunteers will enter through the rear entrance. Staff sign-in will be held in the Cafeteria. Other conference rooms and the Library will be used for training and orientation. Staff will be able to use the cafeteria for breaks. Phones will be available to use to call home.

Medication/vaccination of staff and families:
Medication/vaccination will be provided to all staff and family members at least one hour prior to opening the POD to the public. Staff and their family members will go through the same process as the general public, but will be given priority status to receive it.

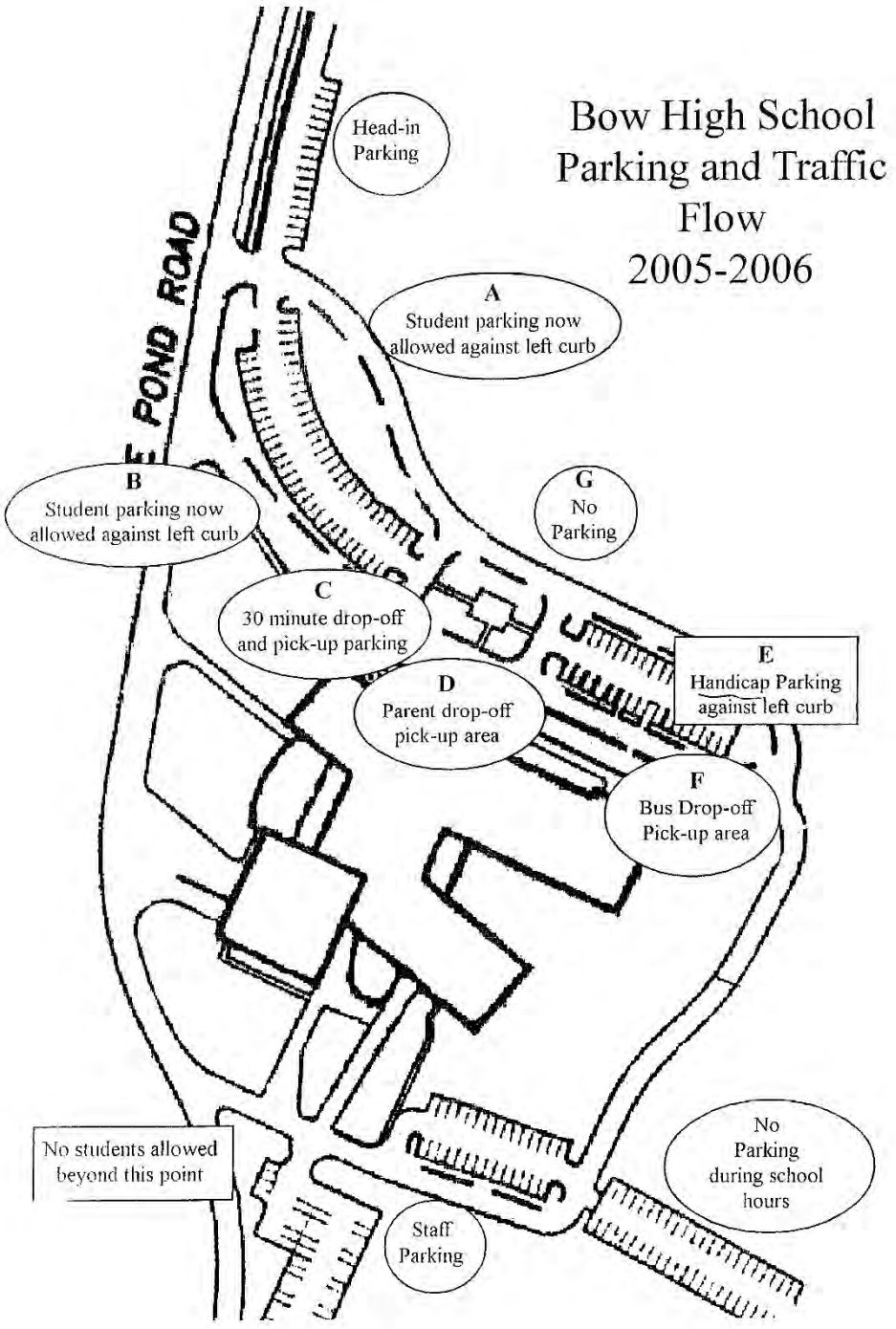
8. Additional rooms that could be used:

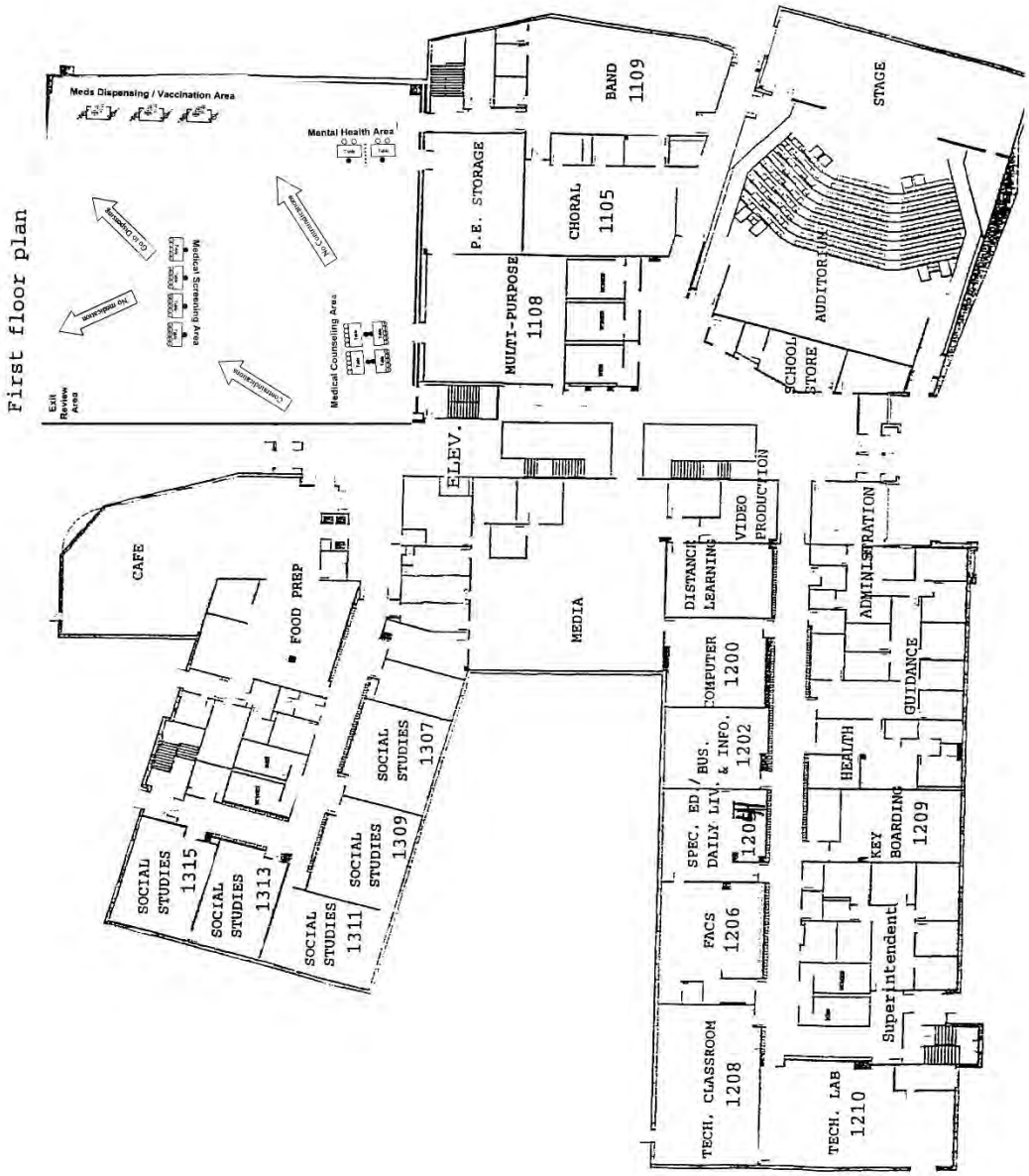
Room	Possible Functions
Library	Staff Training
Cafeteria	Staff sign-in
Cafeteria	Staff break room with phones and computers
Library	Incident Command

9. Available Equipment:

Tables: 30

Seating Capacity: Chairs: 300
Bleachers: 400
Auditorium: 640
Moving Equipment: hand trucks, pallet jack, forklift
Photocopy machine: in Library
Fax machine: in Library
Phone lines: (command center, staff break rooms, gymnasium)
Computers: (incident command, student center)


Bow High School
Parking and Traffic
Flow
2005-2006
Head-in
Parking
POND ROAD
A
Student parking now
allowed against left curb
B
Student parking now
allowed against left curb
G
No
Parking
C
30 minute drop-off
and pick-up parking
D
Parent drop-off
pick-up area
E
Handicap Parking
against left curb
F
Bus Drop-off
Pick-up area
No students allowed
beyond this point
Staff
Parking
No
Parking
during school
hours



Bow High School

Appendix 2 Coe Brown Academy Clinic

Address: 907 First NH Turnpike
Northwood, NH 03261

Phone: (603) 942-5531

Fax: (603) 942-7537

Town Contact: Robert Young, EMD, 942-8393

Facility Contacts: David Smith, Headmaster

SNS Delivery Contact Information

Northwood Police: 942-9101 (24/7)

Authorized to sign:
1. Northwood Police Department
2. Northwood Emergency Management Director
3. Coe Brown Academy

1. **Population**
2. **Operations**
3. **Transportation**
4. **Security**
5. **Ambulance Coverage**
6. **Portable Toilets**
7. **Staffing/Volunteers**
8. **Additional Rooms**
9. **Available Equipment/Supplies**
10. **Maps of Facility**

1. Population

Town	Population
Barnstead	4,760
Chichester	2,500
Epsom	4,490
Northwood	3,850
Pittsfield	4,340

Total Population: 15,600*

* This is based on the 2005 estimates by NH Office of Energy and Planning and is to be used to plan for a worst-case scenario of number of people to be vaccinated at a healthcare facility. In the event medications are dispensed, heads of households may pick up the medications for their entire family.

2. Operations

Clinic Flow:

The public will enter the building through the main entrance into the lobby. Handicapped individuals will enter through the same entrance.

Triage: Upon entrance into the building, individuals will be triaged to determine if they are sick or well. Sick individuals will exit to the right and will be isolated in the Guidance Office.

Greeting/Registration: Well individuals will be given registration forms to complete and will proceed to straight into the multipurpose room. This room will also be used for additional education if needed. Once the individuals have completed their forms and education they will proceed into the gymnasium. The hallway traffic will be one-way only. Handicapped individuals may exit through the front door.

Screening: They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions.

Dispensing/Vaccination: If they are clear for medication/vaccination they will proceed directly to the dispensing area.

Counseling: If they have indicated an allergy or interaction on their form, they will proceed to the medical counseling area to determine if they are eligible to receive the medication/vaccination.

Exit Review: Once individuals have received their medications/vaccinations they will proceed to exit review. If the medication/vaccination calls for additional monitoring, the individuals will sit in a chair for a determined amount of time. Once their time is up they will be free to leave the gym through the exit to the left of the stage.

The individuals will proceed directly down the stairs and out the exit.

Floaters will be used to monitor the lines and provide any additional assistance necessary.
A Coe Brown employee will be available to unlock rooms and assist with facility issues as needed.

Possible issues:

Inclement weather: In the event of inclement weather, the tunnel can be used for staging.

Behavior or security problem in line: In the event of an individual acting up in line, he/she will be escorted out of line by a police officer and taken to a room out of sight of waiting individuals. The individual will not be allowed to return to the line or walk back through the line. The individual will be given their medication/vaccination and escorted from the building.

Fainting or adverse reaction: In the event of an individual fainting or having an adverse reaction to the medication/vaccination he/she will be moved to a cot or gurney and moved out of the gym through the rear exit. If the individual requires emergency medical attention, the ambulance will transport them directly to Concord Hospital.
If the individual does not require emergency medical attention, but requires additional rest and observation, the individual will be moved downstairs to the nurse's office for observation.

Minor arrives without Parent or Guardian: In the event a minor arrives at the clinic without a parent or guardian, a phone will be available at the medical screening station to call for consent.

The POD Manager will make decisions on how to handle all other unforeseen issues that arise during clinic operations.

3. Transportation Plan:

Parking:
There are an estimated 300 parking spots on the Coe Brown Academy campus. Based on the worst-case scenario of 48 hours to get vaccination/medication to the public the estimated flow would be 325 people per hour. The 300 parking spots would be sufficient.

Handicapped parking will be made available in front of the building.

Clinic staff will park at one of the following locations (Envirofab, post office, Northwood narrows) and will be bused to campus.

Traffic Flow:
The general public will enter the campus from Route 4.

The Northwood Highway Department will have the responsibility for placing message boards, signs and traffic barriers on Route 4…

Busing:
Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security and for people with transportation challenges. There is currently a plan in place to use Concord Area Transit and area private busing companies to provide transportation for up to 33% of the population. Each town and ward has a designated location for pick-ups and drop offs.

Town	Location
Barnstead	
Chichester	
Epsom	
Northwood	
Pittsfield	

4. Security Plan
The Northwood Police Department would have authority over the security of the POD. Police Departments from Barnstead, Chichester, Epsom, and Pittsfield will provide supplemental assistance. The clinic will be secured by 24-hour coverage throughout the entire clinic operation.

Traffic Posts:
The Coe Brown Academy Graduation plan will be used to control traffic and monitor parking. There will be 10 personnel assigned to traffic posts. These posts would ideally be manned by sworn officers, but may be manned by fire, public works or other personnel.
Posts 1, 2, 3 & 4: Along 1st NH turnpike

Parking Posts:
There will be 4 personnel assigned to parking flow control.
Posts 1&2: Parking lot behind Smith Hall
Posts 3&4: Overflow lot

Crowd Control/Security Posts:
There will be _____ law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts.
Post 1: Outside entrance building
Post 2: Outside exit of building
Post 3: Lobby
Post 4: Entrance of gymnasium
Post 5: Exit of gymnasium
Post 6: Security of medications/supplies

5. Ambulance Coverage:
Northwood Fire will staff an advanced life support unit at the clinic, with backup support provided by Barnstead, Chichester, Epsom and Pittsfield Fire Departments.

6. Portable Toilets:
Need to contact _____ Septic for MOU to get ___ toilets delivered.
Placement on campus will be determined in advance and noted on maps.

7. Staff /Volunteers:
Staff will park at _____ and be bused to CBA. Staff and volunteers will enter through the _____ entrance. Staff sign-in will be held in the Science Building. The Science Building

cafeteria will be used for training, orientation and for breaks. Phones will be available to use to call home.

Medication/vaccination of staff and families:
Medication/vaccination will be provided to all staff and family members at least one hour prior to opening the POD to the public. Staff and their family members will go through the same process as the general public, but will be given priority status to receive it.

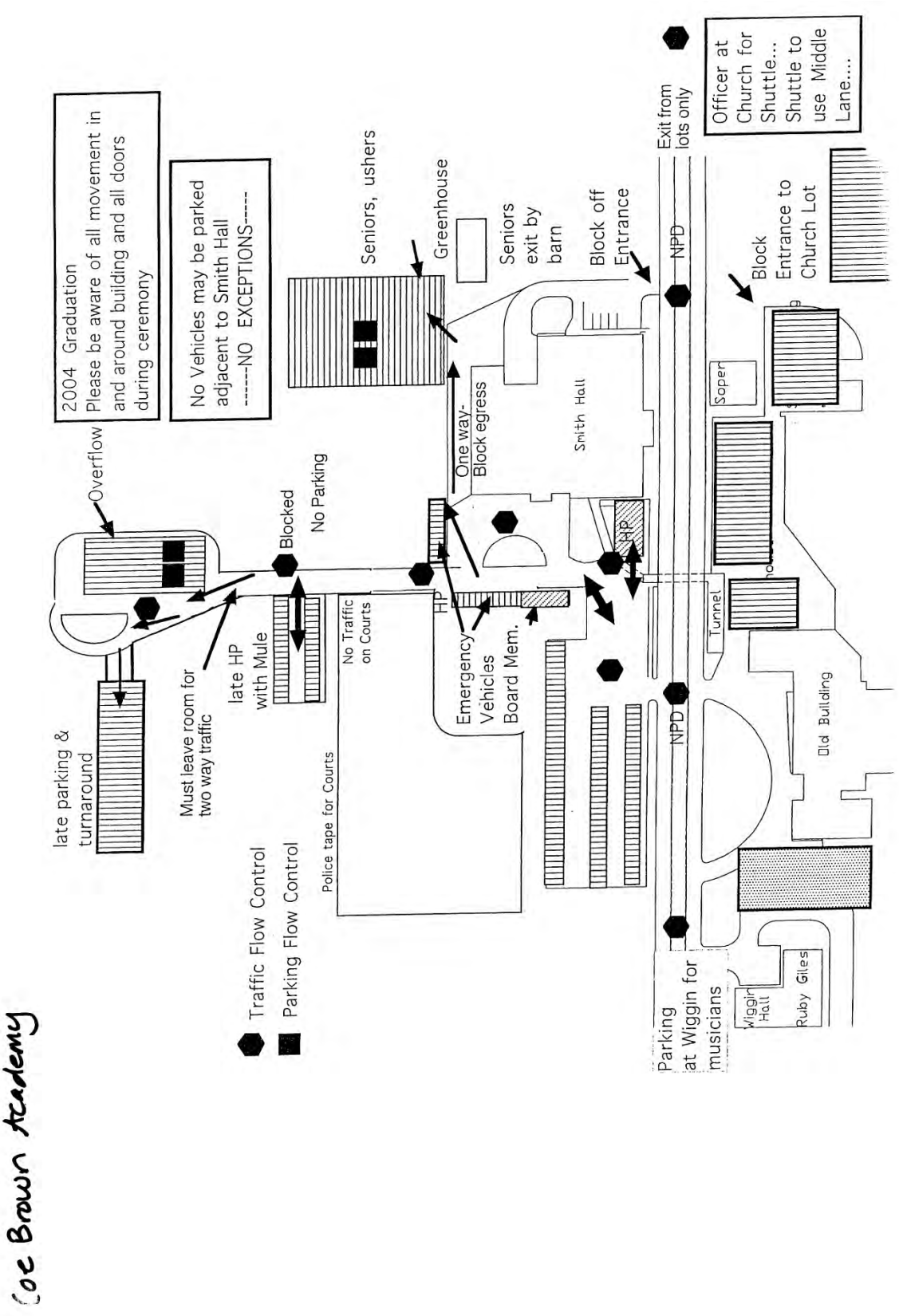
8. Additional rooms that could be used:

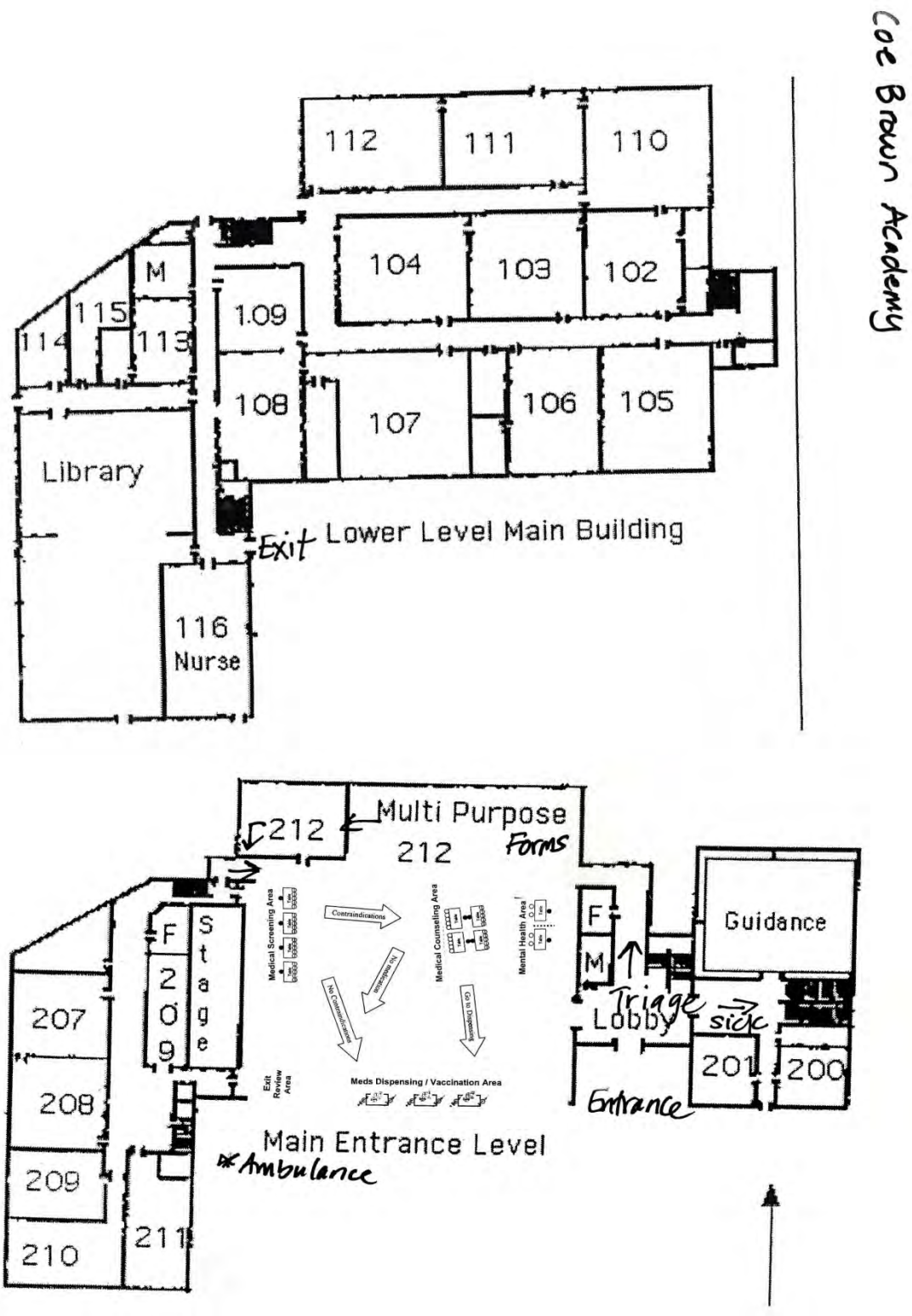
Room	Possible Functions
Science Building - Cafeteria	Staff Training
Science Building - Cafeteria	Staff sign-in
Science Building - Cafeteria	Staff break room with phones and computers
	Command center extension – phones & fax
	Incident Command

9. Available Equipment:
Tables: 20-25

Seating Capacity:
Chairs: 250
Bleachers: 250
Multipurpose room: 50 café tables

Hand trucks/ Pallet jacks:
Refrigeration:
Photocopy machine:
Fax machine:
Phone lines:
Computers:
PA system:


Coe Brown Academy
2004 Graduation
Please be aware of all movement in and around building and all doors during ceremony
No Vehicles may be parked adjacent to Smith Hall
-----NO EXCEPTIONS-----
Officer at Church for Shuttle... Shuttle to use Middle Lane....
Exit from lots only
Seniors, ushers
Greenhouse
Seniors exit by barn
Block off Entrance
Block Entrance to Church Lot
Overflow
Blocked
No Parking
One way- Block egress
Smith Hall
Soper
late parking & turnaround
Must leave room for two way traffic
late HP with Mule
No Traffic on Courts
HP
Emergency Vehicles Board Mem.
Tunnel
Old Building
Police tape for Courts
NPD
Traffic Flow Control
Parking Flow Control
Parking at Wiggin for musicians
Wiggin Hall
Ruby Giles


Coe Brown Academy
112
111
110
104
103
102
M
115
114
113
1.09
108
107
106
105
Library
Exit
Lower Level Main Building
116
Nurse
212
Multi Purpose
212
Forms
F
M
Guidance
Triage
Lobby
sick
201
200
Entrance
Medical Screening Area
Contraindications
Medical Counseling Area
Mental Health Area
F
2
0
9
S
t
a
g
e
207
208
209
210
211
Exit Review Area
Meds Dispensing / Vaccination Area
Main Entrance Level
Ambulance

Appendix 3 Hopkinton High School Clinic

Address: 297 Park Ave
Contoocook, NH 03229

Phone: (603) 746-4167

Fax: (603) 746-5109

Town Contact: **Steve Pecora, EMD,**

Facility Contact: **Steve Chamberlain, Principal, 746-4167**

SNS Delivery Contact Information

Hopkinton Police: 746-5151 (24/7)

Authorized to sign:
1. Hopkinton Police Department
2. Hopkinton Fire Department
3. Hopkinton High School Principal

1. **Population**
2. **Operations**
3. **Transportation**
4. **Security**
5. **Ambulance Coverage**
6. **Portable Toilets**
7. **Staffing/Volunteers**
8. **Additional Rooms**
9. **Available Equipment/Supplies**
10. **Maps of Facility**

1. Population

Town	Population
Bradford	1,640
Dunbarton	2,490
Hopkinton	5,730
Warner	3,000
Webster	1,800

Total Population: 14,660*

* This is based on the 2005 estimates by NH Office of Energy and Planning and is to be used to plan for a worst-case scenario of number of people to be vaccinated at a healthcare facility. In the event medications are dispensed, heads of households may pick up the medications for their entire family.

2. Operations Clinic Flow:

The public will enter the building through the far entrance on the side of the building next to Industrial Arts. Handicapped individuals will enter through the Teacher's Entrance on the side of the building.

Triage: Upon entrance into the building, individuals will be triaged to determine if they are sick or well. Sick individuals will exit to the right and will be isolated in Classroom 216. This classroom has a separate exit.

Greeting/Registration: Well individuals will be given registration forms to complete and will proceed down the hallway. The hallway will be divided with one lane devoted to handicapped individuals and those who may need additional assistance. The other lane will be for the general public. The hallway traffic will be one-way only.

Education: Classrooms 204, 205, and the Auditorium can be used for education or as a staging area if bottlenecks occur.

Screening: Individuals will proceed into the cafeteria. They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions.

Dispensing/Vaccination: If they are clear for medication/vaccination they will proceed directly to the gymnasium to the dispensing area.

Counseling: If they have indicated an allergy or interaction on their form, they will proceed to the medical counseling area to determine if they are eligible to receive the medication/vaccination.

Exit Review: Once individuals have received their medications/vaccinations they will proceed to exit review. If the medication/vaccination calls for additional monitoring, the individuals will sit in a chair for a determined amount of time (up to 15 minutes). Once their time is up they will be free to leave the gym through the back exit.

Floaters will be used to monitor the lines and provide any additional assistance necessary.
A Hopkinton High School employee will be available to unlock rooms and assist with facility issues as needed.

Possible issues:

Minor arrives without Parent or Guardian: In the event a minor arrives at the clinic without a parent or guardian, a phone will be available at the medical screening station to call for consent.

The POD Manager will make decisions on how to handle all other unforeseen issues that arise during clinic operations.

3. Transportation Plan:

Parking:
There is an estimated 100 parking spots on the Hopkinton High School campus. There are hundreds of additional parking spots available on the Hopkinton State Fairgrounds next door (Yellow Gate on Park Ave). Contingency parking spots may be made available at TDS on Kearsarge Ave and Southworth Milton in Warner. Based on the worst-case scenario of 48 hours to get vaccination/medication to the public the estimated flow would be 305 people per hour. The parking spots at the high school, fairgrounds and contingency lots would be sufficient.

Handicapped parking will be made available near the clinic entrance in the staff parking area.

Clinic staff will park at Maple Street School and will be bused to campus.

Traffic Flow:
The general public will enter the campus from Kearsarge Ave and exit through Park Ave to Exit 7 off I-89.

The Hopkinton Highway Department and NH DOT will have the responsibility for placing message boards, signs and traffic barriers on I-89, Warner Rd, Park Ave, and Kearsarge Ave.

Busing:
Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security and for people with transportation challenges. The Incident Commander and his command staff will make that determination before the clinic opens.

MOUs exist with the following bus companies: Laidlaw

4. Security Plan

The Hopkinton Police Department will have authority over the security of the POD. This would include both traffic and crowd control. Police Departments from Bradford, Dunbarton, Warner, and Webster will provide supplemental assistance.

Traffic Posts:
There will be 5 personnel assigned to traffic and parking posts during the incident. Three sworn officers and two civilians would ideally man these posts.
Post 1: Sworn officer with cruiser on Kearsarge Ave at George's Park.
Post 2: Sworn officer with cruiser on Park Ave at the front entrance to HHS.
Post 3: Sworn officer in parking lot
Post 4: Civilian…

Post 5: Civilian…

Crowd Control/Security Posts:
There will be 3 law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts. There will be an additional 3 posts that may be manned by civilians
Post 1: Sworn officer…
Post 2: Sworn officer…
Post 3: Sworn officer…
Civilian Posts:
Posts 1: Front side of the school
Post 2: Rear exit of the school
Post 3: Main hallway of the cafeteria

5. Ambulance Coverage: Hopkinton Fire Department will post an ambulance at the high school with support from Bradford, Dunbarton, Warner and Webster Fire Departments.

6. Portable Toilets: MOUs exist with the following companies to provide portable toilets:

7. Staff /Volunteers:
Staff will park at Maple Street Elementary School and be bused to HHS. Staff and volunteers will enter through the staff entrance. Staff sign-in will be held in the library. It will be used for training, orientation and breaks. Phones will be available to use to call home.

Medication/vaccination of staff and families:
Medication/vaccination will be provided to all staff and family members at least one hour prior to opening the POD to the public. Staff and their family members will go through the same process as the general public, but will be given priority status to receive it.

8. Additional rooms that could be used:

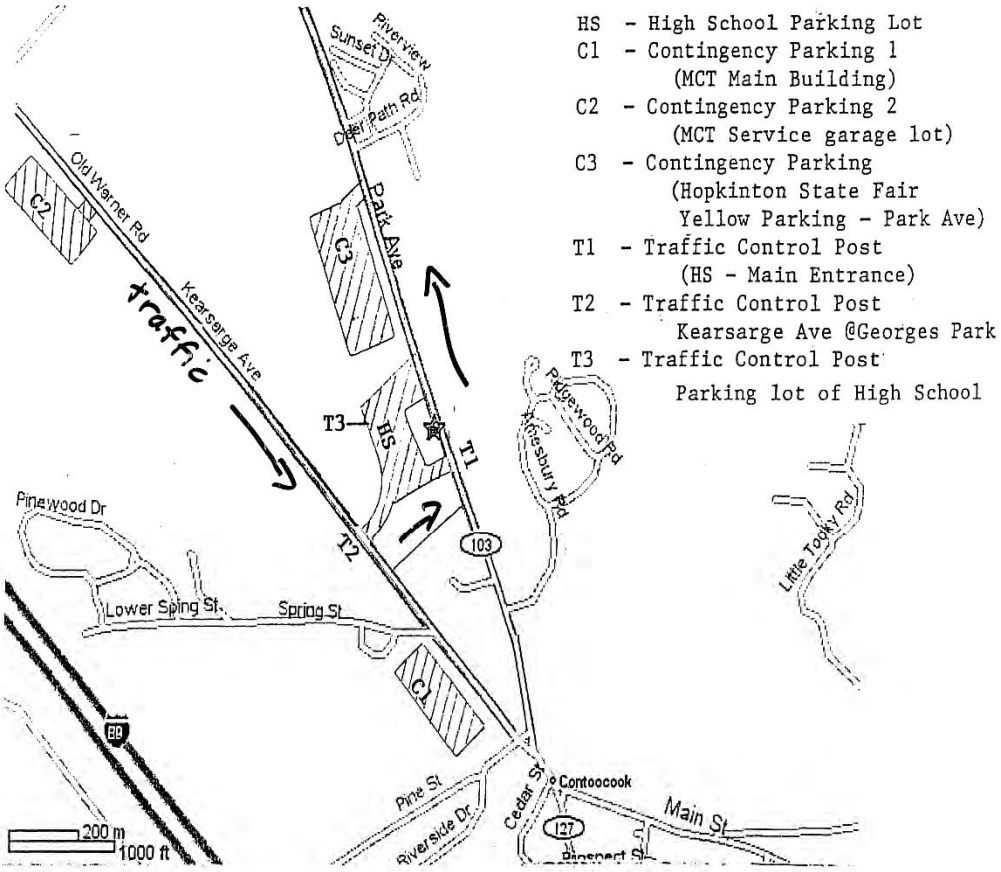
Room	Possible Functions
Library	Staff Training
Library	Staff sign-in
Library	Staff break room with phones and computers
	Command center extension – phones & fax
Main Office Conference Room	Incident Command
Coaches Room	Fainters or people requiring more rest

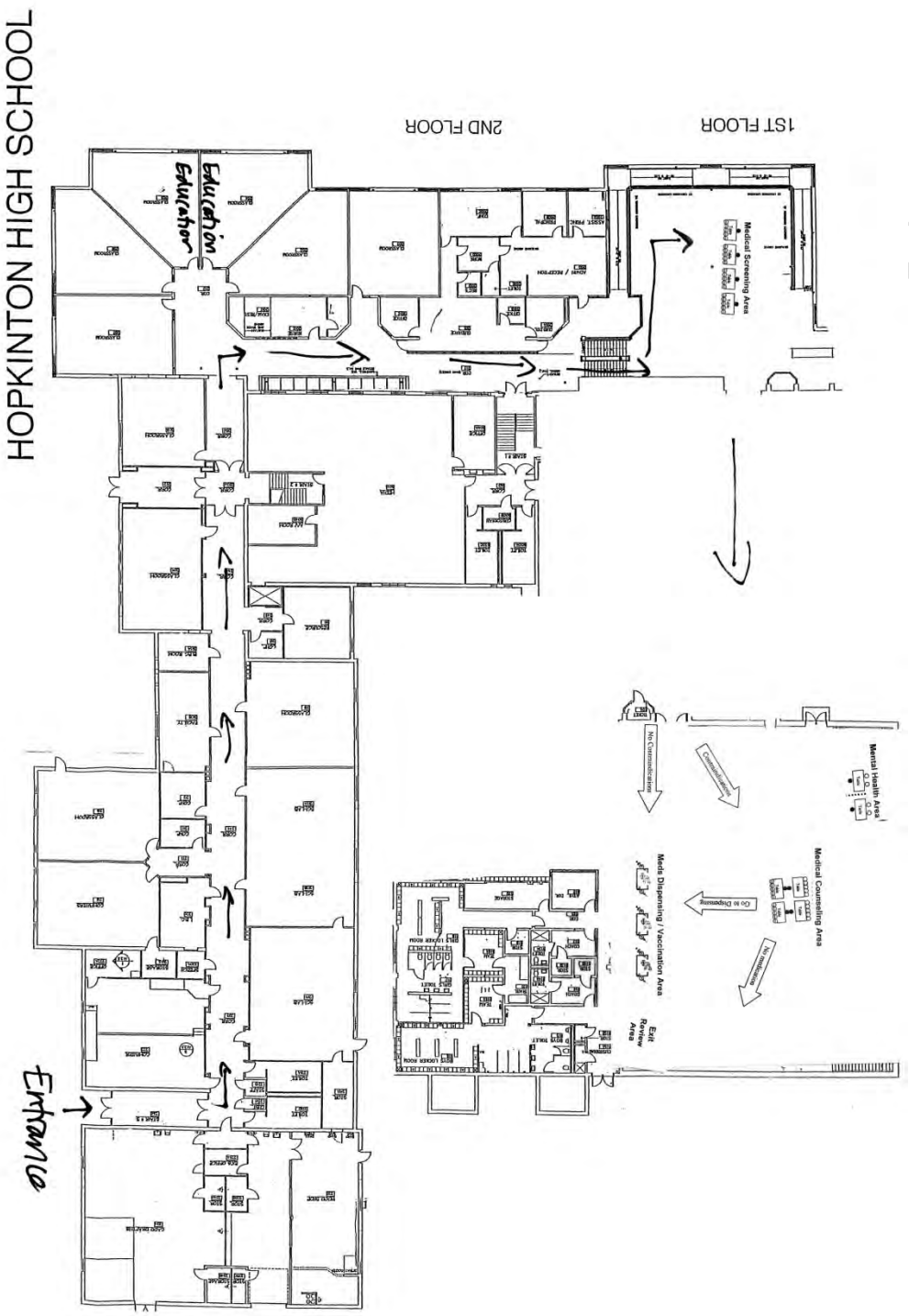
9. Available Equipment:
Seating Capacity:
Cafeteria: 160
Bleachers: 600
Auditorium: 355

Hand trucks/Pallet jacks
Coolers
Photocopy machine
Fax machine
Phone lines
Computers
Garbage cans with liners
Roping/dividers
Sign holders

HOPKINTON SMALLPOX VACCINATION
PRE-EVENT PLAN

SITE MAP




HOPKINTON HIGH SCHOOL
2ND FLOOR
1ST FLOOR
Education
Education
Medical Screening Area
Mental Health Area
Medical Counseling Area
Meds Dispensing / Vaccination Area
Exit Review Area
Entrance

Appendix 4 NH Technical Institute Clinic

Address: 31 College Drive
Concord, NH 03301

Telephone: 224-3287

Fax: 271-6958 (Student Affairs Office)

City Contact: **Scott Nichols, Lt Police Dept**

Facility Contacts: Steve Caccia, VP Student Affairs, 271-6982
Shirley Rennie, Director Health Services, 271-7152
Anne Breen, Director Security, 271-3287

SNS Delivery Contact Information

NHTI Security: 224-3287 (24/7)

Authorized to sign:
1. NHTI Security Dept
2. NHTI Health Services Director
3. Concord Police Department

1. **Population**
2. **Operations**
3. **Transportation**
4. **Security**
5. **Ambulance Coverage**
6. **Portable Toilets**
7. **Staffing/Volunteers**
8. **Additional Rooms**
9. **Available Equipment/Supplies**
10. **Maps of Facility**

1. Population

Town	Population
Boscawen	3,990
Canterbury	2,180
Concord	42,970
Loudon	5,000

Population estimate: 54,140*

* This is based on the 2005 estimates by NH Office of Energy and Planning and is to be used to plan for a worst-case scenario of number of people to be vaccinated at a healthcare facility. In the event medications are dispensed, heads of households may pick up the medications for their entire family.

2. Operations

Clinic Flow:

The public will be given registration forms in the parking lots and at the bus drop off site to complete while they are waiting in line.

They will enter the building through the Sweeney entrance facing the quad. Handicapped individuals will enter the Sweeney building from the handicapped parking lot.

Triage- Upon entrance into the building, individuals will be triaged to determine if they are sick or well. Sick individuals will exit to the left and will be isolated in the Planetarium.

Greeting/Registration - Well individuals will be given registration forms to complete and will proceed to the right down the hallway. The hallway will be divided with plastic chains with one lane devoted to handicapped individuals and those who may need additional assistance. The other half will be for the general public. The hallway traffic will be one-way only.

Education - The auditorium can be used for education or as a resting area if bottleneck occur. (Seating capacity – 250).

Screening - Individuals will proceed into the gymnasium. They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions. Line monitors will be used to control the flow of patients going to Dispensing/Vaccination and Medical Evaluation.

Dispensing/Vaccination - If they are clear for medication/vaccination they will proceed directly to the dispensing area.

Medical Evaluation - If they have indicated an allergy or interaction on their form, they will proceed to the medical counseling area to determine if they are eligible to receive the medication/vaccination.

Exit Review - Once individuals have received their medications/vaccinations they will proceed to exit review. If the medication/vaccination calls for additional monitoring, the individuals will sit in a chair for a determined amount of time (up to 15 minutes). Once their time is up they will be free to leave the gym through the back exit.

Line Monitors will be used to monitor the line flow and provide any additional assistance necessary.
NHTI Security will be available to unlock rooms and assist with facility issues as needed.

Command Center:
A command center will be established in the Student Senate Conference Room. The room will be equipped with a phone, fax, laptop, printer and overhead projector. The Police Academy can be used for Command in the event that the Student Senate Conference Room is not sufficient.

Possible issues:

Inclement weather: In the event of inclement weather, individuals may enter through the library at the staff entrance through the back door and exit through the front entrance. Canopies will be placed from the library entrance to the Sweeney entrance.

Handicapped person comes by bus: If an individual arrives by bus that is unable to walk or stand in line outside of the building, the bus will make an additional drop off at the handicapped entrance of Sweeney building. NHTI Security has a van and golf cart if needed to help escort as well.

Behavior or security problem in line: In the event of an individual acting up in line, he/she will be escorted out of line by a police officer and taken out of the building on the quad side. The individual will not be allowed to return to the line or walk back through the line. The individual will be escorted outside and enter the Student Center through the stairwell entrance. The individual will be placed in a room until a staff member is able to give them their medication/vaccination. They will then be escorted from the building.

Fainting or adverse reaction: In the event of an individual fainting or having an adverse reaction to the medication/vaccination he/she will be moved to a cot or gurney and moved out of the gym through the back exit. If the individual requires emergency medical attention, the ambulance will transport them directly to Concord Hospital.
If the individual does not require emergency medical attention, but requires additional rest and observation, the individual will be moved around the outside of the building and will enter the Student Center stairwell entrance to a patient room for observation in Health Services.

Minor arrives without Parent or Guardian: In the event a minor arrives at the clinic without a parent or guardian, a phone will be available at the medical screening station to call for consent.

The Clinic Manager and Incident Commander will make decisions on how to handle all other unforeseen issues that arise during clinic operations.

3. Transportation Plan

Parking:
There are 1371 parking spots on the NH Technical Institute campus with plans for an additional 150 in Spring 2007. The Police Academy also has approximately 400 additional spaces. Based on the worst-case scenario of 48 hours to get vaccination/medication to the public the estimated flow would be 1128 people per hour. The existing parking spots would be sufficient.

Handicapped parking will be made available near the clinic entrance in Lot C.

Clinic staff will park at Everett Arena and will be bused to campus.

Traffic Flow:
The general public will enter the campus from I-393/Fort Eddy Road. The public will leave campus via Delta Drive to Commercial St.

The Concord General Services Department will have the responsibility for placing message boards, signs and traffic barriers on I-93, I-393, Ft Eddy Rd, Delta Drive, and Commercial St and on campus.

Busing:
Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security and for people with transportation challenges. There is currently a plan in place to use Concord Area Transit and area private busing companies to provide transportation for up to 33% of the population. Each town and ward has a designated location for pick-ups and drop offs.

Town/Ward	Location	Ward	Location
Boscawen		Ward 5	
Canterbury		Ward 6	
Loudon		Ward 7	
Ward 1		Ward 8	
Ward 2		Ward 9	
Ward 3		Ward 10	
Ward 4			

4. Security Plan

The Concord Police Department will have authority over the security of the POD. Police Departments from Boscawen, Canterbury, Loudon, and NHTI Security Dept. will provide supplemental assistance. The clinic will be secured by 24-hour coverage throughout the entire clinic operation.

Traffic Posts:
There will be 8 personnel assigned to traffic and parking posts. These posts would ideally be manned by sworn officers, but may be manned by fire, public works or other personnel.
Posts 1 & 2: Fort Eddy Rd by I-393 Eastbound and Westbound ramps
Posts 3 & 4: College Drive & Institute Drive
Posts 5, 6, 7 & 8: Assist motorists with parking

Crowd Control/Security Posts:
There will be 9 law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts.

Post 9: North Side of Sweeney/Wellness Center
Post 10: South Side of Sweeney/Wellness Center
Post 11: Main hallway of Sweeney Center
Posts 12 & 13: Entrance of gymnasium
Posts 14 &15: Exit of gymnasium
Post 16: Security of medications/vaccines
Post 17: Assigned as needed.

Media:
If a person presents at the POD identifying him or herself as the media, Security personnel should contact the Logistics Chief.
The Logistics Chief will contact the PIO. The PIO will send a person to pick up and escort the media representative.
He/she will be escorted to the Media Assembly area where he/she can review the press releases. All media representatives will be given a tour of the operations and an opportunity for an interview at a predetermined time.

Observers:
No observers will be allowed inside the POD while operating.

5. Ambulance Coverage:
Concord Fire will staff three advanced life support units and two basic life support units to be available to respond to the clinic if needed. A private service will be required to stage at the clinic during operating hours.
If an ambulance responds to the clinic for an emergency, it will be able to access the campus through the footpath located next to Planet Fitness. This footpath is wide enough for an ambulance and the underpass has been tested to see if an ambulance could fit. The ambulance would continue on Fan Rd to access the facility.

6. Portable Toilets:
Need to contact Dave's Septic and/or Blow Brothers for MOU to get 8 toilets delivered. Placement on campus will be determined in advance and noted on maps.

7. Staff/Volunteers:
Staff will report to Little Hall on NHTI campus (Staging Area). Staff will sign-in and be givens badges, vests, and job packets. All staff will then report to the Auditorium in Sweeney Hall for a briefing at the start of each shift. Staff will be able to use the 1st and 2nd floors of the Student Center for breaks. Phones will be available in room SC235 to use to call home.

Medication/vaccination of staff and families:
Medication/vaccination will be provided to all staff and family members at least one hour prior to opening the POD to the public. Staff and their family members will go through the same process as the general public, but will be given priority status to receive it.

8. Additional rooms that could be used:

Room	Possible Functions
SC223 Conference Room	Staff Training
SC224 Conference Room	Staff Training
SC234 Conference Room	Staff Training
SC235 Club & Organization Room	Staff break room with phones and computers
SC102 Multipurpose room	Equipment and Supply Storage
Student Affairs Office Suite	Command center extension – phones & fax

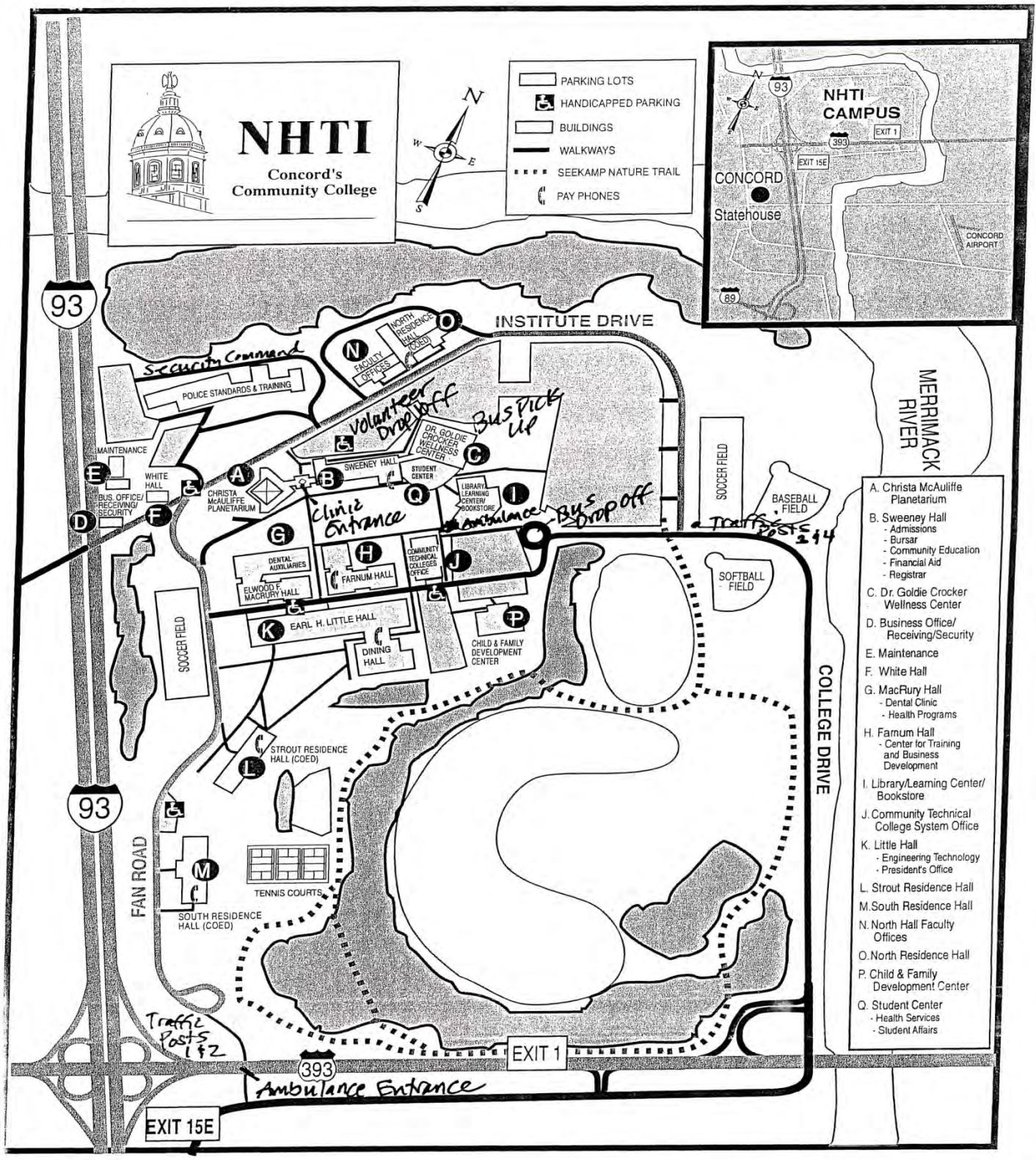
9. Available Equipment:

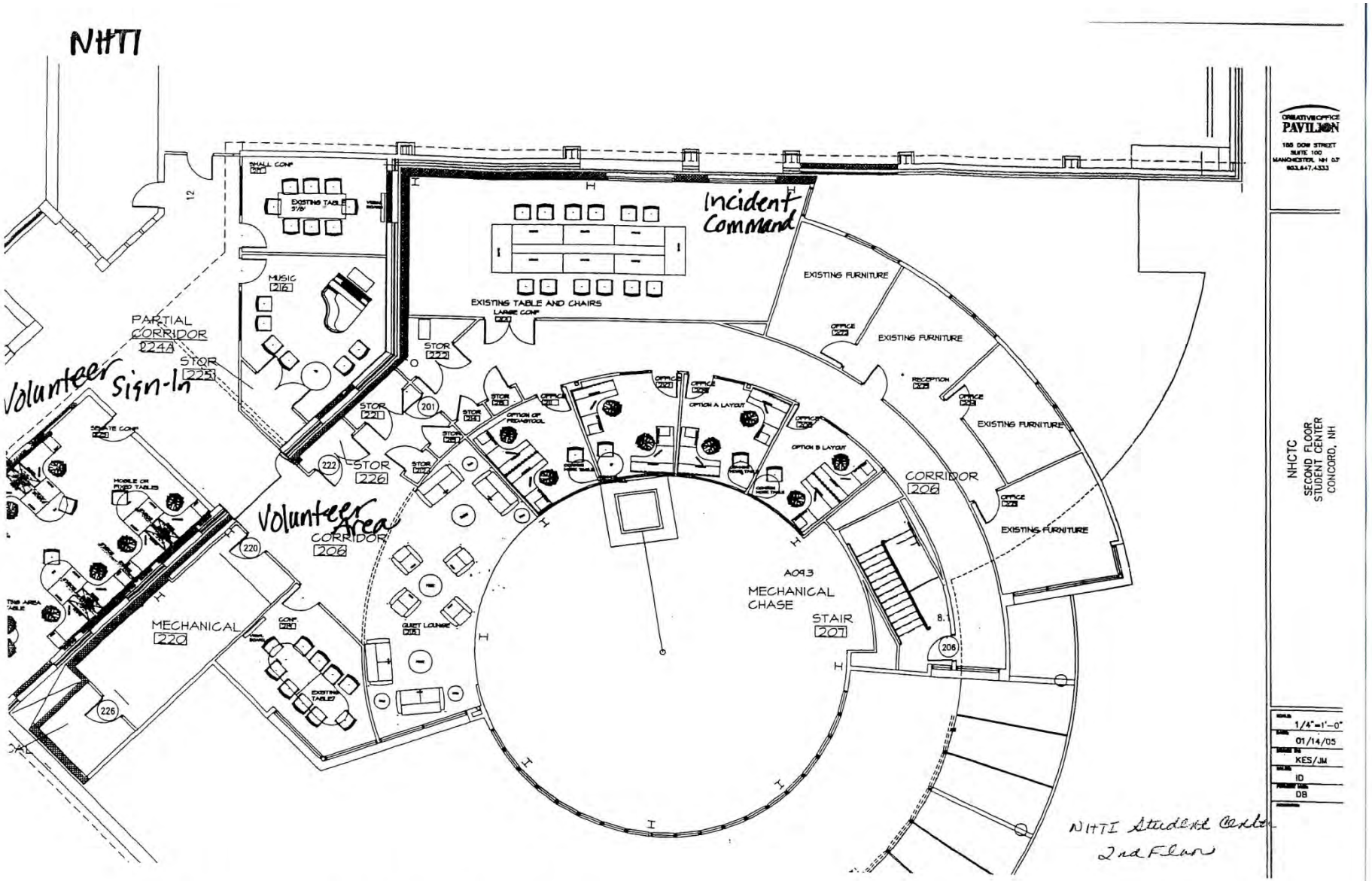
Canopies: 3 @ 10 feet
Tables: 38 @6 feet
38 @ 8 feet

Seating Capacity: Chairs: 750
Bleachers: 450
Auditorium: 250

Moving Equipment: 13 hand trucks, 1 pallet jack, 1 forklift
Refrigeration: 4 extra large capacity coolers
Photocopy machine: in Student Affairs Office 2nd Floor of Student center
Fax machine: in Student Affairs Office 2nd Floor of Student center

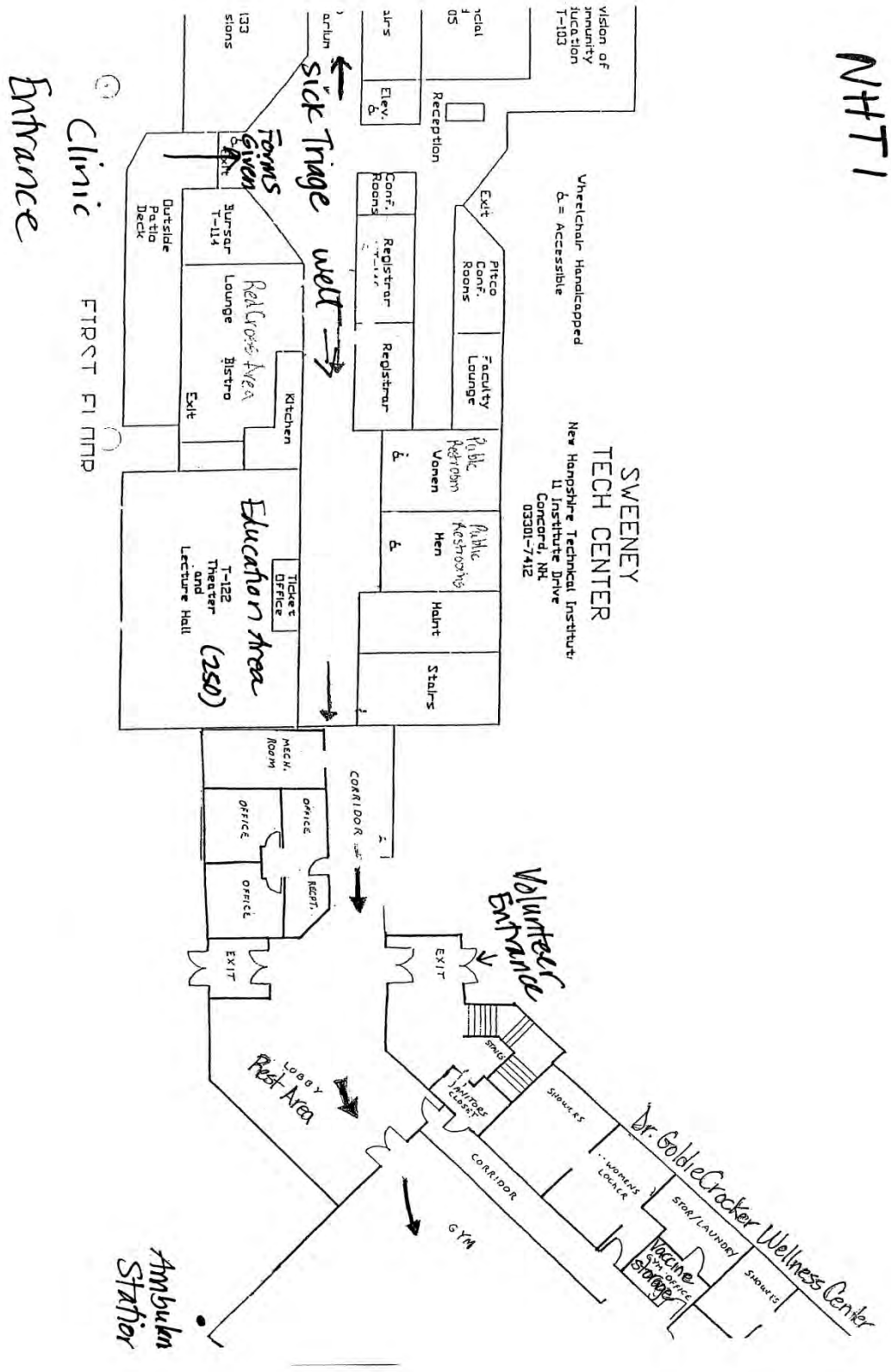
Phone lines: 6 (2 command center, 2 staff break rooms, 2 gymnasium)
Computers: 3 (1 incident command, 2 student center)
PA system: in Gymnasium
Garbage cans with liners: 35
Posts with plastic chain: 700 feet
Permanent blank signs: 7 (5 on perimeter, 2 in parking lots)
A-Frame sign holders: 8-10
Wheelchairs: 2
Water coolers with cups: 5

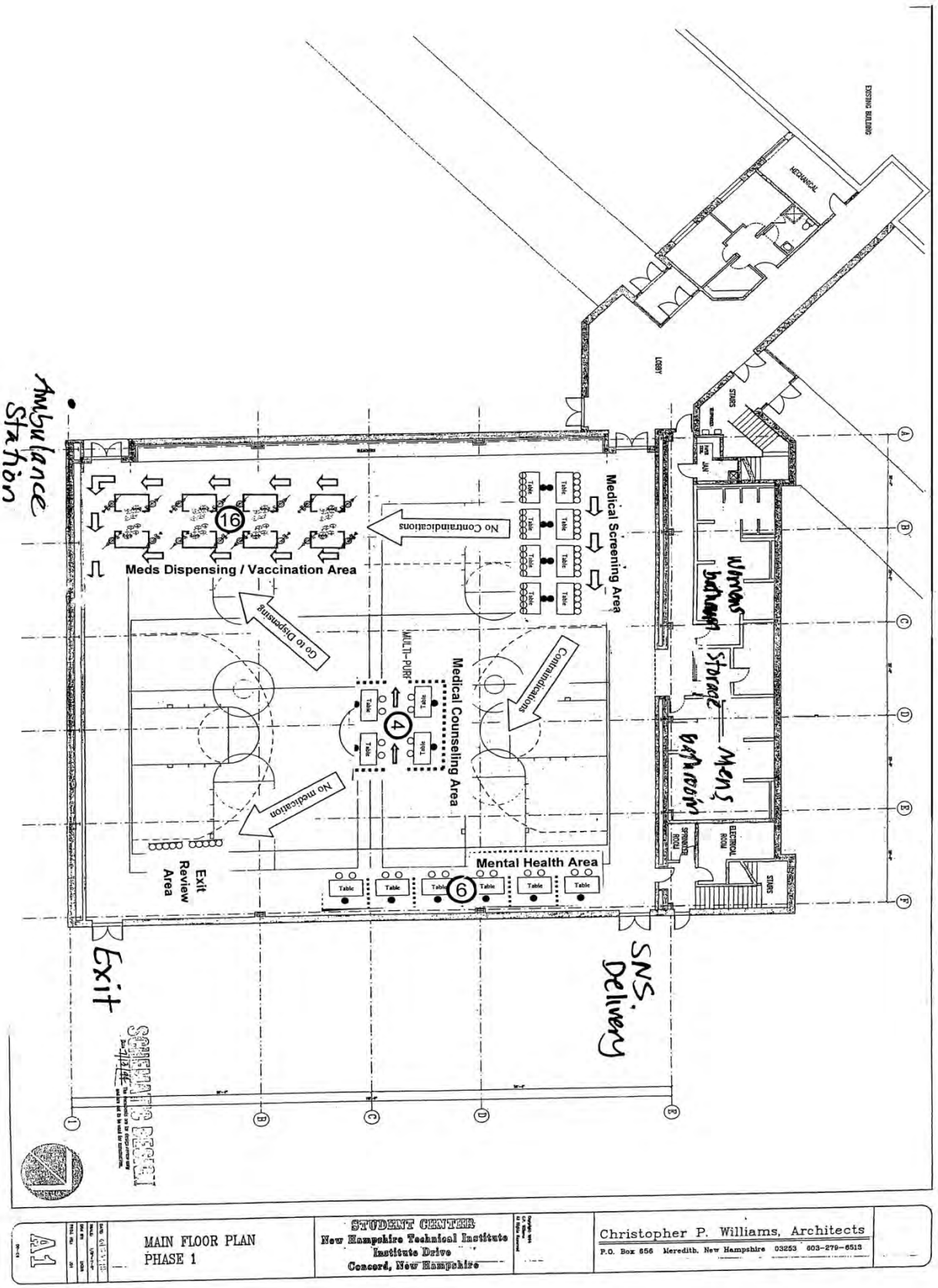

NHTI
Concord's Community College
PARKING LOTS
HANDICAPPED PARKING
BUILDINGS
WALKWAYS
SEEKAMP NATURE TRAIL
PAY PHONES
NHTI CAMPUS
EXIT 1
EXIT 15E
CONCORD
Statehouse
CONCORD AIRPORT
93
89
393
INSTITUTE DRIVE
MERRIMACK RIVER
POLICE STANDARDS & TRAINING
NORTH RESIDENCE HALL (COED)
FACULTY OFFICES
MAINTENANCE
WHITE HALL
BUS. OFFICE/ RECEIVING/ SECURITY
CHRISTA McAULIFFE PLANETARIUM
SWEENEY HALL
STUDENT CENTER
DR. GOLDIE CROCKER WELLNESS CENTER
LIBRARY/ LEARNING CENTER/ BOOKSTORE
SOCCER FIELD
BASEBALL FIELD
SOFTBALL FIELD
DENTAL AUXILIARIES
ELWOOD F. MACRURY HALL
FARNUM HALL
COMMUNITY TECHNICAL COLLEGES OFFICE
EARL H. LITTLE HALL
DINING HALL
CHILD & FAMILY DEVELOPMENT CENTER
STROUT RESIDENCE HALL (COED)
SOUTH RESIDENCE HALL (COED)
TENNIS COURTS
FAN ROAD
COLLEGE DRIVE
EXIT 15E
A. Christa McAuliffe Planetarium
B. Sweeney Hall - Admissions - Bursar - Community Education - Financial Aid - Registrar
C. Dr. Goldie Crocker Wellness Center
D. Business Office/ Receiving/Security
E. Maintenance
F. White Hall
G. MacRury Hall - Dental Clinic - Health Programs
H. Farnum Hall - Center for Training and Business Development
I. Library/Learning Center/ Bookstore
J. Community Technical College System Office
K. Little Hall - Engineering Technology - President's Office
L. Strout Residence Hall
M. South Residence Hall
N. North Hall Faculty Offices
O. North Residence Hall
P. Child & Family Development Center
Q. Student Center - Health Services - Student Affairs



2nd Floor Student Center

Volunteer Area - Registration, Education, Breakroom


NHTI
SWEENEY
TECH CENTER
New Hampshire Technical Institute
11 Institute Drive
Concord, NH
03301-7412
Wheelchair Handicapped
& = Accessible
Clinic Entrance
FIRST FLOOR
Sick Triage well
Forms Given
Reception
Exit
Faculty Lounge
Registrar
Pitco Conf. Rooms
Conf. Rooms
Public Restroom Women
Public Restroom Men
Kitchen
Bursar Lounge Bistro
Outside Patio Deck
Education Area (250)
T-122 Theater and Lecture Hall
Ticket Office
Haunt
Stairs
MECH. Room
OFFICE
RECPT.
CORRIDOR
EXIT
Volunteer Entrance
Lobby Rest Area
JANITORS CLOSET
STAIRS
Dr. GoldieCracker Wellness Center
WOMENS LOCKER
STOR/LAUNDRY
Vaccine Storage
GYM
Ambulan Statior


Ambulance Station
Meds Dispensing / Vaccination Area
16
No Contraindications
Medical Screening Area
Go to Dispensing
MULTI-PURP
4
Medical Counseling Area
Contraindications
No medication
Exit Review Area
Mental Health Area
6
Table
Exit
SNS Delivery
LOBBY
STAIRS
MECHANICAL
EXISTING BUILDING
Women
Storage
Mens
ELECTRICAL ROOM
TECHNICAL ROOM
STAIRS
MAIN FLOOR PLAN
PHASE 1
STUDENT CENTER
New Hampshire Technical Institute
Institute Drive
Concord, New Hampshire
Christopher P. Williams, Architects
P.O. Box 656 Meredith, New Hampshire 03253 603-279-6513

Appendix 5 Weare Middle School Clinic

Address: 16 East Rd
Weare, NH 03281

Telephone: (603) 529-7555

Fax: (603) 529-0464

SNS Delivery Contact Information

Authorized to sign:
1. Weare Police Department
2. Weare Emergency Management Director
3. Weare Middle School Personnel

1. **Population**
2. **Operations**
3. **Transportation**
4. **Security**
5. **Ambulance Coverage**
6. **Portable Toilets**
7. **Staffing/Volunteers**
8. **Command Center**
9. **Available Equipment/Supplies**
10. **Maps of Facility**

1. Population

Town	Population
Deering	2,049
Henniker	4,880
Hillsboro	5,450
Washington	957
Weare	8,640
Windsor	239

Population Estimate: 22,215*
*- This is based on the 2005 estimates by NH Office of Energy and Planning and is to be used to plan for a worst-case scenario of number of people to be vaccinated at a healthcare facility. In the event medications are dispensed, heads of households may pick up the medications for their entire family.

2. Operations

Clinic Flow: (see attached map)

The public will be given registration forms in the parking lots and at the bus drop off site to complete while they are waiting in line.

They will enter the building through the Cafetorium entrance.

Triage- Upon entrance into the building, individuals will be triaged to determine if they are sick or well. Sick individuals will be assessed in the Cafetorium.

Greeting/Registration - Well individuals will be given registration forms to complete and will proceed down the hallway to the Gym. The hallway will be divided with plastic chains with one lane devoted to handicapped individuals and those who may need additional assistance. The other half will be for the general public. The hallway traffic will be one-way only.

Education - The cafetorium can be used for education or as a resting area if bottleneck occur. (Seating capacity: 500).

Screening - Individuals will proceed into the gymnasium. They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions.

Dispensing/Vaccination - If they are clear for medication/vaccination they will proceed directly to the dispensing area.

Counseling - If they have indicated an allergy or interaction on their form, they will proceed to the medical counseling area to determine if they are eligible to receive the medication/vaccination.

Exit Review - Once individuals have received their medications/vaccinations they will proceed to exit review. If the medication/vaccination calls for additional monitoring, the individuals will sit in a chair for a determined amount of time (up to 15 minutes). Once their time is up they will be free to leave the gym through the back exit.

Floaters will be used to monitor the lines and provide any additional assistance necessary. Weare Middle School personnel will be available to unlock rooms and assist with facility issues as needed.

Possible issues:

Handicapped person comes by bus: If an individual arrives by bus that is unable to walk or stand in line outside of the building, the bus will make an additional drop off at the Gym entrance.

Behavior or security problem in line: In the event of an individual acting up in line, he/she will be escorted out of line by a police officer and taken out of the building. The individual will not be allowed to return to the line or walk back through the line. The individual will be escorted outside and enter through the Main entrance. The individual will be placed in the Nurse's Office until a staff member is able to give them their medication/vaccination. They will then be escorted from the building.

Fainting or adverse reaction: In the event of an individual fainting or having an adverse reaction to the medication/vaccination he/she will be moved to a cot or gurney and moved out of the gym through the back exit. If the individual requires emergency medical attention, the ambulance will transport them directly to Concord Hospital.
If the individual does not require emergency medical attention, but requires additional rest and observation, the individual will be escorted to the Nurse's Office.

Minor arrives without Parent or Guardian: In the event a minor arrives at the clinic without a parent or guardian, a phone will be available at the medical screening station to call for consent.

The POD Manager will make decisions on how to handle all other unforeseen issues that arise during clinic operations.

3. Transportation Plan:

Parking:
There are an estimated 207 parking spots on the Weare Middle School campus. Based on the worst-case scenario of 48 hours to get vaccination/medication to the public the estimated flow would be 462 people per hour.

Traffic Flow:
The general public will enter the campus from Route 114 to East Road. The public will leave campus via East Road.

The Weare Highway Department will have the responsibility for placing message boards, signs and traffic barriers on Route 114and on campus.

Busing:
Busing people into the facility is not necessary based on parking, but may be recommended based on traffic flow and security and for people with transportation challenges. There is currently a plan in place to use Concord Area Transit and area private busing companies to provide transportation for up to 33% of the population. Each town has a designated location for pick-ups and drop offs.

Town	Location
Deering	
Henniker	
Hillsborough	

Washington	
Weare	
Windsor	

4. Security Plan
The Weare Police Department would have authority over the security of the POD. Police Departments from Deering, Henniker, Hillsboro, and Washington will provide supplemental assistance. The clinic will be secured by 24-hour coverage throughout the entire clinic operation.

Traffic Posts:
There will be ____ personnel assigned to traffic and parking posts. These posts would ideally be manned by sworn officers, but may be manned by CERT, fire, public works or other personnel.
Posts _____:
Posts _____:
Posts _____:

Crowd Control/Security Posts:
There will be _____ law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts.
Post _____: North Side of Weare Middle School
Post _____: South Side of Weare Middle School
Post _____: Main hallway
Post _____: Entrance of gymnasium
Post _____: Exit of gymnasium
Post _____: Security of medications/vaccines
Post _____: Assigned as needed.

5. Ambulance Coverage:
Weare Fire will staff an advanced life support unit at the clinic, with backup support provided by Deering, Henniker, Hillsboro, and Washington Fire Departments.

6. Portable Toilets:
Need to contact _____ Septic for MOU to get ___ toilets delivered.
Placement on campus will be determined in advance and noted on maps.

7. Staff /Volunteers:
Staff will park at WMS. Staff and volunteers will enter through the _____ entrance. Phones will be available to use to call home.

Medication/vaccination of staff and families:
Medication/vaccination will be provided to all staff and family members at least one hour prior to opening the POD to the public. Staff and their family members will go through the same process as the general public, but will be given priority status to receive it.

8. Command Center:
The Command Center will be held in the Main Office. There will be access to two conference rooms, computers, phones, fax, printer and copiers, within the main office area.

9. Available Equipment:

Tables: 60 – ½ hexagon
16 – 6 foot rectangle

Seating Capacity: Chairs: 400
Bleachers: 500
Cafetorium: 500

Moving Equipment: hand trucks, pallet jack, forklift
Storage: Medications and supplies will be stored in the Equipment room in the Gym (U112C)
Photocopier/Fax/Phone/Computers: Main Office

Appendix 6 Facility Distribution Plan

Purpose: The primary purpose of the facility distribution plan is to get needed medications/vaccinations to populations that would have difficulties getting to and navigating through a POD. The secondary benefit of the plan is to reduce the number of people needing to go to the POD for their medications/vaccinations.

Expectations:

- In the event that the Strategic National Stockpile (SNS) is activated in NH the Federal government will send an inventory of medications/vaccinations and medical supplies to NH.
- The inventory will be divided between the regions in the state and the allotment for the Capital Area will be delivered to the pre-identified PODS.
- The CAPHN will allocate the required amount for each facility based on the pre-determined amount indicated on the *Facility Registration* form.
- Facilities will be expected to provide medications/vaccinations to their residents, employees, and household members.

Distribution:

- The facilities, will pre-identify individuals/positions (to cover all shifts) who are authorized by their facility to pick-up the apportioned materials from the designated CAPHN POD site.
- Facilities are responsible for the security of the medications/vaccinations once it leaves the POD sites
- Each facility will identify individuals/positions (to cover all shifts) qualified to dispense the medications/vaccinations.
- All information must be updated as necessary but not less than annually.

Definitions:

- Residents - All persons residing in the facility to include patients, clients, residents, tenants, and students.
- Employees – Paid personnel working within the facility setting at the time of the emergency. The volunteers integral to facility operations may be included.
- Household members- All members residing within the household at the time of the emergency

Responsibilities:

Capital Area Public Health Network:

Pre Event:

- Sign a Memorandum of Understanding with each facility agreeing to provide medications/vaccinations to facility to be given to residents, staff and household members.
- Develop facility distribution plan and its accompanying standard operating procedures
- Maintain facility distribution plan and ensure that all revisions are coordinated, approved and distributed appropriately
- Visit each facility to review plan and procedures
- Maintain aggregate numbers of employees, household members and residents to ensure adequate amount of medication/vaccination.
- Identify all operational sites, resources, equipment and personnel needed for execution of plan/distribution of medications/vaccinations

During Event:

- Notify each facility of directions for pick-up; including time, location and special instructions.
- Distribute medications to facilities for residents, employees and their household members through CAPHN POD sites.

Post-Event:

- Complete and forward a copy of the *Regional Facility Distribution Form* to NH-DHHS

Facility:

Pre Event:

- Sign a Memorandum of Understanding with CAPHN agreeing to provide medications/vaccinations to residents, staff and household members.
- Complete a *Facility Registration Form* and forward to the CAPHN.
- Require each employee to complete an *Employee/Household Member Information Form*. These forms are to be retained by the facility. This form is to be updated as necessary but no less than annually.
- Participate in a facility site visit for CAPHN to review plan and procedures
- Identify all operational sites, resources, equipment and personnel needed for execution of plan, including law enforcement personnel for complete secured transport of medications to the facility.

During Event:

- Send designated individuals to POD site to pick up medications/vaccinations. The individuals must bring a *Pick-up Authorization Form* signed by the administrator/supervisor on duty and a photo ID.
- Distribute medications to residents, employees, and household members.

- Complete the *Facility Residents Distribution Form* and *Facility Staff Distribution Form* to track medications/vaccinations given. These forms are to be retained by the facility.

Post Event:

- Complete and forward a copy of the *Facility Distribution Form* to the CAPHN.
- Return any unused medication/vaccinations to CAPHN.

Capital Area Public Health Network
Facility Registration*

Facility Name & Address		
Name:		
Street:		
City:	Zip:	County:

Primary Contact Name:	Title:
Phone:	After Hours Phone/Pager:

Secondary Contact Name:	Title:
Phone:	After Hours Phone/Pager:

Clinical Director Contact Name:	Title:
Phone:	After Hours Phone/Pager:

Security/ Physical Plant Contact Name:	Title:
Phone:	After Hours Phone/Pager:

Persons/Positions authorized to sign Pickup Authorization Form:		
1. Name:	Title:	Phone:
2. Name:	Title:	Phone:
3. Name:	Title:	Phone:

Number of Residents, Employees and Household Members			
Residents:	Employees:	Household Members:	Other:

List Additional Facilities:
Languages of employees and residents:

Completed by:	Title:
Signature:	Date:

*To be completed by the facility in advance and forwarded to CAPHN

Capital Area Public Health Network
Employee/Household Member Information Form**

PLEASE PRINT

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____
E-mail _____

List names of employee and all household members	Date of Birth	*Allergic to any medicine(s) - list name of medicine(s)	*Allergic to any medicine(s) - list name of medicine(s)	*Allergic to any medicine(s) - list name of medicine(s)
TOTALS				

Employee Signature:	Date:

*** If you are unsure of your response listing a medical allergy, please consult with your physician. List only severe or life threatening allergic reactions to medication(s)**
**** To be completed by each employee in advance and retained by the facility.**

Appendix 7 First Responder Distribution Plan

Purpose: The primary purpose of the first responder distribution plan is to get needed medications/vaccinations to front line staff to protect them so they will be able to work to keep the communities safe. The secondary benefit of the plan is to reduce the number of people needing to go to the POD for their medications/vaccinations.

Expectations:

- In the event that the Strategic National Stockpile (SNS) is activated in NH the Federal government will send an inventory of medications/vaccinations and medical supplies to NH.
- The inventory will be divided between the regions in the state and the allotment for the Capital Area will be delivered to the pre-identified PODS.
- The CAPHN will allocate the required amount for each municipality based on the pre-determined amount indicated on the *Municipality First Responder Registration/Distribution* form.
- Municipalities will be expected to provide medications/vaccinations to their first responders and household members.

Distribution:

- The municipalities will pre-identify individuals (three deep) who are authorized by their municipality to pick-up the apportioned materials from the designated CAPHN POD site.
- Each municipality will identify an agency that will dispense medications/vaccinations to all first responders. The identified agency will pre-identify individuals (three deep) qualified to dispense the medications/vaccinations.
- All information must be updated as necessary but not less than annually.

Definitions:

- First Responder: includes employees and volunteers of the following agencies that are deemed mission-essential to maintain operations: public health, emergency management, law enforcement, fire services, emergency medical services, and public works
- Household members- All members residing within the household at the time of the emergency

Responsibilities:

Capital Area Public Health Network:

Pre Event:

- Develop first responder distribution plan and its accompanying standard operating procedures
- Maintain first responder distribution plan and ensure that all revisions are coordinated, approved and distributed appropriately
- Maintain aggregate numbers of first responders and household members to ensure adequate amount of medication/vaccination.
- Identify all operational sites, resources, equipment and personnel needed for execution of plan/distribution of medications

During Event:

- Distribute medications to municipalities for agency-identified first responders and their household members through CAPHN POD sites.

Post-Event:

- Forward a copy of the *Regional Distribution Form* to NH DHHS

Municipalities:

Pre Event:

- Identify the numbers of first responders and household members and report to CAPHN using *Municipality First Responder Registration/Distribution Form*
- Identify all operational sites, resources, equipment and personnel needed for execution of plan, including law enforcement personnel for secured transport of medications to the municipality.

During Event:

- Distribute medications to municipal agencies with identified first responders.

Post Event:

- Provide a copy of the *Municipality First Responder Registration/Distribution Form* to the CAPHN.

Municipal Agencies:

Pre Event:

- Complete *First Responder/Household Member Information Form* by all identified first responders in advance of emergency.
- Identify first responders and their household members associated with its agency and report to municipality.
- Identify all operational sites, resources, equipment and personnel needed for execution of plan/distribution of medications

During Event:

- Distribute medications to first responders for themselves and their household members.
- Complete *Agency First Responder Distribution Form* to track medications/vaccinations dispensed

Post Event:

- Provide a copy of the *Agency First Responder Distribution Form* to the municipality to determine aggregate numbers.

Appendix 7A

Capital Area Public Health Network
Agency First Responder Distribution Form

Agency Name: _____

Street Address: _____

Municipality: _____

Date: _____
Agency Type: EMS [ ] Fire [ ] Law Enforcement [ ] Public Health [ ] OEM [ ] Other [ ]

Employee/ Household Member Name	Primary Med Given	Secondary Med Given	No Med Given	Employee initials
Totals				

Capital Area Public Health Network
Municipality First Responder Registration/Distribution Form*

Municipality: _____

Date: _____

Agency	# Registered	# Given
EMS		
Fire		
Emergency Management		
Law Enforcement		
Public Health		
Public Works		
Totals		

***Please return to CAPHN as soon as number of first responders and household members has been identified. This form will also have to be returned to CAPHN after medications/vaccinations have been distributed.**

Capital Area Public Health Network
Regional Distribution Form*

Municipality	EMS	Fire	Emergency Management	Law Enforcement	Public Health	Public Works
Allenstown						
Barnstead						
Boscawen						
Bow						
Bradford						
Canterbury						
Chichester						
Concord						
Deering						
Dunbarton						
Epsom						
Henniker						
Hillsborough						
Hopkinton						
Loudon						
Northwood						
Pembroke						
Pittsfield						
Warner						
Washington						
Weare						
Webster						
Windsor						
Totals						

Date: _____

***To be completed by CAPHN**

Capital Area Public Health Network
First Responder/Household Member Information Form**

Last Name _____ First Name _____ MI _____

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Work _____ Cell _____
E-mail _____

List names of first responder and all household members	Date of Birth	*Allergic to any medicine(s) - list name of medicine(s)	*Allergic to any medicine(s) - list name of medicine(s)	*Allergic to any medicine(s) - list name of medicine(s)
TOTALS				

Signature:	Date:

***If you are unsure of your response listing a medical allergy, please consult with your physician. List only severe or life threatening allergic reactions to medication(s)**
**** To be completed by each first responder in advance and retained by the agency.**

Appendix 8 Station Sheets

POD Command Structure (photocopy on back of all sheets)

Command Staff

- POD Manager
- Health and Safety Officer
- Public Information Officer

Operations

- Operations Chief
- Medical Services Director
  - Medical Evaluation Station
  - Vaccination/Dispensing Station
  - Pharmaceutical Services
  - Exit Review Station
- Client Services Director
  - Greeter Registration Station
  - Line Monitors
  - Special Services
  - Behavioral Health
- Evaluation Services Director
  - Triage
  - Screening Station
  - First Aid Station

Planning

- Planning Chief
- Workforce Staging Area

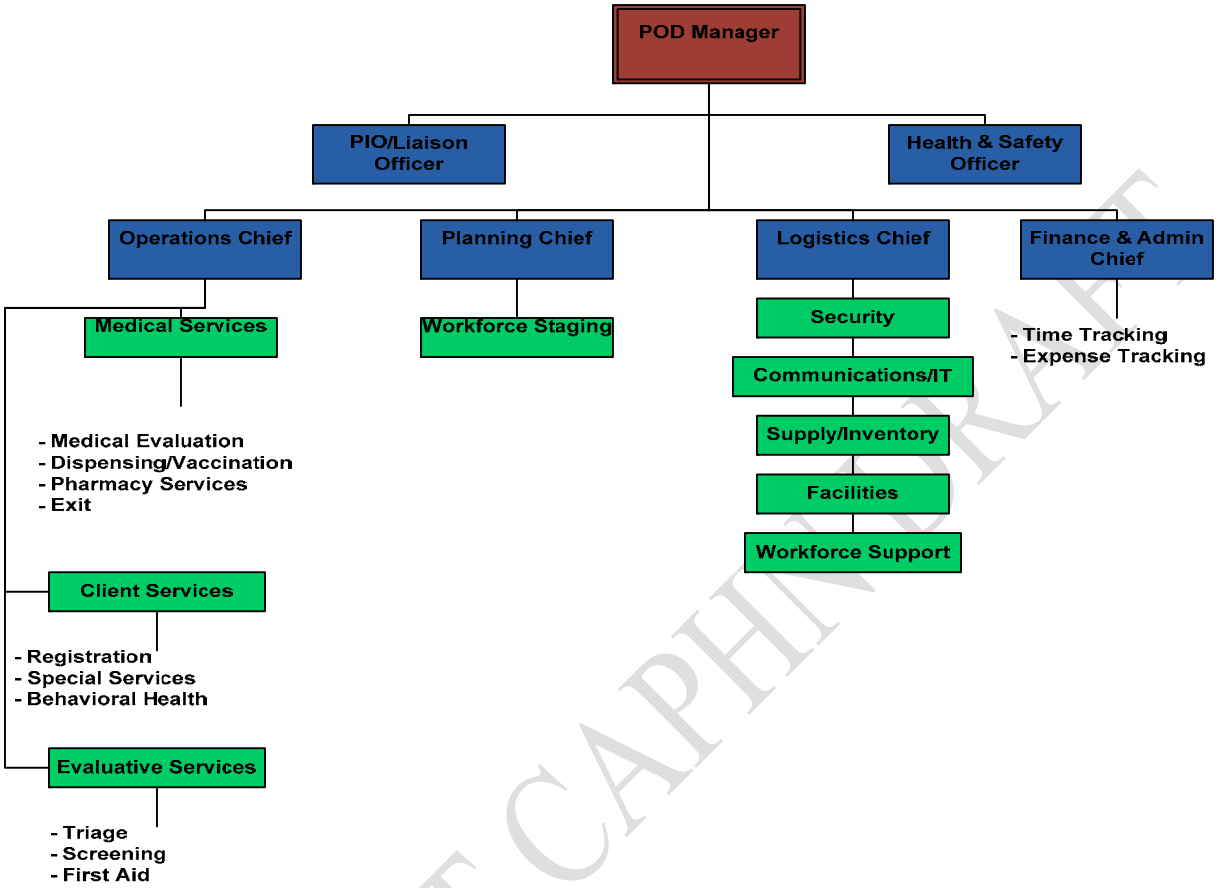
Logistics

- Logistics Chief
- Supply / Inventory
- Facilities
- Security
- Communications / IT
- Workforce Services

Finance / Administration

- Finance/ Administration Chief

POD Command Structure



The POD operates under the Incident Command Structure (ICS)

ICS is an organizational structure used to manage incidents.

- The system provides a template used to respond to an emergency.
- It is flexible and can be used to respond to both large and small incidents.
- The US government has adopted it to be used to respond to all emergencies.

ICS utilizes an orderly chain of command.

- Each individual has one and only one supervisor.
- You should direct all questions and problems to your supervisor.
- He/she will take it up the chain of command if necessary.

Your Supervisor is: Name: _____

Title: _____

At the end of your shift, please report to workforce staging area to sign out.

POD Manager

Mission: To organize and direct all operations at clinic site.

Immediate:

- ❑ Activate elements of the Incident Command System.
- ❑ Obtain Incident Briefing Form (adapted ICS Form 201) from the public health representative at the EOC.
- ❑ Conduct initial briefing/planning meeting with Command Staff and Section Chiefs and Facilities Unit Leader.
- ❑ Complete a Clinic Incident Action Plan to include:
    - o Clinic Incident Briefing Form (adapted ICS Form 201)
    - o Assignment List (adapted ICS Form 203)
    - o Clinic objectives
    - o Command staff goals and objectives
    - o Map(s) of facility and clinic operation
    - o Clinic communication plan (ICS Form 205) from Communications Supervisor
    - o Transportation plan from EOC
    - o Security plan from EOC
    - o Incident Safety Analysis (ICS 215a) from the Health and Safety Officer
- ❐ Determine appropriate times for ongoing briefings/planning meetings with Command Staff and Section Chiefs.
- ❐ Confirm with Logistics Chief at least 1.5 hours prior to start time that Facilities Unit has set up all equipment and supplies on site and facility is ready to open.

❑ Confirm with Planning Chief at least 1 hour prior to clinic start time that staffing is adequate.

- ❑ Approve staff schedule and assignments as developed by Planning Chief, including hours of operation.
- ❑ Review with the Staff Resources Supervisor the job tasks of all staff.
- ❑ Approve the use of incident specific training for clinic staff.
- ❑ Obtain overall media policy and strategies for VIP visits (i.e. government representatives) from PIO.
- ❑ Work closely with security to monitor any media breaches.
- ❑ Assist local government representatives in briefing officials and media, as appropriate.
- ❑ Review safety considerations with Health and Safety Officer.
- ❑ Review with Liaison Officer the security plans of assisting agencies.
- ❑ Communicate with EOC at regular intervals.
- ❑ Periodically check work progress of Command Staff and Section Chiefs' goals and objectives.
- ❑ Assist all Command Staff and Section Chiefs when needed.
- ❑ Manage any incidents or problems while the clinic is operational.
- ❑ Approve requests for incoming or outgoing resources (between clinics or from EOC).
- ❑ Contact the Receipt, Store and Stage (RSS) Warehouse through the EOC for reconciliation regarding any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery of items from SNS, EOC or other sources.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.

General Duties:

❑ Conduct periodic briefings to keep assisting agencies informed of safety action plans.

❑ Provide routine progress and/or status reports to POD Manager.

- ❑ Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the POD Manager.

Prior to Shift Change:

- ❒ Ensure that a designated individual is left in charge while briefing the replacement POD Manager.
- ❒ With replacement POD Manager, conduct briefing/planning meeting.
    - o Assess current clinic situation.
    - o Update the Clinic Incident Action Plan.
    - o Consider and implement Unified Command if necessary.
    - o Modify goals and objectives of Command Staff and Section Chiefs
    - o Send all reports, documents, etc. to the necessary Section Chiefs or EOC.

Health & Safety Officer

Mission: To ensure the health and safety of clinic workforce and clients.

Immediate:

- Conduct a general inspection of the facility prior to it becoming operational with the Logistics Chief and the facility representative.
- Complete an Incident Safety Analysis (ICS 215A) for each shift.
- Develop a safety action plan to include:
    - Incident Safety Analysis (ICS 215 A).
    - Potentially hazardous situations in the clinic.
    - Hazards, risks and potentially unsafe situations and how they will be monitored.
- Ensure that all assisting agencies are included in the safety action plan by working with the Liaison Officer.
- Ensure adequate rest is provided to all clinic staff by monitoring the sign-in and assignments at the Workforce Staging Area.
- Direct clinic staff needing rest, food, medical or mental attention to Workforce Services.
- Exercise emergency authority to stop and prevent any unsafe acts.
    - Discuss with POD Manager and document action on Unit Log (ICS Form 214).
- Initiate accident investigations within the clinic.
    - Ensure that accident investigation reports are completed and provided to Clinic Incident Commander.
    - Ensure a copy is given to the local health agency for follow up purposes (i.e. worker compensation).
    - Work with Medical Leader as needed.
    - An investigation should not interfere with the primary duties of the Health and Safety Officer.
- Prepare safety messages (verbal, written, signage, etc.) for the clinic.
- Monitor personal protective equipment usage.
- Conduct follow-up inspections on a periodic basis for compliance to all health and safety standards.
- Monitor weather forecasts for any change in weather conditions during the clinic that was not predicted and could cause high-risk conditions.

General Duties:

- Conduct periodic briefings to keep assisting agencies informed of safety action plans.
- Provide routine progress and/or status reports to POD Manager.
- Monitor colleagues and clients for signs of fatigue or distress. Notify the person you report to as appropriate.
- Perform other duties as assigned and approved by the POD Manager.

Public Information Officer

Mission: To coordinate information to inform the public of the disease, clinic(s) situations, clinic(s) times, and other incident information

Immediate:

- ❑ Establish communication with (Capital Area Coordination Center) CACC PIO.
- ❑ Establish coordination of information and dissemination of information with PODs and EOC.
- ❑ Prepare initial information summary to include:
    - o Level of public/media interest in incident/clinic(s).
    - o Incident information and activities already underway.
    - o Primary point of contact for media and public.
- ❑ Inform clinic manager and staff of overall media policy upon initial activation.
    - o No comment; refer media to a specific contact.
    - o Explanatory statement; no media admittance to POD
    - o Media permitted to attend media assembly area only.
- ❑ Coordinate media activities:
    - o Develop media statement(s) as appropriate.
    - o Make media contacts as necessary.
    - o Provide media statements and answer questions as necessary.
    - o Determine media interview schedule.
    - o Arrange guided tours for media at POD(s) as necessary.
    - o Set-up Media Assembly Area
    - o Answer appropriate media calls.
    - o Ensure that reporters receive POD media packets.
    - o Document all media contacts on Unit Log (ICS Form 214).
- ❑ Publicize and optimize attendance at each POD.
    - o Announce method to organize the population to attend specific POD sites based upon EOC determination (i.e. risk categories, SSN, phone #, zip code, first come-first serve, etc.).
    - o Advise whom the POD is intended for and for whom it is not intended.
    - o Advise public on what to bring with them for identification purposes.
    - o Advise how to access sites via public/private transportation, if available.
    - o Notify the public of services available to functional needs/vulnerable populations, including but not limited to transportation for physically handicapped or elderly persons, if available.
    - o Advise public of hours of clinic operations.
    - o Advise public that vaccination/prophylaxis is free of charge.
    - o Advise public that undocumented residents will not be at risk of deportation if present at POD.
    - o Advise that interpreters will be available.

General Duties:

- ❑ Provide routine progress and/or status reports to POD Manager.
- ❑ Provide information to local information and referral services
- ❑ Identify an area where assisting agencies should report.
- ❑ Greet assisting agency representatives when they arrive.
- ❑ Brief assisting agencies on the needed information for them to do their job functions properly.
- ❑ Arrange for communication network between clinic and assisting agency representative.
- ❑ Perform other duties as assigned and approved by the POD Manager.

Operations Chief

Mission: To oversee all operational functions of the POD

Immediate:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❑ Monitor client flow patterns and work to correct any problems with Facilities Leader.
- ❑ Obtain information and updates from those reporting to you for resources needed.
- ❑ Communicate all requests for incoming and outgoing resources with POD Manager.
- ❑ Request the need for additional pharmaceuticals or medical supplies through the Logistics Chief.

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to POD Manager.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o Pharmaceutical Services records submitted to POD Manager.
    - o Patient information tracking forms and related documents submitted to Finance/Admin Chief.
    - o Special Services Branch documents submitted to POD Manager.
    - o All completed Unit Logs and General Messages to POD Manager.
- ❑ Ensure scheduled breaks and relief for the clinic is being appropriately handled.
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the POD Manager.

Staffing:

Position	**1000 pts/hr**	**500 pts/hr**	**250 pts/hr**
Medical Services Division	52	28	16
Client Services Division	37	27	19
Evaluation Services Division	17	12	8
Total	**106**	**67**	**43**

Medical Director

Mission: To serve as Medical Director for clinic overseeing dispensing operations and serve as final decision maker for medical questions.

Immediate:

- Ensure all stations have appropriate forms and equipment needed.
- Ensure all stations are set-up properly.
- Instruct appropriate station group staff on the policies and methods for administration of vaccine or dispensing of medications.
- Serve as final arbiter regarding medical questions, clinical care issues or vaccine refusal.
- Act as final decision-maker for persons with contraindications to receive the vaccine or medication.

General Duties:

- Collect Unit Logs and Patient Tracking Forms from station supervisors
- Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- Report disruptions and changes in client flow to Operations Chief.
- Ensure consistency in information provided to clients at all stations.
- Ensure that proper documentation is maintained for all station activities.
- Ensure scheduled breaks and relief for all station group staff.
- Ensure all station group staff is adhering to infection control procedures.
- Review and confirm staffing levels for next day or next shift with Operations Chief.
- Provide routine progress and/or status reports to Operations Chief.
- Perform other duties as assigned and approved by the Operations Chief.

Staffing:

1. Medical Evaluation – reviews contraindications with patients to determine appropriate treatment
2. Dispensing/Vaccination – dispenses medication to patients with no contraindications
3. Pharmacy - prepares medication/vaccination and supply information on drug interactions
4. Exit Station - provides information to patients as they exit the POD

Position	**1000 pts/hr**	**500 pts/hr**	**250 pts/hr**
Medical Evaluation Supervisor	3	2	1
Medical Evaluation Staff	16	8	5
Medical Evaluation Runner	4	2	1
Dispensing/Vaccination Supervisor	3	2	1
Dispensing/Vaccination Staff	16	8	5
Dispensing/Vaccination Runner	4	2	1
Pharmacy Supervisor	1	1	1
Pharmacy Staff	2	1	0
Exit Review Supervisor	1	1	1
Exit Review Staff	2	1	0
Total	**52**	**28**	**16**

Medical Evaluation Station

Mission: Answer medical questions and concerns and determine appropriate course of treatment or prophylaxis

STAFF:

Immediate:

- ❑ Review Fact sheets on symptoms and treatment
- ❑ Review medication information sheets
- ❑ Review medical history and contraindications to determine appropriate medicine/vaccine
- ❑ Counsel clients on medication/vaccine options
- ❑ Answer medical questions
- ❑ Administer appropriate medicine/vaccine

1. Write patient's name on two labels with the same prescription number. Place one label on the form and one on the bottle.
2. Indicate medication given on form
3. If applicable, give medication and instructions to patient for family members.
4. Collect forms

General Duties:

- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Medical Leader.
- ❑ Perform other duties as assigned and approved by the Medical Leader.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station has appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Provide guidance to medical evaluators about drug interactions and appropriate dispensing

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
  - o Complete Supply request form
- ❒ Collect registration forms and bring to Planning Chief every hour
- ❒ Assist medical evaluators as needed

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	3	2	1
Staff	16	8	5
Runners	4	2	1
Tables/Chairs	19/38	10/20	6/12

Vaccination Dispensing Station

Mission: Administer vaccination or dispense medication to clients.

STAFF:

Immediate:

- ❑ Review Fact sheets on symptoms and treatment
- ❑ Review medication information sheets
- ❑ Administer appropriate medicine/vaccine to patients

5. Write patient's name on two labels with the same prescription number. Place one label on the form and one on the bottle.
6. Indicate medication given on form
7. Give medication and instructions to patient and family members, if applicable.
8. Collect forms

General Duties:

- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Vaccination/Dispensing Supervisor.
- ❑ Perform other duties as assigned and approved by the Vaccination/Dispensing Supervisor.

SUPERVISOR: (all of the above plus)

Immediate:

- ❑ Ensure station has appropriate pharmaceuticals, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Assign vaccinators/dispenser to other stations as needed (i.e.: workforce staging, behavioral health)
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
  - o Complete Supply request form
- ❒ Collect registration forms and bring to Planning Chief every hour
- ❒ Assist dispenser as needed

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	3	2	1
Staff	16	8	5
Runners	4	2	1
Tables/Chairs	10/20 medication 10/40 vaccination	10/10 medication 10/20 vaccination	6/6 medication 6/12 vaccination

Pharmacy Services

Mission: To prepare medication/vaccination and supply information on drug interactions

STAFF*:*

Immediate:

- ❒ Distribute pharmaceutical supplies to vaccinator/dispenser stations.
- ❒ Reconstitute vaccine into appropriate dosages according to instructions.
- ❒ Assess pharmaceutical supplies and request needed supplies to the Pharmaceutical Services Supervisor.
- ❒ Complete pharmaceutical inventory tracking sheet

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑Set-up pharmacy properly with appropriate forms and equipment needed.
- ❑Instruct appropriate staff on the policies and methods for preparation of medications.

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Maintain security and proper storage for pharmaceuticals.
- ❑ Request additional supplies by Supply/Inventory Manager as needed
  - o Complete Supply request form

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	0

Exit Station

Mission: Provide information to patients as the exit the POD

STAFF:

Immediate:

- ❑ Provide exit materials to include:
  - Take home materials
  - Emergency contact information
- ❑ If clinic is vaccinating– monitor patients for adverse reactions and provide vaccine site management information
- ❑ Review fact sheets

General Duties:

- ❑ Report disruptions and changes in client flow to Exit Station Supervisor.
- ❑ Refer client questions to the appropriate persons.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Exit Station Supervisor.
- ❑ Perform other duties as assigned and approved by the Exit Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Photocopy exit materials

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	0
Tables/Chairs	2/4	2/4	1/2

Client Services Director

Mission: To direct the stations in the Operations Section that are non-clinical and client focused.

Immediate:

- Ensure all stations have appropriate forms and equipment needed.
- Ensure all stations are set-up properly.

General Duties:

- Collect Unit Logs and Patient Tracking Forms from station supervisors.
- Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- Report disruptions and changes in client flow to Operations Chief.
- Ensure consistency in information provided to clients at all stations.
- Ensure that proper documentation is maintained for all station activities.
- Ensure scheduled breaks and relief for all station group staff.
- Ensure all station group staff is adhering to infection control procedures.
- Review and confirm staffing levels for next day or next shift with Operations Chief.
- Provide routine progress and/or status reports to Operations Chief.
- Perform other duties as assigned and approved by the Operations Chief.

Staffing:

1. Greeting/Registration – provides registration forms to patients and assists with form completion. Assesses patients for additional assistance needs.
2. Special Services – provides additional assistance to patients as needed including but not limited to interpretation, wheelchairs, and pocket talkers.
3. Behavioral Health – provides emotional support to patients who may be anxious or upset
4. Line Monitor - controls the flow of patients in the POD specifically to the Dispensing/ Vaccination and Medical Evaluation stations.

Position	**1000 pts/hr**	**500 pts/hr**	**250 pts/hr**
Greeting/Registration Supervisor	1	1	1
Greeting/Registration Staff	6	4	2
Greeting/Registration Runner	2	2	1
Special Services Supervisor	1	1	1
Special Services Staff	4	3	2
Special Services Runner	2	1	1
Behavioral Health Supervisor	2	1	1
Behavioral Health Staff	10	7	5
Behavioral Health Runner	1	1	1
Line Monitor Supervisor	1	1	1
Line Monitor Staff	7	5	3
Total	**37**	**27**	**19**

Greeting/Registration Station

Mission: Greet all patients entering POD. Explain the process and hand them forms to complete.

STAFF:

Immediate:

- ❑ Greet patients as they enter.
- ❑ Explain the POD process to all patients
- ❑ Provide clients with registration materials and forms.
- ❑ Contact Special Services for clients who need additional assistance
- ❑ If a client requests an interpreter
    1. Have them point to their language on the language chart.
    2. Write down the language name on a card.
    3. Have a runner escort them to the interpreter station.

General Duties:

- ❑ Report disruptions and changes in client flow to Greeter/Registration Station Supervisor.
- ❑ Refer client questions to the appropriate persons.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Greeter/Registration Station Supervisor.
- ❑ Perform other duties as assigned and approved by the Greeter/Registration Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Photocopy registration forms and fact sheets
- ❑ Pre-load clipboards with forms and pens

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Client Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
    - ▪ Complete Supply request form
- ❒ Collect clipboards from screening station every ½ hour
- ❒ Photocopy forms as needed

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	6	4	2
Runner	2	2	1
Tables/Chairs	4/8	3/6	2/4

Line Monitors

Mission: To control the flow of patients in the POD specifically to the Dispensing/ Vaccination and Medical Evaluation stations.

STAFF:

Immediate:

- In hallway:
  - Assist patients with navigating the POD
  - Direct patients with special needs or mobility issues to left lane
- In gymnasium:
  - Check registration form for colored sticker in upper right hand corner
    - For green stickers
      - Give the next green number in sequence to patient
      - Ask patients to sit while waiting for their number to be called
      - As dispensing/vaccination stations become available call the next green number and direct patient to available station
      - Collect number from patient and add to end of pile of numbers
    - For red stickers
      - Give the next red number in sequence to patient
      - Ask patients to sit while waiting for their number to be called
      - As medical evaluation stations become available call the next red number and direct patient to available station
      - Collect number from patient and add to end of pile of numbers

General Duties:

- Report disruptions and changes in client flow to Supervisor.
- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- Determine locations for Line Monitors to be positioned.
- Set-up waiting area for clients waiting for next available dispenser or medical evaluator
- Familiarize self with areas such as: greeting/registration, screening, dispensing/vaccination, medical evaluation and exit.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Provide routine progress and/or status reports to Client Services Director as needed.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	7	5	3

Special Services Station

Mission: Assist patients throughout POD process with any special needs

STAFF:

Immediate:

- ❒ Assist clients with functional needs individually throughout the POD process as requested.
- ❒ Including, but not limited to:
    1. Arrange interpretation for non-English speakers
    2. Assist minors without parents get permission to treat
    3. Provide wheelchairs
    4. Assist clients with completing registration forms.
- ❒ Ensure that all clients transitioning the POD have had their needs met and are as comfortable as possible with the situation.
- ❒ Direct individuals with mobility issues to the left lane

General Duties:

- ❑ Track numbers of clients, staff and volunteers provided support on tracking form.
- ❑ Report disruptions and changes in client flow to Special Services Supervisor.
- ❑ Refer client questions to the appropriate persons.
- ❑ Provide routine progress and/or status reports to Special Services Supervisor.
- ❑ Perform other duties as assigned and approved by the Special Services Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Set up phone and review procedure for operation for Language Line
- ❑ Print registration forms and fact sheets in foreign languages
- ❑ Review Functional Needs Resource Directory
- ❑ Ensure wheelchairs and other assistive devices area available

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Client Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
    1. Complete Supply request form
- ❒ Collect clipboards from screening station every ½ hour
    - o Photocopy forms as needed

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	4	3	2
Runners	2	1	1
Tables/Chairs	2/8	2/6	1/4

Behavioral Health Counselors

Mission: To assist clients, staff and volunteers that may require special counseling or support

COUNSELORS:

Immediate:

- ❒ Review registration forms and fact sheets
- ❒ Observe and monitor patients, staff and volunteers for signs of fatigue or distress.
- ❒ Provide behavioral health support, education and therapeutic intervention as needed throughout the POD
    - o Assist individuals with concerns or fears
    - o Diffuse potential difficult situations

General Duties:

- ❑ Track numbers of clients, staff and volunteers provided support on tracking form.
- ❑ Report disruptions and changes in client flow to Behavioral Health Supervisor.
- ❑ Provide routine progress and/or status reports to Behavioral Health Supervisor.
- ❑ Perform other duties as assigned and approved by the Behavioral Health Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Set up a private area to assist clients, staff and volunteers as needed.
- ❑ Determine stations for Behavioral Health Workers to be positioned.
- ❑ Familiarize self with areas such as: triage, paperwork distribution, education areas, medical care area, security, staff break areas, and client check out area.

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Client Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
    - o Complete Supply request form
- ❒ Perform other duties as assigned by Supervisor

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	2	1	1
Staff	10	7	5
Runner	1	1	1

Evaluation Services Director

Mission: To direct the stations in the Operations Section that requires initial evaluation of symptoms or medical conditions

Immediate:

- Ensure all stations have appropriate forms and equipment needed.
- Ensure all stations are set-up properly.
- Develop a protocol for triaging visibly ill patients

General Duties:

- Collect Unit Logs and Patient Tracking Forms from station supervisors.
- Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- Report disruptions and changes in client flow to Operations Chief.
- Ensure consistency in information provided to clients at all stations.
- Ensure that proper documentation is maintained for all station activities.
- Ensure scheduled breaks and relief for all station group staff.
- Ensure all station group staff is adhering to infection control procedures.
- Review and confirm staffing levels for next day or next shift with Operations Chief.
- Provide routine progress and/or status reports to Operations Chief.
- Perform other duties as assigned and approved by the Operations Chief.

Staffing:

1. Triage – screens patients at clinic entrance for symptoms
2. Screening – reviews registration forms for contraindications and directs patients to dispensing or medical evaluation
3. First Aid/EMS – provides first aid support to patients as needed

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Triage Supervisor	1	1	1
Triage Staff	4	2	1
Triage Runner	1	1	1
Screening Supervisor	1	1	1
Screening Staff	6	4	2
Screening Runner	2	1	1
EMS Supervisor	1	1	1
EMS Staff	1	1	0
Total	**17**	**12**	**8**

Triage Station

Mission: Screen patients for symptoms and separate symptomatic patients from non-symptomatic patients

STAFF:

Immediate:

- ❑ Review Triage protocol prepared by Evaluative Services Director
- ❑ Review fact sheets on symptoms and treatment
- ❑ Review procedure for transporting clients to hospital
- ❑ Observe clients entering the POD site for visible symptoms.
- ❑ Assess visibly ill clients, and determine whether or not they are symptomatic.
- ❑ Direct sick clients to assigned location for medical evaluation.
- ❑ Coordinate transfer to hospital if needed

General Duties:

- ❑ Track number of clients referred documents as needed on patient tracking form.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Triage Station Supervisor.
- ❑ Perform other duties as assigned and approved by the Triage Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station has appropriate equipment and is set-up properly.
- ❑ Work with Evaluative Services Director to determine triage protocol

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Coordinate communication to and from station as needed.
- ❑ Work with Evaluative Services Director to incorporate changes within station as needed
- ❑ Provide routine progress and/or status reports to Evaluative Services Director.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
  - o Complete Supply request form
- ❒ Perform other duties as assigned by Supervisor

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	4	2	1
Runner	1	1	1
Tables/Chairs	4/8	3/6	2/4

Screening Station

Mission: Review registration forms and direct patients to appropriate station

STAFF:

Immediate:

- ❑ Familiarize yourself with the registrations forms; practice filling them out
- ❑ Review forms for completeness and contraindications
- ❑ If patient circled yes on form
    1. Confirm with patient that they have allergies or medical conditions indicated on form.
    2. If the answer is yes, place red sticker in upper right hand corner of form and refer them to red line monitor
    3. If they circled yes for any other reason not listed on the form, place green sticker in upper right hand corner of form and refer them to green line monitor.
- ❑ If patient circled no on form
    1. Place green sticker in upper right hand corner of form and refer them to green line monitor.
- ❑ Take clipboards and pens; let patients keep forms

General Duties:

- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Screening Station Supervisor.
- ❑ Perform other duties as assigned and approved by the Screening Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Review registration forms with staff and discuss criteria for red & green stickers

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Client Services Director as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
    - o Complete Supply request form
- ❒ Return clipboards to Registration Station every ½ hour

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	6	4	2
Runner	2	1	1
Tables/Chairs	5/10	3/5	2/4

Planning Chief

Mission: To coordinate and direct the current & forecasted situation on the status of workforce assigned to the POD and plan for demobilization process.

Immediate:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Obtain from regional planning body, the list of authorized POD staff and volunteers.
- ❑ Confirm with POD Manager at least 1 hour prior to POD start time that staffing is adequate.
- ❑ Communicate workforce needs to POD Manager.
- ❑ Perform hourly count of clients and number of vaccinations/dispensed medications. Alert Operations Chief of the hourly status.
- ❑ Obtain necessary resources and support through the EOC.

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to POD Manager.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o Workforce sign-in/out sheets.
    - o Workforce vaccination/prophylaxis records.
    - o Equipment sign-in/out sheets.
    - o All completed Unit Logs and General Messages to POD Manager.
- ❑ Ensure scheduled breaks and relief for the clinic is being appropriately handled.
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the POD Manager.

At POD Closing:

- ❑ Confirm with POD Manager process for developing Demobilization Plan (adapted ICS Form 221) to include:
    - o Instructions on how and when to pack up stations
    - o Maps
    - o Timelines
- ❑ Determine who will take possession of all records.
- ❑ Assign specific tear down duties at each station and pack all equipment and supplies.
- ❑ Track and inventory materials used.
- ❑ Arrange to have equipment & supplies returned.
- ❑ Coordinate with Facilities Unit to restore facility to pre-POD conditions.
- ❑ Secure facility and return keys to proper authority.

Staffing:

Position	**1000 pts/hr**	**500 pts/hr**	**250 pts/hr**
Workforce Staging Supervisor	1	1	1
Workforce Staging Staff	2	1	1
Total	**3**	**2**	**2**

Workforce Staging Area

Mission: To conduct sign-in/out process for staff and volunteers arriving at POD.

STAFF:

Immediate:

- Conduct sign-in process of staff and volunteers as they arrive at Staging Area.
  - Sign-in documenting time.
  - Verify credentials and identification, if necessary.
  - Sign-out equipment, if necessary.
  - Distribute resource packets, badges and vests
- Refer workforce member questions to appropriate persons.
- During shift change or at close of POD, conduct sign-out process of staff and volunteers.
  - Collect identification.
  - Sign-in equipment, if necessary.
  - Hand out exit materials.
- Report any security breaches or non-workforce individuals in the Staging Area to the Workforce Staging Supervisor.

General Duties:

- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- Set-up Staging Area with appropriate materials and equipment.
- Obtain from Planning Chief list of authorized POD staff and volunteers.
- Oversee workforce sign-in process and ensure accuracy and completeness of forms.
  - Sign-in documenting time.
  - Verify credentials and identification, if necessary.
  - Ensure identification is appropriately worn.
  - Sign-out equipment, if necessary.
  - Distribute resource packets.
- Coordinate credential and identification process of workforce, if necessary.
- Provide list of workforce per shift to the Workforce Services Supervisor.

General Duties:

- Review and confirm staffing levels for next day or next shift with Planning Chief.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Provide routine progress and/or status reports to Planning Chief.
- Monitor colleagues for signs of fatigue and distress.
- Perform other duties as assigned and approved by the Planning Chief.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	1
Tables/Chairs	3/3	2/2	2/2

Logistics Chief

Mission: To coordinate and direct the works associated with maintenance of the POD and ensure adequate levels of amenities and supplies to support the POD.

Immediate:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❑ Confirm with POD Manager at least 1.5 hours prior to start time that Facilities Unit has set-up all equipment and supplies on site and facility is ready to open.
- ❑ Conduct a general inspection of the facility prior to it becoming operational with the Operations Chief and the facility representative.
- ❑ Confirm that security is on-site.
- ❑ Confirm that transportation and traffic control plans are activated.
- ❑ Obtain information and updates from those reporting to you for resources needed and resources requested.
- ❑ Obtain necessary resources through EOC.
- ❑ Communicate all requests for incoming and outgoing resources with POD Manager.
- ❑ Coordinate medical waste management according to pre-arranged agreements through the EOC.
- ❑ Ensure appropriate number of workforce meals is being planned with Workforce Services Supervisor.

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to POD Manager.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o All supply and inventory documents.
    - o All sign off documents when supplies were delivered.
    - o Modified POD floor plan if available.
    - o Workforce Medical Unit Staff activity documentation.
    - o POD Communication Plan.
    - o Documentation from waste removal services.
    - o All completed Unit Logs and General Messages to POD Manager.
- ❑ Ensure scheduled breaks and relief for the clinic is being appropriately handled.
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the POD Manager.

Staffing:

Position	**1000 pts/hr**	**500 pts/hr**	**250 pts/hr**
Security Division	15	11	9
Transportation Division	1	1	1
Supply / Inventory Division	3	2	1
Facilities Division	2	2	1
Communications / IT Division	3	2	1
Workforce Services Division	3	2	1
Total	**27**	**20**	**14**

Supply/Inventory

Mission: To organize, gather and distribute medical and non-medical care equipment and supplies.

Staff:

Immediate:

- ❒ Gather appropriate supplies (i.e. POD kits) and document the inventory.
- ❒ Fill all supply requests indicated on Supply request forms
- ❒ Track number of supplies given and still on hand
- ❒ Provide supply request forms to staff as needed

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Coordinate for arrival of SNS supplies:
  - o Determine if refrigeration is needed
  - o Identify location to store supplies
  - o Meet National Guard at back gym door to receive SNS
  - o Check-in with Security Manager to confirm security of supplies
- ❒ Establish documentation and sign-off procedures for supplies when delivered.
  - ❑ Inventory number of all supplies at beginning and end of shift
  - ❑ Inform Logistics Chief if additional supplies will need to be ordered

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Logistics Chief as needed.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	0

Facilities

Mission: To coordinate the set-up of the entire POD prior to POD opening and coordinate maintenance activities for the duration of the POD.

Staff:

Immediate:

- Set-up POD according to POD floor plan.
- Set up, test, maintain and arrange for repair of technological equipment (i.e. fax, copy machines, phones, etc.). Work with Communications Supervisor as needed.
- Assist with any transportation or traffic control set-up needs.

General Duties:

- Adjust POD set-up as identified by Facilities Leader.
- Follow schedule for removal of garbage throughout POD.
- Follow medical waste management protocols for removal of medical waste.
- Assist with spills and clean up while monitoring proper OSHA standards.
- Provide routine progress and/or status reports to Facilities Leader.
- Perform other duties as assigned and approved by the Facilities Leader.

Supervisor: (all of the above plus:)

Immediate:

- Attend initial briefing/planning meeting with Command Staff and Section Chiefs to review POD set-up.
- Call pre-designated Facilities Unit Staff to report for POD set-up.
- Contact the Logistics Chief to brief on POD set-up timeline.
- Develop schedules for monitoring restroom supplies, clean up and removal of garbage
- Coordinate medical waste management according to pre-arranged agreements through the Logistics Chief.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for unit staff.
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Monitor colleagues and clients for signs of fatigue or distress.
- Perform other duties as assigned and approved by the Logistics Chief.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	1	1	0

Security

Mission: Provide safeguards necessary for protection of POD property and staff from loss or damage.

Staff:

Immediate:

- Secure facility and grounds
- Remove any disruptive individuals from POD area

General Duties:

- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- Perform security assessment of facility.
- Contact the POD Manager to identify security needs.
- Determine the number of security staff that would be needed to provide adequate security.
- Develop security plan and traffic control plan accordingly
- Attend initial briefing/planning meeting with Command Staff and Section Chiefs to review POD set-up.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Establish contacts with local law enforcement as required.
- Monitor and adjust security and traffic plans accordingly
- Record all incident related complaints and suspicious occurrences
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Monitor colleagues and clients for signs of fatigue or distress.
- Perform other duties as assigned and approved by the Logistics Chief.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	2	2	2
Staff	13	9	7

Communications / IT

Mission: To maintain internal and external communication resources and the technology infrastructure of POD.

Staff:

Immediate:

- Maintain technological equipment (i.e. fax, phones) and communication device (i.e. radios) inventory to provide for accountability and for demobilization purpose.
  - Maintain phone/fax in Command Center
  - Maintain internet connection in Command Center
- Ensure proper use and storage of all communication equipment.
- Set-up, test, maintain, and arrange for repair of all technological equipment and communication devices. Work with Facilities Leader as needed.
- Assist with technology problems when requested.
- Assist with back up and protection services of existing and on-going data on computer systems.

General Duties:

- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- Develop a POD Communication Plan to include:
  - Assessment of technological equipment (i.e. fax, phones) and communication device (i.e. radios) needs.
  - Assessment of internal and external telephone system.
  - Inventory the technological equipment and communication devices to provide for accountability and for demobilization purposes.
  - Contingency plans for power and telephone outages such as using amateur radio operators.
  - Proper storage of all communication equipment.
- Request needed items through the Logistics Chief.
- Establish contact with Liaison Officer for external communication coordination (i.e. radios).
- Work with Workforce Staging Area for internal communication (i.e. walkie-talkies) assignments.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Provide routine progress and/or status reports to Logistics Chief as needed.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	0

Workforce Support Services

Mission: To provide support services for POD workforce.

STAFF:

Immediate:

- Set-up food service facilities.
  - Determine mealtimes coordinating with shift changes
  - Establish and operate supplemental food system consisting of extra snacks, fruit, beverages and condiments.
  - Inventory food and water supply and estimate when re-supply will be needed.
  - Submit list of food and water needs to Supply/Inventory Leader.
- Ensure availability of an area to assist workforce with medical needs.
  - Ensure appropriate supplies, PPE and other equipment needed.
  - Ensure appropriate space for confidentiality.
- Request assistance for additional medical and behavioral health personnel if needed through the Workforce Services Supervisor.
- Document cases and track numbers.

General Duties:

- Provide routine progress and/or status reports to Workforce Services Supervisor.
- Perform other duties as assigned and approved by the Workforce Services Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- Receive list of the workforce per shift from the Workforce Staging Area Supervisor.
- Work with Logistics Chief to determine the number of workforce needing meals and estimate number of meals to be served for the duration of the POD.
- Determine space and facilities needed for the following:
  - Food preparation and feeding area
  - Break area – with phones and internet
  - Medical /Behavioral health area
- Approve contingency plans for continuing food service.
- Request assistance for additional medical and behavioral health personnel.

General Duties:

- Monitor workforce flow patterns during meals.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all workforce medical/mental health unit activities.
- Ensure scheduled breaks and relief for all unit staff.
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Monitor colleagues and clients for signs of fatigue or distress.
- Perform other duties as assigned and approved by the Logistics Chief.

Staffing:

Position	1000 pts/hr	500 pts/hr	250 pts/hr
Supervisor	1	1	1
Staff	2	1	0

Finance / Administration Chief

Mission: To ensure accurate collection and reporting of POD documents and records.

Immediate:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Coordinate with EOC for financial and cost information if necessary.
- ❑ Prepare documents in compliance with the proper jurisdictions and/or EOC policies
    - o Workforce time logs
    - o Overtime logs
    - o Accident investigation reports
    - o Contracts and agreements with supply vendors
    - o Cost summaries or spreadsheets
    - o Resource logs
    - o Agency specific records and summaries
    - o Unit log/status report compilation.
- ❑ Maintain security of documents and records.
- ❑ Establish contact with event Health and Safety Officer for coordination of accident investigation reports.

General Duties:

- ❑ Provide routine progress and/or status reports to POD Manager.
    - ❑ Collect all completed Job Action Sheets, Unit Logs and General Messages.
- ❑ Ensure scheduled breaks and relief for the clinic is being appropriately handled.
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the POD Manager.

Appendix 9 POD Notification Protocols

Notification from State: In the event of the need for activation of 1 or more POD in the Capital Area, DHHS will contact the CAPHN Coordinator.

Hospital Notification:

1. The CAPHN coordinator will notify Concord Hospital of:
   a. The nature of the event
   b. Which PODs will be opened and when
   c. Need for additional staff and supplies
      - During regular business hours: Call 227-7000 ext 3000 to get the on duty administrator.
      - After hours: Call 227-7000 ext 3773 to get the nursing supervisor
      - Hospital Command Center (if activated): 227-7138 (cell 496-0055)
2. All other communication between POD and hospital will be done by telephone to the above numbers.

Facility Notification:

1. The CAPHN coordinator will notify points of contact for each POD facility of:
   a. The nature of the event
   b. When the POD should open
   c. Expected times of deliveries of medications and supplies
   d. Need for additional assistance
      1. Municipal
      2. Facility
      3. Clinical Manager
2. Each facility point of contact will notify necessary personnel to set up facility for operations
3. Each municipal point of contact will notify supporting municipalities of needs for additional assistance

Volunteer Notification:

1. The volunteer coordinator will send an email to all registered volunteers to request their assistance with staffing the POD.
2. The volunteer coordinator will contact partner agencies to request assistance for additional staffing and supply needs.
3. The volunteer coordinator may contact HSEM for assistance if staffing needs are not met.

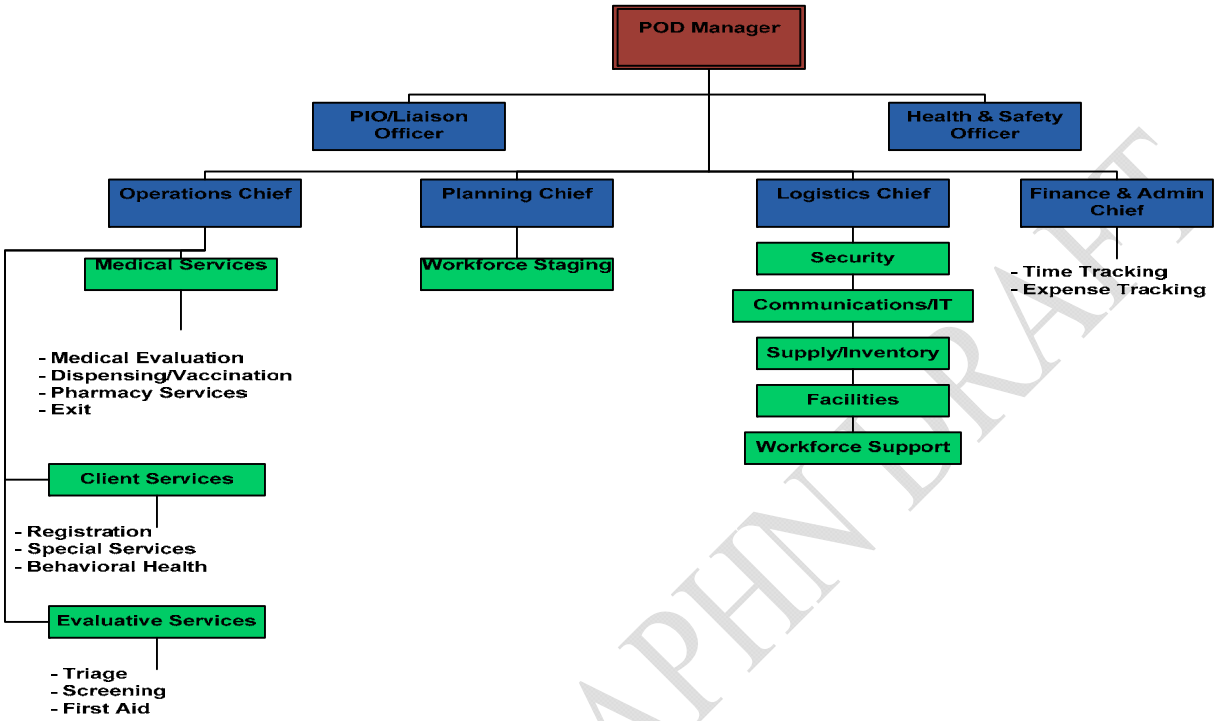
Appendix 10: Training Checklist for Point of Dispensing (POD)

All POD Supervisors are required to review and complete checklist with their staff.

Topic	Page	Done
Review POD Command Structure	2	
POD Functions/Operations ➢ Describe the purpose of the POD. ➢ Review the floor plan and flow chart ➢ Describe the activities that take place within the assigned section. For example, in the operations section briefly explain the processes for screening, triage, dispensing, etc.	3	
Media Relations ➢ Stress that no one should talk to the media. If the media approaches them they should refer them to the public information officer. ➢ Review POD Staff Script and forms applicable to the job.*		
General Housekeeping Describe the location of the following: ❑ Restroom ❑ Supplies ❑ First-aid ❑ Break areas ❑ Personal Protective equipment (if applicable) ❑ Checkout ➢ Describe protocol for breaks, food, drinks, and communicating with family members. ➢ Review the 2-Way Communication Procedure for use of 2-Way radios.	4 5	
Job Specific Information ➢ Review the station sheet and explain the duties in more detail. ➢ Review the fact sheets.* ➢ Review the registration form.* ➢ Review forms to be completed by staff o Event Log o Patient Tracking Form o Supply Request Form ➢ Do a quick run-through of the unit operations with staff	6 7 8 9 10	
POD Maps	11	
Additional Information		

* - Not part of station packet. Will be handed out at POD.

POD Command Structure



The POD operates under the Incident Command Structure (ICS)

ICS is an organizational structure used to manage incidents.

- The system provides a template used to respond to an emergency.
- It is flexible and can be used to respond to both large and small incidents.
- The US government has adopted it to be used to respond to all emergencies.

ICS utilizes an orderly chain of command.

- Each individual has one and only one supervisor.
- You should direct all questions and problems to your supervisor.
- He/she will take it up the chain of command if necessary.

Your Supervisor is: Name: _____

Title: _____

At the end of your shift, please report to workforce staging area to sign out.

POD Function and Operations

Purpose: The purpose of a POD is to provide medications or vaccines quickly to a large number of people. It is intended to prevent disease during a public health emergency.

The POD is a dispensing facility, not a medical clinic. We need to get people through the POD as quickly as possible.

POD Flow:

1. **Triage**: Upon entrance into the building, individuals will be triaged (by an EMT or clinician) to determine if they are showing symptoms. Individuals showing symptoms will exit to the left and will be isolated. Clinicians will perform a basic health exam on them and will arrange transport to a treatment facility via on-site ambulance if necessary. Asymptomatic recipients will proceed to registration

2. **Greeting/Registration**: Well individuals will be given registration forms to complete (if they don't have them already) and will proceed to the right down the hallway. The hallway will be divided with plastic chains with one lane devoted to handicapped individuals and those who may need additional assistance. The other half will be for the general public. The hallway traffic will be one-way only. Greeters will identify recipients with special needs and match them up with assistance (ie- translator, behavioral health, etc.)

3. **Screening**: Individuals will proceed into the gymnasium. They will hand their forms to a medical screener to be reviewed for any allergies or medical interactions.
    - If an individual answers yes to any of the listed contraindications for themselves or a family member, they will proceed to the medical evaluation station/
    - If an individual answers no, they will proceed to the dispensing or vaccination station.

4. **Dispensing/Vaccination and Medical Evaluation**:
    - Individuals with no medical contraindications: Will be directed to the Vaccination/Medication Dispensing area and will be given the standard medication or vaccination.
    - Individuals with medical contraindications: Will be reviewed by a clinician to determine if they are able to take an alternative medication.

5. **Checkout/Exit Review**: Individuals receiving their medication or vaccination will proceed to the checkout station. Staff will provide information and documentation to assist the recipient in managing their treatment beyond the POD. In some situations, vaccinees may be asked to remain at the POD for a designated period of time for review of adverse reactions.

General Housekeeping

Locate the following on the site plan

- Restroom
- Supplies
- Break areas

Shifts/Breaks/Meals

- Shifts will be either 8 or 12 hours.
  - Ask your supervisor which one you are working if you don't know
  - Notify your supervisor anytime you would like to take a break
  - You will be given two meals during your shift
  - Beverages and snacks will be available throughout POD operations in the break areas

Safety/Security

- Wear badge and vest at all times in the POD
- Report any dangerous situations to your immediate supervisor
- You will be given Personal Protective Equipment (PPE) appropriate to your position and the situation
  - The following PPE are available
    - Surgical Masks
    - Respirators (N 95)
    - Gloves (latex free)
    - Gowns
    - Face Shields
    - Goggles
  - Complete a supply request form for any PPE you need.

Communicating with Family Members

- Phones will be available in the break rooms for outgoing calls.
- An incoming phone number will be set up in case of emergencies only. Check with your supervisor for the number.
- Feel free to keep your cell phone with you while at the POD.

Checkout

- After your shift, return to the workforce staging area to hand in your vest and badge

2-Way Radio Communication Procedures

Note: Only <u>one</u> 2-way radio (aka: 'walkie-talkie') can transmit at a time.

Turn your radio on.

1. Turn the black knob clockwise. You will see numbers on the display screen
2. Make sure your radio is tuned to Channel 7 [7]

To change channel

1. Press menu button once, the large channel number should be flashing
2. Use the plus and minus arrows to change the channel to 7.
3. Press menu when you reach desired channel, the smaller number should be flashing
4. Use the plus and minus arrows to change the channel to 7.
5. Wait 10 seconds. The channel number will stop flashing and will be set.

To Transmit:

1. Wait for opening in any ongoing radio communications.
2. Push and hold the PTT (Push-To-Talk) button
3. State the position you are calling and then your position. (State twice to enhance recognition)

   Example: "Operations Chief, this is Medical Services Director. Operations Chief, this is Medical Services Director."
4. Release PTT button and wait for a response

To Respond:

1. Push and hold the PTT button (Push-To-Talk)
2. State the position you are responding to and then your position.
   Example: "Operations, this is Medical Services Director go ahead"
3. Release the PTT button and wait for a response

General Rules:

- Speak clearly; use plain English. No codes
- Repeat back critical items for confirmation.
- Remember only one 2-way radio can transmit at a time on a channel so:
  - Wait for any ongoing communications to finish before transmitting
  - Finish your communications ASAP so others can communicate.
- Report any communication problems to your supervisor.

If you change channels to hold a side conversation, make sure you change the channel back to 7 [7] after your conversation.

Insert Job Action Sheet Here

Instructions for Completing Forms

Event Log

This form is to be used to document all major events of a station/section. Use one form per station and section.

1. POD Location: Complete POD location
2. Date: Enter date
3. Time: Enter time
4. Section/Station Name: Indicate your Station (i.e.: dispensing 1)
5. Unit Leader: Enter name of station supervisor and title
6. Operational Period: Indicate Shift
7. Event Log: Enter major events that occur in station/section and indicate time they occurred.
8. Prepared by: Indicate name of person completing log

Patient Tracking Form

This form is to be used to document any unusual actions taken on behalf of a patient. Use one form per station.

1. Complete POD Location and Date
2. Station: Indicate your Station (i.e.: dispensing 1)
3. Patient name: Enter patient's full name
4. Time: Note time of interaction
5. Action Taken: Indicate action taken (i.e.: sent to hospital, called EMS, provided Spanish translator, counseled patient, etc)
6. Comments: Note any additional comments or reason for action
7. Initials: Initial line

Supply Request Form (order more supplies when your supply levels fall to 50%)

1. Complete POD Location and Date
2. Station/Section: Indicate the Requesting Station/Section (i.e.: dispensing 1)
3. Person Requesting: Print your name, note time requested and sign your name
4. Amount Requested: Indicate number of each item you would like to request
5. Have runner deliver to Supply/Inventory manager
6. Confirm Request Received: Initial each line for delivery confirming # of items received

EVENT LOG	1. POD Location NHTI Anthrax POD	2. Date 7/5/07	3. Time 10:00am
4. Section/Station Name Dispensing	5. Unit Leader (Name and Position) Wendy Dumais – Dispensing Supervisor		6. Operational Period Shift 1

7. Event Log

Time	Major Events
10:01	Station Orientation, reviewed station packet
10:15	Set up stations with medications and supplies
10:45	First patient arrived
11:30	Ran out of labels – printed more

8. Prepared by (Name and Position)
Wendy Dumais

Patient Tracking Form

POD LOCATION NHTI - Concord

DATE 7/8/2007

STATION Triage

	Patient Name	Time	Action Taken	Comments	Initials
1	John Jones	10:02 AM	Sent to hospital	Shortness of breath, sores on arm	WD
2	Liz Lincoln	10:10 AM	Sent home	No exposure	WD
3	Stanley Smith	10:17 AM	Called for translator, meds dispensed	Spanish speaker, meds given in triage	WD
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Supply Request Form

POD LOCATION NHTI
DATE 7/5/07

Station/Section	Dispensing 1
Person Requesting	Wendy Dumais
Time Requested	10:02am
Signature	Wendy Dumais

Pharmaceutical	Dose	Lot #	Amount Requested	Amount Received	Confirm Request Received
Ciprofloxacin	500-mg oral tablet	256931	100	100	WD
Ciprofloxacin	oral suspension				
Doxycycline	100-mg oral tablet				
Doxycycline	oral suspension				
Amoxicillin	500-mg oral capsules				
Amoxicillin	oral suspension				

	Medical Supplies	Item #	Amount Requested	Amount Received	Confirm Request Received
1					
2					
3					
4					
5					
6					

	Non Medical Supplies	Item #	Amount Requested	Amount Received	Confirm Request Received
1					
2					
3					
4					
5					
6					

Supply Staff Name	John Watson
Time Delivered	**10:17am**
Signature	John Watson

POD Staff Script (Initial Information Summary)

The following information is being provided for you to familiarize yourself with the event. Please feel free to share this information with clients. If clients ask you questions that are not answered on this sheet please contact your supervisor.

Clinic Hours of Operation:

What happened:

Who was/is affected:

Who should be reporting to POD:

Personal information we are collecting:

Medical Info about Event:

Nature of Hazard:

Early signs and symptoms:

Incubation period:

Mode of transmission:

Treatment:

Annex D Volunteer Management Plan

Purpose - To improve local emergency preparedness by identifying and training volunteers to assist in the event of a public health emergency.

Potential Emergencies – Hepatitis A, Meningitis, Pandemic, Bioterrorism (Anthrax, Smallpox, etc.) or any natural emergency that affects the public's health

Objectives

1. Identify volunteers and volunteer agencies that could assist in the event of a public health emergency
2. Develop a training program for volunteers to be used in advance of an incident and Just-In-Time
3. Develop a list of expectations for volunteers
4. Identify NH laws that protect volunteers

Policies and Procedures

Plan Activation

1. Conditions for Activation - The NH Medical Director will notify CAPHN when activation of a MEMS site is required. The CACC Activation Team will meet to determine how many sites will need to be activated and identify Incident Commanders for each site.
2. Volunteer Notification
    a. The CAPHN coordinator will send an email to all registered volunteers and agencies indicating the staffing needs. Volunteers will be asked to email or call in with their availability.
    b. A call tree will be activated to supplement the email.
3. Addressing Barriers for Reporting for Duty
    a. Transportation – Transportation needs of volunteers will be addressed in the CAPHN transportation plan.
    b. Child / Family Care – Sites may have the option of having on-site child care.
    c. Other volunteer and work commitments – All attempts will be made to identify the volunteers' primary commitments, so that appropriate staffing can be expected.

Application / Screening / Orientation

1. Initial Application – An initial form is completed to indicate interest in volunteering. The application includes:

    a. Personal information
    b. Skills and Qualifications
    c. Area of interest

2. Screening Process/Secondary Application
    a. Interviews – Interviews may be conducted with potential volunteers.
    b. More specific information – availability, special needs, other commitments, etc.
    c. License verification – CAPHN will verify licenses for all licensed volunteers.
    d. Background Checks - All licenses will be verified for clinic volunteers. All non-clinical volunteers will be asked to submit a State Police Criminal Background check and will be responsible for the fee.

3. Assign Position - The skills and interests of the volunteer will be matched to the positions needed.

4. Orientation
    d. Volunteer Handbook - All volunteers will be given a CAPHN Volunteer handbook that details policies and procedures. (See Appendix 2 - Volunteer handbook)

    e. Code of Conduct and Confidentiality Statement – All volunteers will be required to sign a confidentiality statement.

    f. Emergency Contact Information - Information will be obtained from the volunteers on who to contact if the volunteer is injured while volunteering

    g. Contacting Volunteers for Activation – The process for contacting the volunteer if they are needed will be reviewed.

    h. Documentation of Orientation

Record Keeping

1. Database – The CAPHN Coordinator will keep a database of all volunteer information. The database will also be posted on E-studio for the Capital Area Coordination Center (CACC) to access. The password for the database is CAPHN.

2. Log Form- All volunteers will log in at the beginning of their shifts and log out at the end of their shifts

Spontaneous Volunteers - A volunteer staging site will be set up to handle Spontaneous Volunteers. Spontaneous Volunteers are those who are not affiliated with any volunteer agency – they just show up to help.

1. Public Information Message - A press release will be issued as soon as possible indicating if and where spontaneous volunteers should report.
2. Assignment - The spontaneous volunteers will be screened at the volunteer staging site. They will receive JIT training and will be assigned a specific site. Spontaneous volunteers will be assigned to non-patient contact positions.

Volunteer Management

1. Volunteer Program Record Keeping and Tracking System
    a. Database – The CAPHN Coordinator will keep a database to track applications, screening, orientation and training for all registered volunteers. A hard copy of

volunteer contact information, including emergency contacts, will be given to the Incident Commander of each site. The database will also be posted on E-Studio for the Capital Area Coordination Center (CACC) to access. The password for the database is CAPHN.

b. Schedule – A hard copy schedule will be given to the clinic manager of each POD.

c. Log Form- All volunteers will log in at the beginning of their shifts and log out at the end of their shifts

2. Identification Badges – Volunteers will be given badges to identify their position. They will be asked to bring picture identification with them to insert into the badge. The identification must have a picture of the individual and include their full name.

3. Recruitment Strategies
    a. Groups – The CAPHN Coordinator will work with local groups to tap into existing volunteers.
        i. Medical/Professional - Sources may include: professional organizations, colleges, universities, schools of nursing, hospitals and clinics, state volunteer registries, visiting nurses associations.

        ii. Non-Medical / Professional - Sources may include: scouts, large employers, food pantries, civic organizations, faith-based organizations, amateur radio groups, councils on aging, schools.

    b. Individuals – The CAPHN Coordinator will also work to recruit individuals through network municipalities and media outlets.
        i. Medical/Professional
        ii. Non-Medical/Professional

4. Retaining Strategies
    a. Training
        i. Pre-Event Training / Just in Case Training – CAPHN will develop a year-round training schedule for volunteers.
            1. Training topics may include: NIMS/ICS, CPR, Basic First Aid, Emergency Response, POD overview, confidentiality (e.g. HIPPA), personal preparedness planning (family disaster plan writing), American Red Cross training.
        ii. Event-Training / Just in Time Training
            1. All volunteers –Training will be given to all volunteers at the site to include: Incident Command, Clinic Flow and Functions, Job Action Sheets, Forms used at site, and Volunteer support
            2. Spontaneous volunteers - Spontaneous volunteers will be given additional training at the volunteer staging site.
            3. Record Keeping of Training - Training will be tracked through the volunteer database.
    b. Volunteer Opportunities Before / Between Events - CAPHN will include volunteers in all drills, exercises, or special events.
    c. Needs of Volunteers During an Event
        i. Physical Needs - Food, water, breaks and rest will be provided to keep volunteers ready to respond. Volunteers will be equipped with all necessary Personal Protective Equipment (PPE) to eliminate the spread of infection.
        ii. Emotional Needs - Matching the volunteer to a job description that is within their comfort zone will help to reduce stress and increase effectiveness of the volunteer.
        iii. Family Needs - Volunteers will be encouraged to complete a Family Disaster Plan so that the needs of the volunteer's family are reduced. The safety of the volunteer's family must be assured in order for the volunteer to be an effective part of the response.
    d. Liability
        i. The NH Good Samaritan Law provides that any person in good faith who renders emergency care is exempt from civil liability as long as he acts exclusive of compensation and reasonably provides emergency care without willful or wanton acts of negligence.
        ii. RSA 508:17-a further extends the scope of the registered volunteer by offering worker's compensation when performing volunteer duties during a state emergency. (See Appendix 1 – Volunteer Liability Protection)

5. Recognition
    a. Newsletter – All registered volunteers will receive a quarterly newsletter indicating the planning process and upcoming training opportunities. Future newsletters may include a volunteer recognition section highlighting volunteer achievements.

b. National Volunteer Week – All registered volunteers will receive a Thank You card during National Volunteer week thanking them for their efforts.

c. Misc – As future budgets allow, registered volunteers may receive t-shirts, hats, etc. identifying them as CAPHN volunteers.

6. Volunteer Debriefing
   a. Incident Debriefing - Each volunteer will be asked to provide input on his or her experience. This will be done informally at the end of each shift and formally through a written survey.
   b. Stress Debriefing
      i. At Site – DBHRT and local mental health professionals will be available for volunteers.
      ii. After Operations - Instructions and contact numbers will be given to all volunteers in the event that they need further assistance after they return home.

Appendix 1: Volunteer Liability Protection

RSA 508:17-a Agents Assisting Certain State Departments; Liability Limited. –

I. Any person who acts as an agent to the department of health and human services or the department of safety by providing assistance in response to a specific public health or public safety incident shall be protected from claims and civil actions arising from acts committed within the scope of his or her official duty as an agent to such departments to the same extent as state officers, trustees, officials, employees, and members of the general court under RSA 99-D, provided that:

(a) The commissioner of the department of health and human services or the commissioner of the department of safety has declared in writing to the governor that a public health or public safety incident exists;

(b) The department of health and human services or the department of safety has designated the person to act as its agent to assist in responding to the public health or public safety incident;

(c) The agent was acting in good faith and within the scope of his or her official functions and duties as an agent to the department of health and human services or the department of safety; and

(d) The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the agent.

II. In this section:

(a) ""Agent" means any person who acts as an agent to the department of health and human services or the department of safety by providing assistance in response to a specific public health or public safety incident and the person does not receive compensation from either department, other than possible reimbursement for expenses actually incurred for such services, but who may be receiving compensation from his or her employer or from any other source.

(b) ""Damage or injury" includes physical, nonphysical, economic and noneconomic damage, and property damage.

(c) ""Public health or public safety incident" means a specific incident that the commissioner of the department of health and human services or the commissioner of the department of safety has declared in writing poses a threat to the health and safety of the public and demands a response that will require the assistance of agents from outside the state system, but which does not rise to the level that would necessitate the declaration of a state of emergency by the governor under RSA 4:45.

III. Notwithstanding any other provision of law, no person shall be considered an agent of the department of health and human services or the department of safety for the purposes of this section unless the commissioner of one of those 2 departments has declared in writing to the governor that a public health or public safety incident exists and the appropriate department acknowledges in writing the person's status as an agent. Such written acknowledgment shall identify the person, indicate the department of the state for which the person will be acting as an agent, indicate the duration for which the person will be acting as an agent, indicate the functions that the person will be performing for the appropriate department, and specifically indicate that the provisions of this section apply to the person's status as an agent to the appropriate department.

IV. Any licensed health care provider who acts as an agent to the department of Health and Human Services by providing health care or services in response to a public health incident shall work under the oversight of a department physician.

V. No disciplinary action shall be taken by a licensing board against a licensed health care provider who acted as an agent or a volunteer to the department of Health and Human Services or the department of safety. This paragraph shall apply only to a health care provider who was designated by either the department of health and human services or the department of safety to act as an agent in accordance with paragraph III and who acted in good faith within the scope of his or her official functions and duties as an agent, and who did not engage in willful, wanton, or grossly negligent conduct in the course of carrying out his or her official functions and duties.

Source. 2005, 191:5, eff. Jan. 1, 2006.

Appendix 2: Volunteer Handbook

ORGANIZATION DESCRIPTION

The Capital Area Public Health Network began in 2004 as a vehicle for collaboration among municipalities and health and human service providers serving the Concord Hospital service area. The primary mission of CAPHN is: To improve local emergency preparedness and to identify and solve community health problems by mobilizing a community partnership.

The role of the network is to build partnerships and improve community collaboration between agencies and municipalities to build a stronger local public health system. The network has identified the following areas of focus:

- Improve community collaboration between public, non-profit and private agencies
- Provide benchmarks for public health improvement
- Develop health profiles of our communities
- Develop a regional response plan for public health emergencies
- Provide educational opportunities for the public health workforce

Participating Agencies:
American Red Cross – Concord Chapter, Capital Region Family Health Center, Center for Health Promotion, Community Action Program of Belknap and Merrimack Counties, Community Provider Network of Central NH, Community Services Council, Concord Hospital, Concord Regional Visiting Nurses Association, Dartmouth Hitchcock - Concord, NH Hospital, NH Technical Institute, Riverbend Community Mental Health and the United Way of Merrimack County.

Participating Municipalities:
Allenstown, Barnstead, Boscawen, Bow, Bradford, Canterbury, Chichester, Concord, Deering, Dunbarton, Epsom, Henniker, Hillsboro, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Webster, Weare, Windsor

Emergency Planning:
The CAPHN is currently working to develop a regional plan to respond to public health emergencies. The plan will address an event as large as a pandemic avian flu, a smaller scale event such as a Hepatitis A outbreak or a terrorist incident such as Smallpox or Anthrax. These plans will cover all individuals living in the Concord Hospital service area.

Responses to public health emergencies could include the following:

1. Opening a clinic to provide medications or vaccinations to a portion of the population
2. Supporting quarantine for a person who has been exposed to a contagious disease
3. Supporting isolation for a person who is sick from a contagious disease
4. Opening a mass care shelter for people unable to stay in their homes
5. Communicating with the public on how to stay healthy and safe
6. Developing a plan to deal with mass fatalities

VOLUNTEER SERVICE

The **purpose** of volunteer service in this organization is to be prepared to effectively support local emergency workers in the event of a public health emergency.

The **objectives** accomplished through CAPHN's volunteer program are:

1. To respond effectively to health-related issues in the Capital Area communities
2. To strengthen the public health infrastructure throughout the region
3. To provide information and training in health-related fields to our volunteers

Application:

All volunteers are required to complete an application form, so that we have your contact information and areas of interest on record. All volunteers will be asked to sign code of conduct and confidentiality agreement, which relieves any civil liability for damage or injury while performing activities on behalf of the organization.

We also require that you provide proof of License or Certification if applicable and consent to release of police records, or a copy of those records.

Volunteers under 18 must provide signed permission from a parent or guardian.

Training:
Opportunities to participate in training will be made available to all volunteers with the Capital Area Public Health Network.

CAPHN volunteers will have access to a variety of professional trainings and certification programs on disaster-related and care-related topics. Volunteers will be required to attend one orientation, which will be offered on a regular basis throughout the year. The training will include:

- Volunteer Expectations
- Introduction to Emergency Response
- Introduction to Incident Command
- Introduction to Medical Dispensing Clinics
- Individual/Family preparedness

The following are examples of additional training courses which will be made available to volunteers on a regular basis:

- National Incident Management System (NIMS) training
- Crisis and Emergency Risk Communication
- First Aid / CPR

Additional Training Available On-line:

FEMA: http://training.fema.gov/NIMS/
University of Minnesota: http://cpheo.sph.umn.edu/cpheo/umncphp/online/home.html#massdisp

EXPECTATIONS

A volunteer can expect to receive:

- Training on public health emergency response, incident command, and individual and family emergency preparedness.
- Job specific training on-site.
- Priority status for vaccinations and medications for you and your immediate family
- Meals and scheduled breaks while working
- Proper protection from illness and injury
- Quarterly update of training opportunities and planning progress
- Protection from liability
- Opportunities to participate in exercises and drills

CAPHN expects volunteers to:

- Attend a volunteer orientation
- File a criminal records background check form
- Maintain the confidentiality of individuals requesting assistance
- Report to their assignments in appropriate mental and physical condition to perform their activities in a satisfactory manner (Drug and alcohol free)
- Notify the CAPHN Coordinator if they wish to be removed from list
- Notify CAPHN Coordinator with phone, email, or address changes
- Develop an individual/family emergency plan

NOTIFICATION

Volunteers will be notified by one of the following mechanisms:

- Email
- Telephone (call trees)

The CAPHN coordinator will send an email to all registered volunteers and agencies indicating the staffing needs. Volunteers will be asked to email or call in with their availability.

A call tree will be activated to supplement the email.

LIABILITY AND LEGAL RESPONSIBILITY

In very rare cases of accidental injury or damage caused during a volunteer's service, issues of legal responsibility may come up. Volunteers with CAPHN are protected under State of NH RSA 508:17

RSA 508:17 provides important protections for persons who are acting as agents of the State during a public health or public safety incident. Here are important facts you need to know about this new law.

Persons assisting in responding to a public health or public safety incident will be protected from liability provided that the following two conditions are met:

- The Commissioner of either the NH Department of Health and Human Services (DHHS) **or** the Department of Safety (DOS) has declared in writing that a public health or public safety incident exists. (This is different than a State of Emergency that would be declared by the Governor).

- Either DHHS or DOS has specifically **designated in writing** a person to act as its agent to assist in responding to the public health or public safety incident.

When these two conditions are met, in accordance with RSA 508:17-a, the person designated to act as an agent will be **protected from claims and civil actions** (i.e. liability) arising from acts committed within the scope of his or her official duty as an agent to DHHS or DOS to the same extent as state officials and employees are protected, so long as:

1. The agent was acting in good faith and within the scope of his or her official functions and duties as an agent to DHHS or DOS; and
2. The damage or injury was not caused by willful, wanton, or grossly negligent misconduct by the agent.

    - RSA 508:17-a also states that no disciplinary action may be taken by a licensing board against a licensee who acts as an agent **and** items 1 and 2 are applicable.

Workers' Compensation
RSA 281-A states that if a person is injured while acting as an agent in accordance with the provisions above, the State of New Hampshire and not the agent's regular employer will bear the cost of workers' compensation. In effect, the agent will be considered an employee of the State of New Hampshire for the purposes of workers' compensation.

GENERAL INFORMATION FOR VOLUNTEERS

Confidentiality:
Security and confidentiality of personal information are matters of utmost concern to clients and staff alike. Individuals who have access to personal information are in positions of trust relative to this information and must recognize the responsibilities entrusted to them in order to maintain the confidentiality of clients and the integrity of the agency. Similarly, individuals with access to agency equipment and technology are also entrusted with the appropriate use of these resources. All volunteers will be asked to sign code of conduct and confidentiality agreement.

Safety:
Depending on the type of public health event and disease threat, volunteers will be provided with protection from exposure at all times. The type of protection needed will depend on the specific disease.

Priority Prophylaxis/Vaccination:
Volunteers and staff essential to the opening and initial operation of the POD will receive immediate prophylaxis or vaccination. A plan will be developed to address the needs of their family members as well.

Recording Volunteer Time:
Volunteers will be supplied with volunteer time sheets on which they can record activities and hours spent. Volunteers may also want to track their miles and expenses during volunteer service, many of which are tax deductible. Travel, for example, is deductible at a rate of $0.14 per mile.

Removal from list:
Your decision to volunteer implies no binding commitment for duration of service. If you wish to remove yourself from the volunteer list for any reason, please notify the CAPHN coordinator.

Equal Opportunity:
Capital Area Public Health Network is committed to complying fully with the Americans with Disabilities Act (ADA) and ensuring equal opportunity in employment for qualified persons with disabilities. All staffing practices and activities are conducted on a non-discriminatory basis.

Problem Resolution:
CAPHN is committed to encouraging an open and frank atmosphere in which any problem, complaint, suggestion, or question receives a timely response from CAPHN supervisors and management.

Sexual and Other Harassment:

The Capital Area Public Health Network is committed to providing a work environment that is free of discrimination and unlawful harassment. Actions, words, jokes, or comments based on an individual's sex, race, ethnicity, age, religion, or any other legally protected characteristic will not be tolerated.

SAMPLE JOBS NEEDED DURING A PUBLIC HEALTH EMERGENCY:

PONT OF DISPENSING (POD)

CLINICAL:

Triage (Supervisor or Staff)

Purpose: To evaluate patients for symptoms of illness
Qualifications: Licensed clinician, nurse or other appropriately trained and recognized health official, familiarity with triage functions

Vaccination/Dispensing (Supervisor or Staff)

Purpose: To administer vaccination or dispense medication to clients
Qualifications: Qualified to administer vaccine or dispense mediation under state law or be legally delegated and properly supervised.

Medical Evaluation (Supervisor or Staff)

Purpose: To review client forms for contraindications or allergies and decide if medications should be given.
Qualifications: Licensed clinician, nurse or other appropriately trained and recognized health official.

NON-CLINICAL:

Incident Commander:

Purpose: To organize and direct all non-clinical operations at clinic site.
Qualifications: Thorough knowledge of ICS, Mass Clinic Plan, all stations of a mass clinic, organizational skills and management experience.

Greeter (Supervisor or Staff)

Purpose: To greet and register clients as they enter the clinic.
Qualifications: Good customer service skills

Communications (Supervisor/Staff)

Purpose: To coordinate internal and external communication resources and the technology infrastructure of clinic.
Qualifications: Knowledge of the mass clinic site's technology infrastructure and communication devices

ACUTE CARE CENTER (ACC)

CLINICAL:

Behavioral Health Counselors (Supervisor or Staff)

Purpose: To assist clients that may require special counseling or support.
Qualifications: Licensed mental health professional.

Pharmacy Services (Supervisor or Staff)

Purpose: To oversee pharmacy activities and pharmaceutical preparation
Qualifications: Licensed pharmacist

NON-CLINCIAL:

Supply/Inventory (Supervisor or Staff)

Purpose: To organize, gather and distribute medical and non-medical care equipment and supplies
Qualifications: Knowledge of storage, handling, inventory tracking and good organizational skills

Facilities (Supervisor/Staff)

Purpose: To coordinate the set-up of the entire clinic prior to clinic opening and coordinate maintenance activities for the duration of the clinic
Qualifications: Knowledge of OSHA, Infection control and PPE. May involve moderate physical requirements such as movement and carrying supplies

CAPITAL AREA COORDINATION CENTER (CACC)

Public Information Officer

Purpose: Provide effective collection, control, and dissemination of public information
Qualifications: Crisis communication skills and PIO training.

Liaison Officer

Purpose: Receive incoming requests from agencies, municipalities, and sites.
Qualifications: Good organizational skills

COMMUNITY SUPPORT

Food/Supplies Delivery

Purpose: Deliver food and/or supplies to individuals quarantined or isolated at home
Qualifications: NH Driver's License

Hotline Operator

Purpose: Answer telephone inquiries about public health situation
Qualifications: Good customer service skills

Capital Area Public Health Network

250 Pleasant Street • Concord, New Hampshire 03301• (603) 230-6162 • E-mail: wdumais@crhc.org

CODE OF CONDUCT AND CONFIDENTIALITY STATEMENT

Code of Conduct: The purpose of this code is to establish standards of conduct for all volunteers by identifying those acts or actions that are compatible with the best interest of the individuals served by this agency.

- I will treat all individuals served by this agency with the same care and compassion.
- I will not accept either directly or indirectly, any gift, gratuity, or anything of value from clients served by this agency.
- I will not discuss controversial topics such as, religious beliefs, political views, nor offer medical advice outside of my role.
- I will not report for duty while under the influence of an intoxicant or controlled substance, nor will I consume any such substance during working hours.
- I shall be neat and clean, and dress in a manner appropriate to the nature of my assignment.
- I understand that smoking is not permitted in buildings, or on the grounds of buildings operated by this agency.
- I understand that it is against the policy of this agency, and illegal under state and federal law for any volunteer, male or female, to sexually harass another volunteer.
- Accurately recording time worked is the responsibility of every volunteer. I agree to sign in and sign out for every volunteer shift.
- I will exercise care and follow all operating instructions, safety standards, and guidelines when using equipment, machines, tools, etc, that belong to this agency or belong to the facility being used by this agency. If any equipment, machines, tools or medical supplies appear to be damaged, defective, or in need of repair, I will notify the supervisor immediately.

CODE OF CONDUCT AND CONFIDENTIALITY STATEMENT (cont.)

Confidentiality Statement:
In the course of volunteering with this agency, I recognize that it is my responsibility to maintain the confidentiality of all information that identifies a client, or discloses any information about the client; and to comply with the Health Insurance Portability and Accountability Act (HIPAA) standards.

I agree that I will not share any information I may obtain in verbal or written form. I also agree that I will not share any client information even if the information is available through other means. I further acknowledge that the confidentiality policy applies after termination as a volunteer with this agency.

I, (Print your name) _____ have read this document, and agree to provide volunteer services in accordance with these standards.

_____ _____
Volunteer Signature Date

_____ _____
Parent or Guardian if under age 18 Date

ANNEX E Capital Area Medical Surge Plan

I. Introduction 2

II. Response 5

III. Acute Care Center (ACC) 6

1. Scope 6

2. Responsibilities

3. Command Structure 7

4. Planning 9

5. Operations 10

6. Staffing 11

7. Logistics 12

8. Finance and Administration 14

V. Neighborhood Emergency Help Center (NEHC) 15

1. Scope 15

2. Command Structure 15

3. Planning 17

4. Operations 18

5. Staffing 19

6. Logistics 20

7. Finance and Administration 22

Appendices

1. ACC supply list recommendations 23

2. Job Action Sheets for ACC 27

3. ACC Floor Plan 53

4. Job Action Sheets for NEHC 54

5. NEHC Floor Plan 73

6. Pandemic Influenza Protocols 74

I. INTRODUCTION

The purpose of this plan is to assist the region in providing medical care during an emergency that overwhelms medical resources.

Current Concord Hospital Surge Capacity:

- Total beds: 200
- Total hospital surge capacity (add"l 30%) = 260
- Total Ventilators: 24

This plan outlines two strategies for increasing community surge capacity of the region.

1. Acute Care Center (ACC): An in-patient facility established to provide medical care in a community-based location. ACCs are community-based healthcare surge facilities that provide limited care to patients that would normally require admission to an acute care hospital. ACCs will not manage critical care patients, such as victims requiring artificial ventilation.

   Primary ACC: Merrimack County Nursing Home – J. Kenneth McLeod Bldg
   325 Daniel Webster Hwy Boscawen, NH 03303

   Alternate ACC: Edna McKenna Jail – Merrimack County
   Daniel Webster Hwy Boscawen, NH 03303

2. Neighborhood Emergency Help Center (NEHC): An out-patient facility established to
   - Function as a high volume point of dispensing (POD) for prophylactic medication
   - Self-help information
   - Instruction (e.g., home care, medical follow-up), resource and discharge planning
   - Triage large numbers of people seeking care, especially to identify those that require inpatient care and to ensure that they are stabilized for evacuation to either an ACC or hospital, depending on the patient"s level of acuity.

   During a contagious event, clustering of well patients and ill patients is not recommended, and therefore a POD and a triage center cannot be located in the same building.

   Primary NEHC: NH Technical Institute
   31 College Drive Concord NH 03301
   Alternate NEHC: To be determined

In the event that one or both of the primary facilities is not available to serve this purpose, the CACC Incident Commander will decide which of the alternate facilities will be used, based on the circumstances of the incident.

1.1 Assumptions

The development of the current plan is based on the following assumptions:

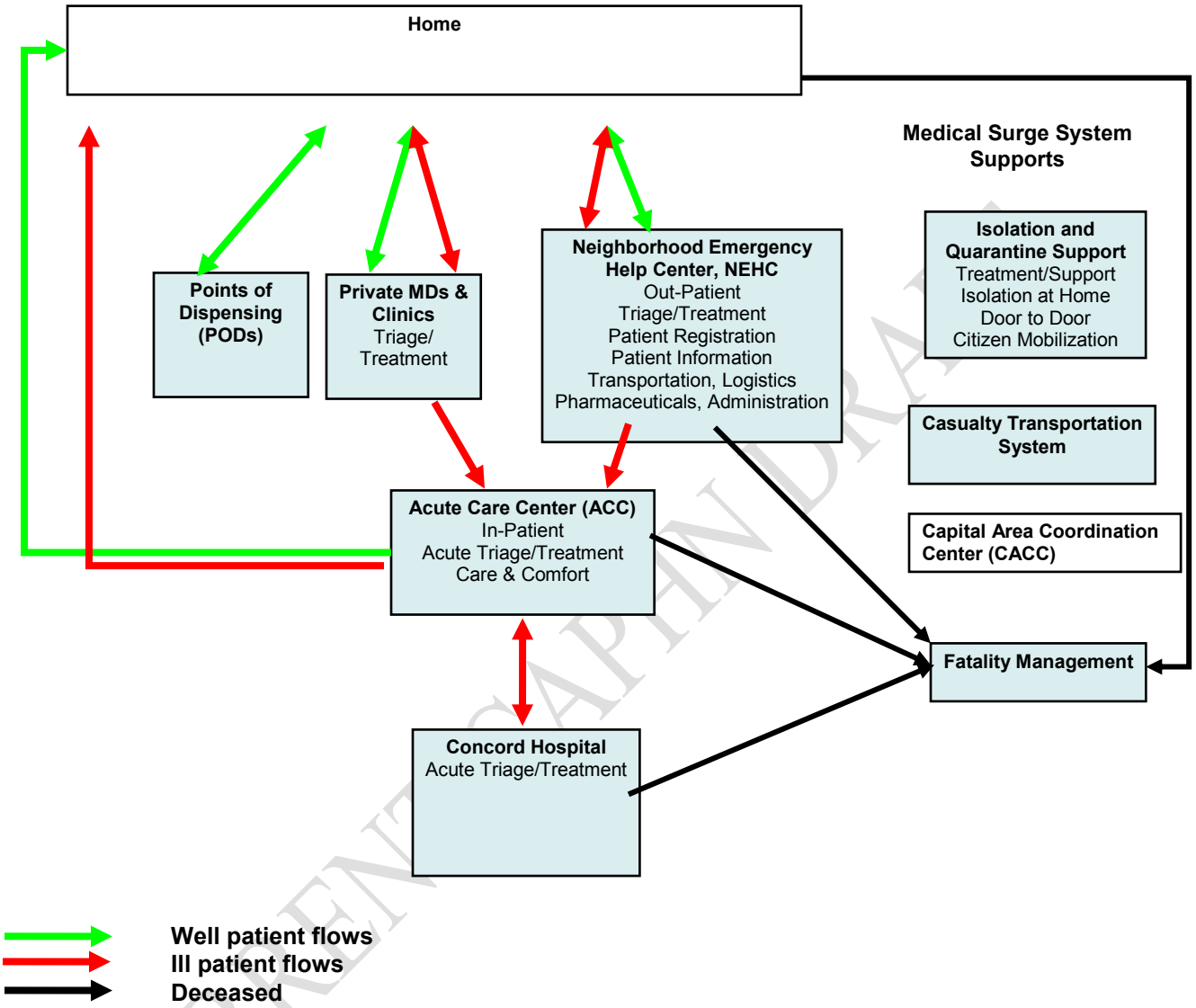
- A public health event affecting a large proportion of the regional population has the capacity to outstrip available health resources and necessitate the activation of the community medical surge system.
- A statewide or national State of Emergency will have been declared before this medical surge plan is activated.
- When a medical emergency exceeds or is expected to exceed the region"s capacity to care for all of the individuals anticipated to become ill, then it is appropriate to open an ACC and/or NEHC, based on a recommendation by NH DHHS.
- The use of altered standards of care may be required in a large-scale health emergency. Guidelines describing appropriate clinical and ethical practice in light of possible staffing, medication and equipment shortages are expected from both the state and federal governments. Measures taken may include:
    - Triaging of victims (i.e., the sorting of victims into groups according to their need and resources available) to save as many lives as possible.
    - Expansion of the usual scope of practice standards for health professionals, and identification, credentialing, and facilitating the use of healthcare practitioners who do not normally hold a license within the State of New Hampshire.
    - Modifying the application of the Emergency Medical Treatment and Active Labor Act (EMTALA). EMTALA requires hospital emergency departments (EDs) to provide any individual coming to their premises with a medical screening exam to determine if an emergency condition or active pregnancy labor is present.
- The State will provide guidance describing the level of care expected of healthcare providers working in an ACC and/or NEHC environment during or before an incident.
- The State of New Hampshire will provide clinical guidance and recommendations for prophylaxis administration, when available.
- Per the State of New Hampshire Medical Surge Guidance, each Region will work to obtain and maintain provisions for a minimum of 72 hours of self-sufficiency in all aspects of resources during an emergency.

1.2 Overview of Community Medical Surge System

Community medical surge is defined as the ability of an affected community or region to provide medical care in emergencies that overwhelm routine medical infrastructure.

A Community Medical Surge System (or Modular Emergency Medical System (MEMS)) includes the following components, which are designed to address the needs of the population while relieving stress on the medical system.

Figure 1: Community Medical Surge System: Components and Patient Flows



2. RESPONSE

2.1 Activation of the Community Medical Surge System

The ACC and/or NEHC may be activated under two different scenarios:

1. In response to a recommendation from the NH DHHS, through the State of NH Emergency Operations Center (EOC), when the Governor has issued a regional or Statewide emergency declaration under RSA 21-P:37 .

2. When the Commissioner of NH DHHS, declares a local, regional or Statewide Public Health Incident under RSA 508.17 (A).

Activation via these two scenarios allows responders to be covered by liability and workman‟s compensation. Depending on the epidemiology of the cause for the declaration of a Public Health Incident or a State of Emergency the ACC and/or NEHC will move into readiness stage or into full operational status.

The region may request declaration of a public health incident and the activation of the system by calling:

- Communicable Disease Control Section, NH DHHS at 271-4496(1-800-852-3345 ext. 4496) during regular business hours and at 271-5300 (1-800-852-3345 ext 5300) after hours.
- Homeland Security and Emergency Management Switchboard: (603) 271-2231 or 800-852-3792

The CACC Incident Commander has the authority and responsibility to open an ACC and/or NEHC, after it has been recommended by the Commissioner of NH DHHS, and as part of comprehensive ESF-8 actions. Once the ACC/NEHC is ready to open, the CACC will inform NH DHHS Incident Command Center (ICC) at 603-271-7523.

2.2 Accessing Resources

When this plan has been activated, facility, staffing and supply resources can be accessed by following instructions described here.

1. Facilities

In order to open an ACC and/or NEHC in one of the previously identified facilities the CACC staff will initiate the following activities:

1. Notify the facility of the need to utilize the facility
2. Contact the identified Command Staff for each facility

(See ACC and NEHC plans for specific contact information)

2. Staffing

In order to staff an ACC and NEHC, the CACC will initiate the following activities:

1. Send a message to all network partners requesting staffing assistance.
2. Send a message to all pre-identified volunteers requesting staffing assistance.
3. If it is an isolated incident, contact NH HSEM to request the NH Medical Strike Team and activate the Northern New England Metropolitan Medical Response System:

   Switchboard: (603) 271-2231 or 800-852-3792

   Fax: (603) 225-7341

3. Supplies

In order to supply an ACC and NEHC the the CACC will initiate the following activities:

1. Access the regional medical surge supplies cache
2. Send a message to all network partners requesting additional supplies as needed.
3. Follow procedures outlined in the MOUs with local vendors and organizations to procure additional supplies. Assign staff to deliver supplies from storage to the ACC and NEHC sites.
4. If it is an isolated incident, contact NH Homeland Security and Emergency Management to request supplies from the Logistics Trailers.

   Switchboard: (603) 271-2231 or 800-852-3792

   Fax: (603) 225-7341

Note that if an event is widespread NH DHHS ICC will determine how logistic trailer supplies will be dispersed.

ACUTE CARE CENTER (ACC)

The ACC will be located at the Merrimack County Nursing Home on the 4th & 5th floors of the J. Kenneth McLeod Building. The nursing home can accommodate up to 136 patients.

The ACC is a community-based healthcare surge facility that provides care to patients normally requiring inpatient medical treatment but not requiring critical care. An ACC acts as a local facility for patients requiring minimal or noncomplex therapies and supportive therapy, including:

- Antibiotic therapy,
- Hydration,
- Bronchodilators,
- Pain management

ACCs will not be designed to manage critical care patients, such as victims requiring artificial ventilation. The ACC is intended to free the acute care hospitals to focus on the treatment of critically ill patients. ACCs enhance hospital-based surge capacity efforts by reducing the volume of low acuity patients receiving treatment in an acute care hospital setting.

Patients will be arriving from the Hospital, NEHC or EMS system where they will be triaged. The triage protocol is as follows, but may vary slightly depending on the incident.

a. **Home (green tag).** Patients who do not require treatment. These patients will receive education and general self-help information and will be discharged or referred to their private physician.
b. **ACC (yellow tag).** Those who require limited medical intervention for stabilization and their condition permits some delay in therapy.
c. **Hospital (red tag).** Patients who need life-saving treatment. These patients have priority for treatment and transportation to Concord Hospital.

➢ Activation

Upon notification from NH DHHS that an ACC needs to be opened in our region the CACC will contact the following:

ACC Command Staff

Position	Primary	Alternate	Alternate
ACC Commander	Scott Hilliard		
Operations Chief	Russell Jones		
Logistics Chief			
Planning Chief			

The ACC Command Staff will then notify the Merrimack County Nursing Home Liaison and Maintenance Supervisor to get access to the facility and begin set-up.

Liaison: Kim Field, Infection Control
Work: 796-3226 Cell: 630-6375 Home: 934-8115 Fax: 796-2880
Email: kfield@mcnhome.net

Maintenance Supervisor: Sid McDonald
Work: 796-3280 Cell: 496-6437 Home: 934-2092 Fax:796-3266
Email: sidmcdonald@mcnhome.net

- **Responsibilities**

The following responsibilities have been agreed upon in advance:

Responsibilities of Facility:

- Make the facility available to CAPHN within 24-48 hours of the request and for the time period being requested.
- Prior to releasing the facility for use, evaluate the premises and secure valuable property not required for center activities, to the extent reasonably possible.
- Attend a walkthrough of facility prior to opening and closing ACC to document condition.
- Allow the use of equipment such as: beds and mattresses
- Provide the following services during operations:
  - Food delivery
  - Environmental services (i.e.: collecting and disposing of waste materials)
  - Facilities (ie: building infrastructure and setup)
- Provide liaison to assist staff in operations

Responsibilities of CAPHN:

- Exercise reasonable care in the conduct of its activities, and replace or reimburse the facility for any food, supplies, or damage to the facility or equipment that may arise in the conduction of the quarantine center.
- Attend a walkthrough of facility prior to opening and closing the ACC to document condition
- Provide and train staff necessary to operate ACC.
- Provide all supplies needed for individuals:
  - Medical equipment
  - Medical supplies
  - Personal Protective equipment (PPE)
  - Medications
  - Toiletries
  - Linens
  - Temporary Signage
- Provide the following services during operations:
  - Medical care

  - Food services
  - Housekeeping services
- Leave the facility in its original condition

3. **Command Structure**

The ACC will operate under the incident command system (ICS) that is compliant with the National Incident Management System (NIMS), in accordance with existing state and local emergency operation plans.

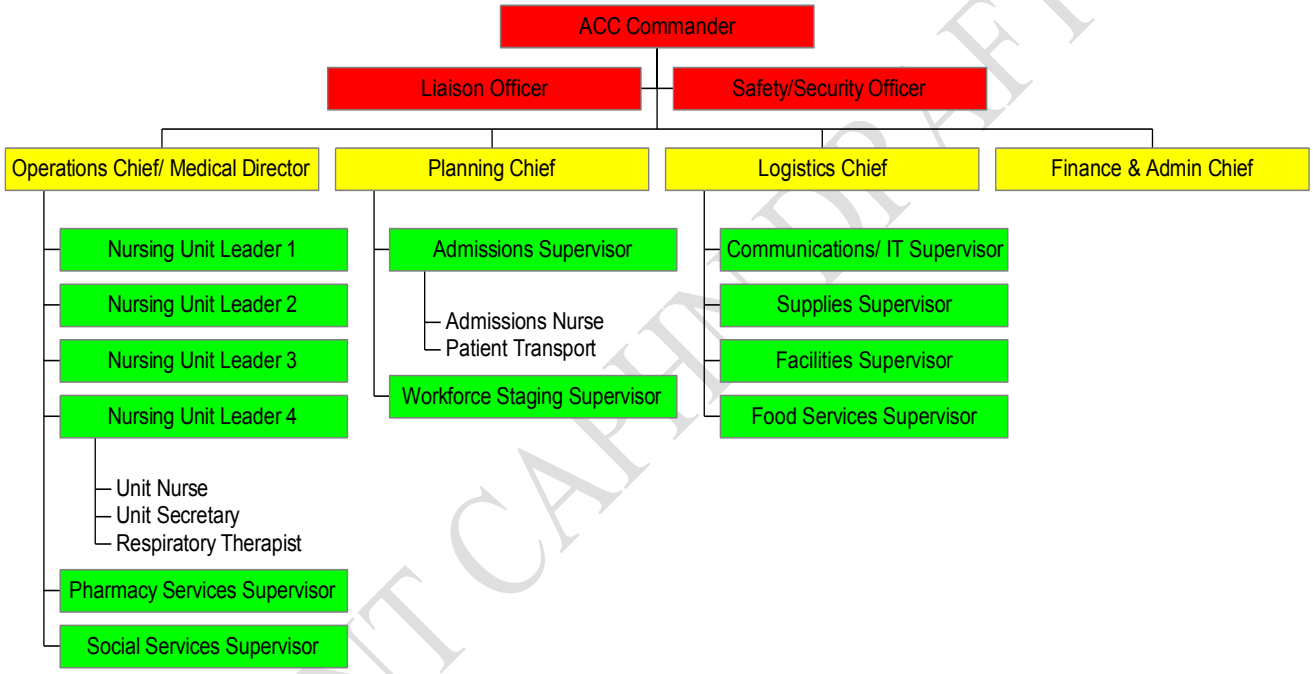


Figure 2. Command Structure for Acute Care Center

3.1 ACC Commander

The ACC will have an *ACC Commander* who will serve as the Incident Commander. The *ACC Commander* is responsible for the command and control functions of the entire ACC. The *ACC Commander's* role is to ensure that the ACC functions at the highest level of efficiency possible with given staff and equipment and to facilitate and manage the flow of information into and out of the ACC.

3.2 Safety/ Security Officer

The *Safety/Security Officer* is responsible for ensuring the safety of staff, patients, and visitors including implementing strict infection control procedures and ensuring sanitary conditions are maintained throughout the facility.
The *Safety/Security Officer* is also responsible for maintaining area security, traffic, and access control.

3.3 Liaison Officer

The *Liaison's* role is to respond to the community concerns that affect the ACC and its mission. Media communications will be the direct responsibility of the *Liaison,* who will establish contact with counterparts of all cooperating agencies and functions as a community representative and point of contact. He/she will coordinate ACC activities with the hospital and NEHC public information efforts. He/she will provide to the Capital Area Coordination Center (CACC) all necessary casualty data, progress reports, and labor pool requests that might be released to the media.

3.4 Planning Chief

The *Planning Chief* is responsible for ensuring that patient and personnel status is kept up to date. The *Planning Chief* directly oversees two functional units*:*

1. Admissions / Registration - Maintains a control register identifying those patients admitted and awareness of nursing staff and bed availability
2. Workforce Staging Maintains staffing logs identifying anyone working at the ACC in any capacity and patient registration, treatment and disposition records.

3.5 Operations Chief

The *Operations Chief* is the Medical Director of the ACC. The *Operations Chief* directly oversees three functional units:

1. Nursing Units – Responsible for delivering patient care on nursing units
2. Pharmacy Services – Responsible for preparation of medications
3. Social Services – Responsible for providing special assistance to accommodate functional, behavioral health and family needs.

3.6 Logistics Chief

The *Logistics Chief* is responsible for all of the services and support needs of the ACC, including obtaining and maintaining the facility, equipment, and supplies. The *Logistics Chief* directly oversees four functional units:

1. Communications/IT –Responsible for maintaining internal and external communications
2. Medical Equipment and Supplies – Responsible for ensuring adequate supplies
3. Facilities – Responsible for setting up facility, housekeeping, maintenance
4. Food Service – Responsible for all food and beverage needs of staff and patients

3.7 Finance & Administration Chief

The *Finance & Administration Chief* is responsible for documenting costs and tracking data. This section is divided into two components:

1. Time – tracking the on site timekeeping of all staff
2. Expenses – tracking all purchases and expenditures

4. Planning

4.1 Patient Tracking and Records

The records of patients transferring to an ACC from an NEHC or hospital should accompany those individuals to the ACC. Information from these records is used to initiate the receiving facility's patient record as well as continue care. A patient tracking record should also be maintained for accountability purposes to record the arrival and departure of all patients presenting to the center.

A system intended to transfer or combine patient tracking records from a variety of sources during an emergency is under development. NH DHHS, in consultation with the Pandemic Planning Coordinating Committee Technology Subcommittee, will review and approve the system to be used by all AHHRs. Until a system such as this is ready for widespread use, paper patient records are appropriate for use.

ACCs must use standardized reporting forms and formats to facilitate the compilation and analysis of information from numerous centers. NH DHHS will supply these forms. Data from these reports is used to make operational decisions on medical logistical support, mobilization, and demobilization operations.

5. Operations

5.1 ACC Design and Set-up

The ACC will be set up for 136 beds. Nursing subunits will be set up on the 4th and 5th floors. Each floor contains two nursing g subunits that can house 34 patients each. When the first nursing subunit is completely set up and staffed, the ACC can begin to accept admissions. As more nursing subunits are completely set up with core staffing and supply resources, admissions can be distributed evenly across the nursing subunits until capacity is reached. The Operations Chief will control the opening and closing of the nursing subunits. See Appendix 3 for floor plan.

5.2 Patient Flow

The public will receive information from the Local/Regional PIO directing them to report to the NEHC for triage rather than to hospitals if ill. Every effort will be made to share this message with other ambulatory care providers in the region. Patients will be transported directly from the NEHC or Concord Hospital to the ACC through ambulances or similar transport. Patients who arrive at the ACC without first being triaged will be redirected to the NEHC.

1. Admission/Registration - As patients arrive, they will be directed to or dropped off at the ACC‟s Admission/Registration area located at the ambulance bay. Tables and equipment will be set up in the hallway outside the ambulance bay. The patients will be rapidly evaluated for placement and categorized by the Admissions Nurse. In-depth evaluations may be done in the housekeeping offices adjacent to the admissions area. The patient will be assigned and transported to a

nursing subunit. The patients will be sent with admission paperwork to be completed in the nursing subunit.

2. Nursing Subunits – There are four nursing subunits of 34 beds each: 5 North & South and 4 North & South. Each subunit has a nursing station, medication room, day room, office, clean utility, kitchenette, and shower facilities. Each floor has a kitchen and cafeteria.

Each patient"s admission orders will be completed by a physician and tailored to meet the patient"s individual needs. The medical clerical personnel will be responsible for processing the physician"s admission orders, while the RN will verify and sign that the orders were implemented. Nurses will complete an admission assessment on every patient and initiate the multidisciplinary plan of care.

3. Discharge – The Social Services staff will be responsible for discharge planning to ensure that those who need assistance at home receive such care. Discharge will include the collection of patient records and referral to any agencies that may be necessary. Patients will be given preprinted discharge instructions to include appropriate barrier precautions, hand washing, waste management, and cleaning and disinfecting the environment and personal care items. Discharges will be coordinated through the Admissions/Registration area for bed control and patient tracking purposes.

4. **Morgue** – A refrigerator truck will be located on the ACC grounds for mass fatality storage. When an individual is pronounced dead, his/her personal data will be recorded and filed for tracking purposes. The remains will be tagged, and the nursing personnel will discard all clothing belonging to the deceased before the body reaches the refrigerator truck.

5.3 Provisions for Special Needs

1. Behavioral Health Services - A behavioral health team will be available for counseling. Individuals identified as needing behavioral health assistance at intake will be referred to Behavioral Health staff. Hospice volunteers will also be available for terminal patients.

2. Functional Needs - The ACC will provide additional assistance to special needs populations. The facilities are ADA compliant and have designated routes for people who require additional assistance. The Capital Area has identified a list of special populations currently within the region"s area of responsibility. (See Appendix *C of PHERP – Special Populations)

3. Family Members – The lobby will be used as the waiting area for family members of patients. Every effort will be made to allow patient visits. There will be a phone set up on each subunit for patients to make and receive phone calls.

Position	Number	Qualifications
ACC Commander	1	NIMS/ICS Experience
Safety & Security Officer	1	Law Enforcement
Liaison Officer	1	
Finance/Admin Chief	1	NIMS/ICS Experience
Operations Chief / Medical Director	1	MD/PA/ARNP
Unit Leader	4	RN/LPN/Paramedic
Unit Nurse	16	RN/LPN/Paramedic /LNA/MA/EMT
Unit Secretary	4	
Respiratory Technician	4	RT
Social Services Supervisor	1	Licensed Behavioral Health
Social Services Staff	4	Licensed Behavioral Health
Pharmacy Services Supervisor	1	RPh/PharmD
Planning Chief	1	NIMS/ICS Experience
Admissions Supervisor	1	
Admissions Nurse	1	RN/LPN/Paramedic
Admissions Clerk/Patient Transport	2	
Workforce Staging Supervisor	1	
Logistics Chief	1	NIMS/ICS Experience
Communications/IT Supervisor	1	
Supply Supervisor	1	
Facilities Supervisor	1	
Facilities Staff	4	
Food Services Supervisor	1	
Food Services Staff	4	
Security Staff	4	Law Enforcement
Total	62	

4. Children – Separation of children with their family members will be minimized as much as reasonably possible. All accommodations will be made to keep families together, especially those with children.

5.4 Epidemiological and Public Health Investigation

The Capital Area does not have epidemiological investigation capacity locally. The NH DHHS will perform all epidemiological investigation. The Capital Area will supply DHHS with information on patients at the ACC as requested.

6. Staffing

6.1 Staffing Requirements

ACC Staffing Requirements listed in Table 1 represent the ideal staffing model, but can be adjusted for staffing shortages.

Table 1. ACC Staffing Requirements per 12-hour shift

6.2 Volunteers

Volunteers will be utilized to staff the ACC. A Volunteer Management plan has been developed to address all aspects of volunteering including: expectations, recruiting, activation/notification, training/orientation, record keeping, spontaneous volunteers, and volunteers" needs. (**See Annex D** of PHERP- Volunteer Management Plan)

6.3 Just-In-Time Training

Just in time training provides all the orientation and background information necessary for staff members to effectively operate within the ACC organization. All staff members will receive training on the mission of the ACC, site orientation, standard operating procedures, and responsibilities of each member of the ACC.

Job action sheets are straightforward job description checklists outlining critical activities for a specific job position. (**See Appendix 2** – Job Action Sheets)

6.4 Personal Protection Measures

Standard precautions will be followed at the ACC. Depending on the type of public health event and disease threat, the level of protection could be elevated. NH DHHS will issue guidance on the proper level of precautions. All staff will be provided with appropriate protection from exposure.

6.5 Staff Support Services

Staff will have a designated area away from the operations for breaks and/or lodging. They will also have access to behavioral health and food services. Staff will park in _____Lot. Staff and volunteers will enter through the main entrance. Staff sign-in will be held in the 4th Floor Kiosk. The Kiosk and Day Room across the hall will be used for Staff breaks, training, and meals. Phones will be available in the Day Room to use to call home.

7. Logistics

7.1 Security

The Merrimack County Sheriff"s Dept will have authority over the security of the ACC. Police Departments from area municipalities will provide supplemental assistance. The ACC will be secured by 24-hour coverage throughout the entire operation.

7.2 Communications

A command center will be established as the hub of administrative activity in the facility and will be located in the 5th Floor Day Room The command center will maintain an activity log that documents all activities, including bed status reports, operational problems, and similar issues.

1. Internal –All unit directors and supervisors will be given 2-way radios to use for internal communication following the established chain of command.
2. External – The command center will have at least one dedicated fax and phone line to send and receive information to the CACC and transportation units. Additional phones will be set up in common areas for patients to contact their families.

7.3 Supplies

1. Medical Equipment and Supplies – A regional cache of supplies has been purchased based on the recommendations from DHHS. The supplies are stored in the locked supply cage in the basement of the Kenneth McLeod building outside the ambulance bay. The Sheriff"s Dept and Nursing Home will have keys for the supply cage. The CACC will be notified if additional supplies are needed.
2. Logistical Trailers - NH Homeland Security and Emergency Management has strategically deployed twelve logistics trailers around the State to provide basic medical and other supplies to support public health emergencies and other types of large-scale or long-term incidents. Police, fire, emergency medical services or other first responders, municipalities, hospitals or clinics may request the trailers when needed. The trailer for our region is located at the Manor Fire Station in Penacook at 46 Village St. To request the trailer contact Concord Fire Dispatch at 225-3355.
3. Pharmacological and Therapeutic Drugs and Agents Recommended for ACC

   The New Hampshire DHHS will provide guidance as to the appropriate pharmaceuticals for use in an ACC. DHHS will develop policies to guide the AHRs purchase and storage of pharmaceuticals. Each unit has a locked med room behind the nurse"s station that can be used to store medications. Patients will be asked to supply their own long-term medication, which will be locked individually in the med room.
4. Provision of Oxygen

   Oxygen **will not** be provided at this facility. Patients needing oxygen will be transferred to the hospital, contingent on bed availability.

7.4 Facilities

1. Parking and Access – The Admissions/Registration area is located on the ground floor and close to the ambulance entrance for ease of patient access. Parking will be as close to the entrance as possible, well lit and clearly delineated for patients, their relatives and staff.

2. Housekeeping – The Facilities Supervisor will establish policies for the routine care, cleaning and disinfection of environmental surfaces, beds, bedside equipment, and other frequently touched surfaces and equipment. Standard precautions will be followed unless a higher level of precaution is indicated. Biohazard bags and sharps containers will be made available for disposal of medical waste. Disposable linens will be used to minimize contamination.
3. Maintenance - A representative with working knowledge of the facility will be available during set-up and throughout each shift. He/she will be familiar with all physical operations of the facility, specifically the temperature control, ventilation and refrigeration. The facility has backup power from a generator. All red outlets are wired into the generator.

7.5 Food Service

The Merrimack County Nursing home will provide food and beverages for staff and patients. ACC staff will be responsible for delivery to staff and patients. The kiosks on the 4th and 5th floors will be available for food delivery and storage.

7.6 Transportation

A detailed transportation plan will be developed for transporting patients to and from the ACC.

The following vans/ambulances have been identified to support transfer of patients to and from facilities.

- Concord Hospital:
- Merrimack County Sheriff's Dept: 1 van

8. Finance and Administration

Time keeping, procurement, and cost accounting are the primary functional activities of this section. This section will make available and manage all paperwork generated at the ACC. This section is responsible for managing records related to client registration, treatment, and disposition of records

All staff and volunteer time must be accurately recorded in order to receive state and federal reimbursement.

9. Deactivation of ACC

NH DHHS will recommend to the CACC that the ACC be closed. The CACC Incident Commander will notify the ACC Commander to begin closing the ACC. The ACC Commander will work with ACC Section Chiefs to restore the ACC facility to pre-activation levels and normal operations.

NEIGHBORHOOD EMERGENCY HELP CENTER (NEHC)

The NEHC provides basic medical evaluation and triage for people seeking aid, and self-help information and instruction. It will direct casualties and „worried well" away from emergency departments, allowing the hospital to remain open.

1. Activation

Upon notification from NH DHHS that the NEHC needs to be opened in our region the CACC will contact the following:

NEHC Command Staff

Position	Primary	Alternate	Alternate
Incident Commander			
Operations Chief			
Logistics Chief			
Planning Chief			

The NEHC Command Staff will then notify the NHTI Liaison to get access to the facility and begin set-up.

Liaison: Anne Breen, Director of Security
Work: 271-3287
Email: abreen@nhctc.edu

2. Command Structure

The NEHC will operate under the incident command system (ICS) that is compliant with the National Incident Management System (NIMS), in accordance with existing state and local emergency operation plans.

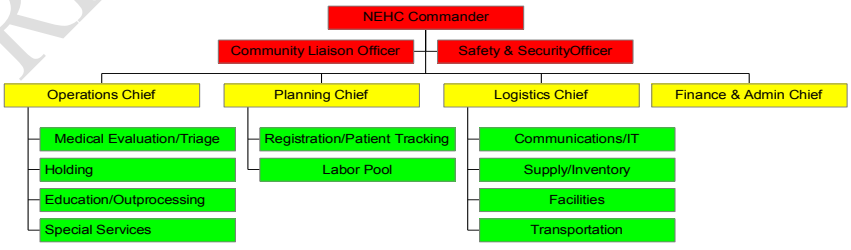


Figure 3. Command Structure for Neighborhood Emergency Help Center

2.1 NEHC Commander

The NEHC will have an *NEHC Commander* who will serve as the Incident Commander. The *NEHC Commander* is responsible for the command and control functions of the entire NEHC. The *NEHC Commander's* role is to ensure that the NEHC functions at the highest level of efficiency possible with given staff and equipment and to facilitate and manage the flow of information into and out of the NEHC.

2.2 Safety and Security Officer

The *Safety/Security Officer* is responsible for ensuring the safety of staff, patients, and visitors including implementing strict infection control procedures and ensuring sanitary conditions are maintained throughout the facility.
The *Safety/Security Officer* is also responsible for maintaining area security, traffic, and access control.

2.3 Community Liaison Officer

The *Community Liaison's* role is to respond to the community concerns that affect the NEHC and its mission. Media communications will be the direct responsibility of the *Community Liaison,* who will establish contact with counterparts of all cooperating agencies and functions as a community representative and point of contact. He/she will coordinate NEHC activities with the hospital and ACC public information efforts. He/she will provide to the Capital Area Coordination Center (CACC) all necessary casualty data, progress reports, and labor pool requests that might be released to the media.

2.4 Planning Chief

The *Planning Chief* is responsible for ensuring that patient and personnel status is kept up to date. The *Planning Chief* directly oversees two functional units*:*

1. Registration / Patient Tracking- Maintains a control register identifying those patients admitted

2. Labor Pool – Maintains staffing logs identifying anyone working at the NEHC in any capacity and patient registration, treatment and disposition records.

2.5 Operations Chief

The *Operations Chief* is responsible for all functions related to patient care given at the NEHC. The *Operations Chief* directly oversees four functional units:

1. Medical Evaluation / Triage – Responsible for conducting assessment of patients to determine level of care needed.
2. Holding – Responsible for monitoring patients while waiting for transfer to ACC or hospital.
3. Education/Out processing – Responsible for coordinating patient education and take home information
4. Special Services – Responsible for providing special assistance to accommodate functional, behavioral health and family needs.

2.6 Logistics Chief

The *Logistics Chief* is responsible for all of the services and support needs of the NEHC, including obtaining and maintaining the facility, equipment, and supplies. The *Logistics Chief* directly oversees four functional units:

1. Communications/IT –Responsible for maintaining internal and external communications
2. Medical Equipment and Supplies – Responsible for ensuring adequate supplies
3. Facilities – Responsible for setting up facility, housekeeping, maintenance
4. Transportation – Responsible for coordinating transportation to and from facility

2.7 Finance & Administration Chief

The *Finance & Administration Chief* is responsible for documenting costs and tracking data. This section is divided into two components:

1. Time – tracking the on site timekeeping of all staff
2. Expenses – tracking all purchases and expenditures

3. Planning

3.1 Patient Tracking and Records

Individual patient information is captured on a patient record. This document should accompany patients throughout the NEHC process. The records of patients discharged home are collected as they out-process the center. These records should be maintained at the center and used to generate data critical to the epidemiological investigation of the event. The records of patients transferring to a hospital or ACC should accompany those individuals to the next level of care. Information from these records is used to initiate the receiving facility's patient record as well as continue care. A patient tracking record should also be maintained for accountability purposes to record the arrival and departure of all patients presenting to the center.

A system intended to transfer or combine patient tracking records from a variety of sources during an emergency is under development. NH DHHS, in consultation with the Pandemic Planning Coordinating Committee Technology Subcommittee, will review and approve the system to be used by all AHHRs. Until a system such as this is ready for widespread use, paper patient records are appropriate for use.

The NEHC generates situation/status reports reflecting patient and staffing activity as well as material and personnel accountability. Emergency planners must pre-establish specific reporting processes. NEHCs must use standardized reporting forms and formats to facilitate the compilation and analysis of information from numerous centers. NH DHHS will supply these forms. Data from these reports is used to make operational decisions on medical logistical support, mobilization, and demobilization operations.

4. Operations

NEHC Set up

Upon notification from the CACC Incident Commander, the *NEHC Commander* will contact the Planning Chief and Logistics Chief to coordinate the opening of the NEHC. The Logistics Chief will contact the appropriate personnel to begin setting up. Non-medical supplies not available on-site will be requested from approved vendors unless the state trailers are requested and approved. The NEHC Commander will work with all section chiefs and the CACC to determine sources and availability of medical supplies. The CACC will make the formal request to the NH DHHS ICC at 271-7523 for medical supplies not available in the Region. Ideally the NEHC would be set-up within 12 hours of the initial approval to open, and could be open to the public within 24 hours.

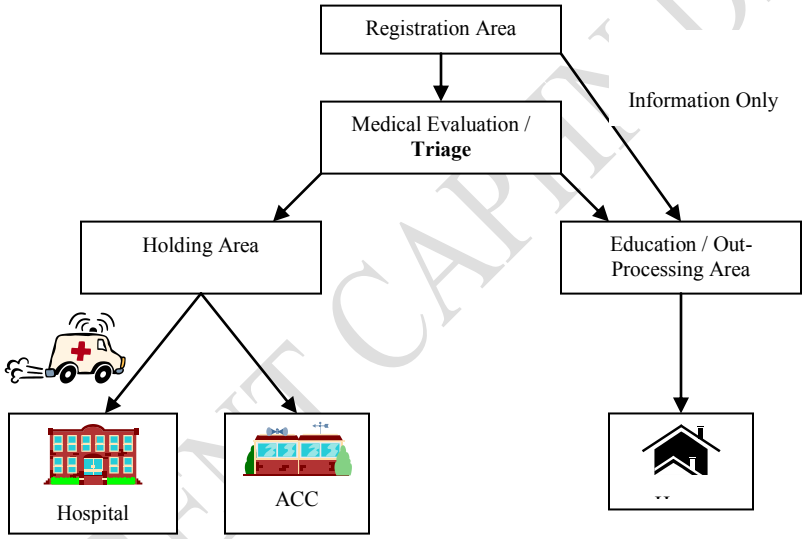


Figure 4. NEHC Patient flow diagram

a. Patient Flow

Individuals will enter the building through the door in the rear of the gym facing North Hall.

1. Registration Area (In Gym)

   This unit is responsible for initiating the medical recording and victim tracking processes. The unit also provides a sheltered waiting area for patients prior to registration. The unit documents general patient information and establishes a patient record for all patients.

   Once registered patients will be directed to one of two places:

   1. Medical Evaluation/ Triage if patient is ill or
   2. Education/Out-processing area in Auditorium if patient is just looking for information.

2. Medical Evaluation/Triage Area (In Gym)
   This unit conducts a simple clinical evaluation of all patients following registration and records initial assessment findings and vital signs. Patients will be triaged into three groups.
   a. Home (green tag). Patients who do not require treatment. These patients will receive education and general self-help information and will be discharged or referred to their private physician.
   b. ACC (yellow tag). Those who require limited medical intervention for stabilization and their condition permits some delay in therapy. These patients will be sent to the holding area while they await transport to the ACC.
   c. Hospital (red tag). Patients who need life-saving treatment. These patients have priority for treatment and transportation to Concord Hospital.

3. Holding area (In Gym or Student Center lobby)
   This unit is responsible for monitoring patients while they are waiting for transfer to Concord Hospital or the Acute Care Center.

4. Education/Out-Processing Area (In Auditorium)
   This unit is responsible for providing an ample and expeditious clearing process. This unit provides mass patient education and counseling briefings and issues self-help information packets. The unit also collects patient records upon discharge.

4.3 Site Layout

The NEHC will have clearly marked entrance and exit points with adequate waiting space for groups of people seeking triage and information. Security staff will be posted strategically to maintain order. Traffic flow within the NEHC will be controlled and will follow a logical path from entry into the site to exit from the site. A linear path of traffic flow from entry to exit on opposite sides of the facility is optimal. Easy-to-read signs will be provided to guide people through the process. All sites have a clearly defined layout and flow, but include the capability of opening additional stations if necessary. See Appendix 5 for NEHC Floor plan.

4.4 Provisions for Special Needs

1. Behavioral Health Services - A behavioral health team will be available for counseling. Individuals identified, as needing behavioral health assistance at Medical Evaluation/Triage will be referred to the Behavioral Health team.

2. Functional Needs - The NEHC will provide additional assistance to special needs populations. The facilities are ADA compliant and have designated routes for people who require additional assistance. The Capital Area has identified a list of special populations currently within the region‟s area of responsibility. (See Appendix C of PHERP – Special Populations)

5. Staffing

5.1 Staffing Requirements

The staffing requirements for the NEHC are much smaller than the ACC. Assuming the State has provided standardized information for the public, the majority of the staff at the NEHC would not need to have medical training. Six - ten medically trained staff members are required for Medical Evaluation /Triage. The other staff members would be responsible for registration, education and monitoring. In total, the NEHC should have 27 – 36 staff per 12-hour shift:

Position	Number of staff*
Command Staff	7
Registration	3
Medical Evaluation/Triage	6-10 (all clinical)
Holding	2 (1 clinical)
Education/Out-Processing	2-4 (1 clinical)
Behavioral Health	3 - 4 (each 4-6 hr shift)
Staff for hotline	4-6
*The number of staff will depend on the type and size of the emergency.	

5.2 Just-In-Time Training

Just in time training provides all the orientation and background information necessary for staff members to effectively operate within the NEHC organization. All staff members will receive training on the mission of the NEHC, site orientation, standard operating procedures, and responsibilities of each member of the NEHC.

Job action sheets are straightforward job description checklists outlining critical activities for a specific job position. (See Appendix 4 – Job Action Sheets)

5.3 Personal Protection Measures

Standard precautions will be followed at the NEHC. Depending on the type of public health event and disease threat, the level of protection could be elevated. NH DHHS will issue guidance on the proper level of precautions. All staff will be provided with appropriate protection from exposure.

5.4 Staff Support Services

Staff will have a designated area away from the operations for breaks and/or lodging. They will also have access to behavioral health services.

6. Logistics

6.1 Security

The Concord Police Department will have authority over the security of the POD. Police Departments from NHTI Security Dept. will provide supplemental assistance.

Under the direction of the Safety/Security Officer, the NEHC will maintain staff of security guards who are on duty 24/7. Security personnel will be stationed at each entrance to check ID of anyone entering the facility. All staff will be issued badges and will wear vests while in the NEHC.

There will be 6 law enforcement officers assigned to crowd control/security posts. Sworn officers must man these posts.
Post 1: North Side of Sweeney/Wellness Center
Post 2: South Side of Sweeney/Wellness Center
Post 3: Main hallway of Sweeney Center
Post 4: Entrance of gymnasium
Post 5: Exit of gymnasium
Post 6: Auditorium

6.2 Traffic

The public will enter the campus from I-393/Fort Eddy Road. The public will leave campus via Delta Drive to Commercial St.

The Concord General Services Department will have the responsibility for placing message boards, signs and traffic barriers on I-93, I-393, Ft Eddy Rd, Delta Drive, and Commercial St and on campus.

There will be 3 personnel assigned to traffic and parking posts.
Post 1: Fort Eddy Rd by I-393 Eastbound and Westbound ramps
Post 2: College Drive & Institute Drive
Post 3: Assist motorists with parking

6.3 Communications

A command center will be established in the Student Senate Conference Room for the command, control, and administrative activities of the NEHC. This unit conducts the administrative records processing, periodic reporting and external communication, and coordinates patient evacuation and logistic support. The unit also develops and enforces the internal policies and staffing strategies to operate the center, consistent with the guidance provided by the Capital Area Coordination Center (CACC).

1. Internal –All unit directors and supervisors will be given 2-way radios to use for internal communication following the established chain of command.
2. External –The command center will have at least one dedicated fax and phone line to send and receive information to the CACC and transportation units.

6.3 Supplies

1. Medical Equipment and Supplies – A regional cache of supplies has been purchased based on the recommendations from DHHS. The supplies are stored in the supply cage in the basement of the Merrimack County Nursing Home (Kenneth McLeod Building) The CACC will be notified if additional supplies are needed.
2. Logistics Trailers - NH Homeland Security and Emergency Management has strategically deployed twelve logistics trailers around the State to provide basic medical and other supplies to support public health emergencies and other types of large-scale or long-term incidents. Police, fire, emergency medical services or other first responders, municipalities, hospitals or clinics may request the trailers when needed. The trailer for our region is located at the Manor Fire Station in Penacook at 46 Village St. To request the trailer contact Concord Fire Dispatch at 225-3355.
3. Pharmacological and Therapeutic Drugs and Agents Recommended - The NH DHHS will provide guidance as to the appropriate pharmaceuticals for use in an NEHC, and will provide dosing and patient education forms. Prescriptions must be maintained per Food and Drug Administration Regulations..

6.4 Facilities

1. Parking and Access –Individuals will be directed to park in the large lot on Institute Drive.
2. Housekeeping –Standard precautions will be followed unless a higher level of precaution is indicated. Biohazard bags and sharps containers will be made available for disposal of medical waste.
3. Maintenance - A representative with working knowledge of the facility will be available during set-up and throughout each shift. He/she will be familiar with all physical operations of the facility, specifically the temperature control, ventilation and refrigeration.

6.5 Transportation

A detailed transportation plan will be developed for the NEHC to address transporting medications, supplies, and patients between the ACC, NEHC, and hospital.

7. Finance and Administration

Time keeping, procurement, and cost accounting are the primary functional activities of this section. This section will make available and manage all paperwork generated at the NEHC. This section is responsible for managing records related to client registration, treatment, and disposition of records

All staff and volunteer time must be accurately recorded in order to receive state and federal reimbursement.

8. Deactivation of NEHC

NH DHHS will recommend to the AHHR MACE that the NEHC be closed. The MACE will notify the NEHC Commander to begin closing the NEHC. The *NEHC Commander* will work with NEHC Section Chiefs to restore the NEHC facility to pre-activation levels and normal operations.

Appendix 1. Recommended ACC supply list

Item	Quantity Calculation	Total Needed for 72 hr
Alcohol pads (multiple widespread use)	2-4 Boxes per 24 hours	6-12 boxes
Band-Aids	1 box/day	3
Basins, bath	1 per pt.	50
Bathing supply, prepackaged	50 pts every day	150
Bedpans—regular	1 disposable per pt.	50
Blankets	2 per pt.	100
Catheters, intraosseous module blue (pediatric use)	5/per ACC	5
Cots (have extras available to replace broken equipment)	50/unit plus 2 extra	52
Diapers—adult	10/day	30
Diapers—infant	8/day/infant x 5 infants/day	120
Diapers—pediatric	5/day/ped x 5 peds/day = 25/day	75
Drinking cups (plastic)		NQSR
Facial tissue, individual patient box	1 box/pt/day	150
Gauze pads, non-sterile, 4x4 size,	400/day	1200
Gloves non-sterile, small/medium/large (latex and non latex)	6 boxes/day	1800
Glucometer	2 per ACC	NQSR
Glucometer test strips		NQSR
Goggles/face shields, splash resistant, disposable	96/day	288
Gown, splash resistant, disposable	3/staff/shift = 36/day	108
Intermittent IV access device (lock)	50 pts initially (first day) then 10%	60
IV catheters, 18g with protectocath guard	40% of pts req IVs	20
IV catheters, 20g with protectocath guard	40% of pts req IVs	20
IV catheters, 22g with protectocath guard	10% of pts req IVs	5
IV catheters, 24g with protectocath guard	10% of pts req	5
IV fluid bags, D5 1/2NS, 1000cc (required by 40% of patients)	(50% of pts(25)/day x 3L/9t)x	225 Liters
IV fluid bags, NS, 1000cc (required by 60% of patients)	(50% of pts(25)/day x 3L/pt)x	225 Liters
IV Poles	50	25
IV start kits	Same # as intermittent access device	60
IV tubing w/ Buretrol drip set for peds	10% peds/wk	12
IV tubing w/ standard macrodrip for adults	Same # as intermittent	60
Linens (sheets, pillowcases, towels, washcloths)	100 sets	300
Lubricant, Water soluble		NQSR
Mask, N95, for staff (particulate respirator)	36/day	108
Medicine cups, 30ml, plastic	2/pt/day = 100/day	300
Morgue Kits (~800 deaths in PanFlu calc per NH plan)	Tularemia: 15pt/day mortality	~45
Needles, Butterfly, 23g	10% peds/wk	12

Needles, Butterfly, 25g	10% ped/wk	12
Needles, sterile 18g	1 box/day	3
Needles, sterile 21g	1 box/day	3
Needles, sterile 25g	1 box/day	3
OB Kits		1
Paper Towels	25 rolls/day	75
Pen lights	1 pack of 12/wk	12
Povidone-iodine bottles, 12 oz	6/wk	6
Probe covers for thermometers	4 covers/pt/day (200/day)	600
02 sat monitor	Need for O2 Sat only	2
BP cuff sleeves, disposable	1/pt	50
Restraints, Extremity, soft—adult	If 10% pts. mentation issue	5
Sharps disposal containers—2 gallon	2-4/wk/unit	2
Sheets, disposable, paper, for stretchers & cots	100/day	300
Single Use Shielded Lancets	25/day	75
Stethoscopes	12/ACC	12
Syringes, 10cc, luer lock	4 boxes/wk (100 ct box)	2 boxes
Syringes, 3cc, luer lock, w/ 21g 1.5" needle	200/day	600
(needles)		
Syringes, catheter tip 60cc		NQSR
Syringes, Insulin	4/day	12
Syringes, TB	2/day	6
Tape, silk—1 inch	12/day	36
Tape, silk—2 inch	6/day	18
Tongue depressor		NQSR
Urinals	50% pt. population (estimate)	25
Washcloths, disposable	2 per pt./day (100/day)	300
Water container, 1 gallon potable	150/ACC	150
Water, bottled 1 liter (for mixing ORT)	1/patient	150
Oxygen Concentrator	1 per 10 pts.	5
Oxygen - Nasal Cannulas	1 per pt.	50
Oxygen - Masks (simple face mask)	est. 1 per pt. average	50
Oxygen - Nebulizer Setup	est. 1 per pt. average	50
Oxygen tubing, connectors, tree's, etc.	variable assortment per 50 pt. ACC	
AED's	1 per ACC	800

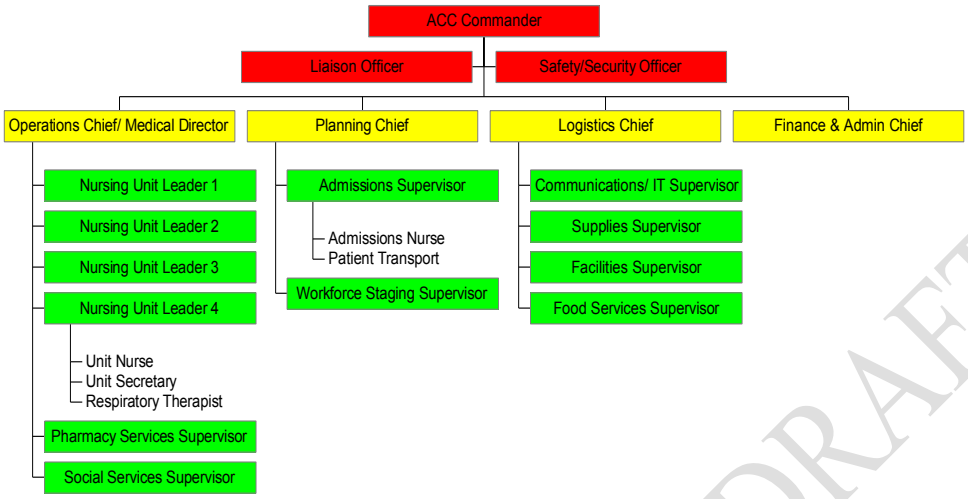
Patient Care Needs - Items to Purchase if Funding Allows		
Item	**Quantity Calculation**	**Total Needed for 72 hr**
ABD bandage pads, sterile	10% of pts/day, 5 pads/day = 25 pads/day	75
Chux protective pads (many uses)	3/pt q3hrs = 24 chux/pt/day x 50 pts + 1200/day	3600
Emesis basins	100/wk	43

Feeding tubes, pediatric—5 French	10/wk	4
Feeding tubes, pediatric—8 French	10/wk	4
Foley Catheters—16F Kits (includes drainage bag)	>50% of pts wk	75
Gown, patient (disposable)	75/day	225
Hand cleaner, waterless alcohol-based	1 per handwash station/day	5
Mask, 3M 1800 for patient	150/day	450
Nasogastric tubes—18F (10% population)	10% pt. population (5) estimate	155
Saline for injection 10cc bottle	50 bottles/day	150
Sanitary pads (OB pads)	2 women/wk; 10 pads/day	50
Tubex™ pre-filled syringe holders	1 per staff member plus	15

Administrative and Other Equipment Needs		
Gray lines = Trailer contains adequate supply for 50 patients for 72 hours		
NQSR = No Quanitity Specified in Recommendation		
Item	**Quantity Calculation**	**Price per monthly need**
Admission history & physical forms (include area for Nrsg Hx)		100.00
Batteries—9V		259.00
Batteries—AA		73.90
Batteries—C		265.80
Batteries—D		259.00
Black permanent markers		39.90
Blank physician order forms		175.00
Carafes—1 liter (for variety of uses)	30/day	450.00
Cart, housekeeping, with supplies	1	-
Cart, pharmacy	2	200.00
Cart, supply	3/unit (1 for IVs;1 for Pt.)	150.00
Chairs for staff	8	-
Chalk		1.54
Chalk or white boards		50.00
Chartholders/Clip boards		77.50
Curtains, one-panel, wheeled	25 (every other bed)	-
Curtains, three-panel, wheeled	25	6,250.00
Death certificates/Death packets		25.00
Desks for staff	6	-
Dry-erase markers		4.99
Fax Machine	1	-
File Folders—letter size, variety of colors		13.95
Filing cabinets—rolling		-

Fit Testing Kit (NIOSH/OSHA compliant)	1 per ACC	150.00
Flashlights		27.38
Floor lamps		-
Generic sign-in, sign-out forms		100.00
Internet access	1	-
Lightbulbs		-
Multidisciplinary progress notes		100.00
Namebands for Identification and Allergies		100.00
Nursing flowsheets		100.00
Paper clips		-
Paper punch (3- or 5-hole based on chart holders)		-
Patient Commodes	4	-
Pens—Black ballpoint		4.90
Pens—Red ballpoint		4.90
Plain paper		30.00
Plastic bags for patient valuables		10.00
Pre-printed admission Order forms		100.00
Refrigerators for food and medication	3	-
Stapler		-
Staples		-
Stretchers	2	950.00
Table lamps		-
Tape		8.00
Tape dispenser		1.50
Telephones and phone lines	5	-
Time cards		-
Toilet Paper	25 rolls/day	37.50
Trashcans and liners		30.00
Treatment Carts	2	-
Washing Machine	1	-
Wheelchairs	2	750.00
Yellow highlighter markers		3.68

Appendix 2: Acute Care Center Job Action Sheets



Position	Number	Qualifications

ACC Commander	1	NIMS/ICS Experience
Safety & Security Officer	1	Law Enforcement
Liaison Officer	1	
Finance/Admin Chief	1	NIMS/ICS Experience
Operations Chief / Medical Director	1	MD/PA/ARNP
Unit Leader	4	RN/LPN/Paramedic
Unit Nurse	16	RN/LPN/Paramedic /LNA/MA/EMT
Unit Secretary	4	
Respiratory Technician	4	RT
Social Services Supervisor	1	Licensed Behavioral Health
Social Services Staff	4	Licensed Behavioral Health
Pharmacy Services Supervisor	1	RPh/PharmD
Planning Chief	1	NIMS/ICS Experience
Admissions Supervisor	1	
Admissions Nurse	1	RN/LPN/Paramedic
Admissions Clerk/Patient Transport	2	
Workforce Staging Supervisor	1	
Logistics Chief	1	NIMS/ICS Experience
Communications/IT Supervisor	1	
Supply Supervisor	1	
Facilities Supervisor	1	
Facilities Staff	4	Maintenance and Housekeeping staff
Food Services Supervisor	1	
Food Services Staff	4	
Security Staff	4	Law Enforcement
Total	62	

ACC COMMANDER

Mission: Organize and direct the establishment, staffing, and operations of the Acute Care Center (ACC). Manage and supervise the day-to-day operations of the ACC in accordance with predetermined policies.

Immediate:

- Initiate the ACC Emergency Incident Command System by assuming role of ACC Commander.
- Appoint all Section Chiefs and distribute the section packets that contain the following:
  - Job Action Sheets for each position
  - Forms pertinent to section and positions
- Meet with all Section Chiefs and critical staff. Direct each section chief to establish his/her section according to procedures established in this document and under the direction of the ACC Commander.
- Establish the ACC Command Center.

- Establish communications with the community‟s Emergency Operations Center (EOC), the Casualty Relocation Unit (CRU), and the Concord Hospital‟s Medical Command Center (MCC).
- Assign a Documentation Recorder/Aide.
- Announce a schedule of status/Action Plan meetings of all Section Chiefs and Unit Leaders.
- Receive status reports and discuss an initial Action Plan with Section Chiefs and Unit Leaders as the ACC is physically established. Determine appropriate level of service to be provided in the ACC based on planning guidance from the MCC.
- Obtain patient census and status from MCC Planning Section Chief.
- Emphasize the necessity of proactive actions from the Command Center and the Functional Units within the Planning Section. Call for a hospital-wide projection report for 4, 8, 24, and 48 hours from time of initial opening of the ACC. Adjust projections as necessary.
- Coordinate with the Operations Chief to authorize a patient prioritization assessment to allow for designating appropriate early discharge if additional beds are needed.
- Ensure that contact and resource information has been established with outside agencies through the Liaison Officer.

Intermediate

- Authorize resources as needed or requested by Section Chiefs.
- Establish routine briefings with Section Chiefs to receive status reports and update the Action Plan regarding the continuance and termination of the Action Plan.
- Communicate status of the ACC (e.g. bed availability, staffing, etc.) to Concord Hospital and the MCC.
- Consult with Section Chiefs on needs for staff, physician, and volunteer responder food and shelter. Consider needs for dependents. Authorize plan of action.

Extended

- Approve media releases submitted by _____.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

SAFETY & SECURITY OFFICER

You Report To: ACC Commander

Mission: Monitor and have authority over the safety of patients and staff in the ACC. Organize and enforce facility protection and traffic security.

Immediate:

- ❑ Obtain a briefing from the ACC Commander.
- ❑ Implement the facility"s disaster plan emergency lockdown policy and personnel identification policy.
- ❑ Establish Security Command Post.
- ❑ Remove unauthorized persons from restricted areas.
- ❑ Establish ambulance entry and exit routes in cooperation with Transportation Supervisor
- ❑ Secure the Command Center, Admissions Area, patient care units, morgue, and other sensitive or strategic areas from unauthorized access.

Intermediate:

- ❑ Keep Security staff alert to identify and report all hazards and unsafe conditions.
- ❑ Secure areas where patients are evacuated to and from, to limit unauthorized personnel access.
- ❑ Initiate contact with fire and police agencies through the Liaison Officer, when necessary.
- ❑ Attend assessment meeting with ACC Commander.
- ❑ Advise the ACC Commander and Section Chiefs immediately of any unsafe, hazardous, or security-related conditions.
- ❑ Assist Labor Pool and patient care area supervisors with the process of credentialing and screening volunteers. Prepare to manage large numbers of potential volunteers.
- ❑ Confer with Liaison Officer to establish areas for media personnel.
- ❑ Establish routine briefings with ACC Commander.
- ❑ Provide vehicular and pedestrian traffic control.
- ❑ Secure food, water, and medical resources for staff.
- ❑ Inform Security staff to document all actions and observations.

Extended:

- ❑ Establish routine briefings with Security staff.
- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Ensure scheduled breaks and relief for staff.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.
- ❑ Other concerns:

LIAISON OFFICER

You Report To: ACC Commander

Mission: Function as incident contact person for representatives from other agencies.

Immediate:

- Obtain briefing from ACC Commander.
- Review county and municipal emergency organizational charts to determine appropriate contacts and message routing.
- Attend assessment meeting with ACC Commander.
- Obtain information to provide to Concord Hospital, NEHC, and Capital Area Coordination center (CACC) as appropriate, upon request.
- The following information should be gathered for relay:
    - The number of patients that can be received and treated immediately (patient care capacity) in the ACC.
    - Any current or anticipated shortage of personnel, supplies, etc.
    - Current condition of facility and utilities (ACC's overall status).
    - Number of patients to be transferred by wheelchair or stretcher to the hospital.
    - Any resources requested by other facilities (i.e., staff, equipment, supplies).
- Establish communication with Concord Hospital, NEHC and CACC. Relay current ACC status.
- Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal EOC). Keep governmental Liaison Officers updated on changes in and development of ACC.

Intermediate:

- Request assistance and information as needed through the CACC.
- Respond to requests and complaints from incident personnel regarding inter-organization problems.
- Relay any special information obtained to appropriate personnel in the receiving facility

Extended:

- Assist the Operations Chief and Workforce Staging Supervisor in soliciting physicians and other ACC personnel.
- Inventory any material resources that may be sent upon official request.
- Supply casualty data to the appropriate authorities; to include:
    - Number of casualties received and types of injuries treated
    - Number admitted and number discharged to home or other facilities
    - Number dead
    - Individual casualty data: name or physical description, sex, age, address, seriousness of injury or condition

OPERATIONS CHIEF

You Report To: ACC Commander
Reporting to You: Unit Leaders (4), Pharmacy Services Supervisor, Social Services Supervisor

Mission: Serve as Operations Chief of the ACC. Organize and direct the overall delivery of medical care in all areas of the ACC.

Immediate:

- Meet with ACC Administrator and Section Chiefs for briefing and development of an initial action plan. Establish time for follow-up meetings.
- Brief Unit Leaders on current status.
    - Discuss medical care needs, staffing, and material needs in all patient care areas.
    - Designate time for follow-up meeting.
- Establish two-way communication (radio or runner) with Admissions Supervisor and Staff.
- Sign standing orders issued by NH DHHS
- Oversee establishment of patient care areas

Intermediate:

- Meet regularly with Admissions Supervisor and Staff to assess current and project future patient care conditions.
- Receive, coordinate, and forward requests for personnel and supplies to the Logistics & Planning Chiefs
- Assess problems and treatment needs in each area; coordinate the staffing and supplies for each area to meet needs.
- Brief ACC Commander routinely on the status/quality of medical care.
- Contact the Safety & Security Director for any security needs.
- Provide medical direction to assist with patient priority assessment to designate those eligible for early discharge.

Extended:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for section staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

UNIT LEADER

You Report To: Operations Chief
Reporting to You: Unit Staff (Unit Nurses, Respiratory Therapist, Unit Secretary)

Mission: Ensure treatment of patients and manage the unit.

Immediate:

- ❑ Receive briefing from Operations Chief
- ❑ Brief Unit Staff on current status. Designate time for follow-up meeting.
- ❑ Set up patient care unit. Assist establishment of patient care areas in new locations if necessary.
- ❑ Assess problems and treatment needs in each area; coordinate the staffing and supplies for each area to meet needs.
- ❑ Meet with Operations Chief to discuss medical care plan of action and staffing on unit.
- ❑ Assign patients to Unit Staff.
- ❑ Receive, coordinate, and forward requests for personnel and supplies to the Workforce Staging Supervisor, Operations Chief, and SupplySupervisor.

Intermediate:

- ❑ Contact the Safety & Security Director for any security needs. Advise the Operations Chief of any actions/requests.
- ❑ Report equipment needs to SupplySupervisor.
- ❑ Establish two-way communication (radio or runner) with Operations Chief

Extended:

- ❑ Assess environmental services (housekeeping) needs on unit.
- ❑ Assist Liaison Officer in obtaining information.
- ❑ Report frequently and routinely to Operations Chief to keep him/her apprised of situation.
- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Ensure scheduled breaks and relief for unit staff.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.
- ❑ Other concerns:

UNIT NURSE

You Report To: Unit Leader

Mission: Responsible for nursing care of assigned patients, including assessment planning, treatment, and evaluation.

Immediate:

- Receive briefing from Unit Leader. Get patient assignment.
- Assist Unit Leader and Operations Chief with exams if necessary.
- Perform all activities essential for the provision of quality care
    - Initial patient contact, screening & assessment
    - Monitor vital signs, intake & outputs
    - Administer medications
    - Provide follow-up instructions
- Coordinate patient care with respiratory therapist and social services
- Document all care given

Intermediate:

- Contact Safety & Security Officer with security needs.

Extended:

- Keep Unit Leader apprised of status.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

RESPIRATORY THERAPIST

You Report To: Unit Leader

Mission: Oversee the pulmonary care of patients on the unit. Manage the logistics of oxygen delivery if used on unit.

Immediate:

- Receive briefing from Unit Leader.
- Oversee the pulmonary care of patients on the unit
- Manage the logistics of oxygen delivery if used on unit.

Intermediate:

- Contact Safety & Security Officer with security needs.

Extended:

- Keep Unit Leader apprised of status.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

UNIT SECRETARY

You Report To: Unit Leader

Mission: Maintain patient records on unit and provide administrative assistance to unit staff.

Immediate:

- Receive briefing from Unit Leader.
- Maintain a patient unit log
- Manage the flow of patients
- Answer telephone
- Manage paperwork and supplies for the unit
- Coordinate patient transport with admissions area

Intermediate:

- Contact Safety & Security Officer with security needs.

Extended:

- Keep Unit Leader apprised of status.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

PHARMACY SUPERVISOR

You Report To: Operations Chief

Mission: Ensure the availability of emergency, incident-specific, pharmaceutical and pharmacy services.

Immediate:

- Receive briefing from Operations Chief with other section Supervisors; develop a subsection action plan.
- Assign pharmacist to patient care areas, when appropriate.
- Inventory most commonly used pharmaceutical items and provide for the continual update of this inventory.
- Identify any inventories that might be transferred upon request to another facility and communicate list to the Operations Chief.

Intermediate:

- Communicate with the SupplySupervisor to ensure a smooth method of requisitioning and delivery of pharmaceutical inventories within the ACC.

Extended:

- Provide for routine meetings with Operations Chief.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

SOCIAL SERVICES SUPERVISOR & STAFF

You Report To: Operations Chief

Mission: Ensure the availability of social service needs, victim assistance activities, referral, translator services and childcare needs.

Staff

Immediate:

- Provide an area separate from patient care areas for family members and visitors to sit and relax
- Observe and monitor patients and staff for signs of fatigue or distress
- Provide behavioral health support, educations and therapeutic interventions as needed
- Assist patients with identified functional needs (i.e.- translation, medical equipment, religious observance)
- Assist patient with resources necessary at discharge

General Duties:

- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

Supervisor

Immediate:

- Receive briefing from Operations Chief with other section Supervisors; develop a subsection action plan
- Coordinate behavioral health & social services
- Coordinate translator services
- Coordinate at home needs at discharge

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

PLANNING CHIEF

You Report To: ACC Commander
Reporting to You: Admissions Supervisor, Workforce Staging Supervisor

Mission: Organize and direct all aspects of Records/Planning Section operations. Ensure the distribution of critical information and data. Compile scenario and resource projections from all section chiefs and effect long-range planning. Document and distribute facility Action Plan.

Immediate:

- Attend briefing with ACC Commander and other Section Chiefs.
- Brief Supervisors after meeting with ACC Commander.
- Provide for a Records/Planning Center.
- Ensure the formulation and documentation of an incident-specific facility Action Plan. Distribute copies to ACC Commander and all Section Chiefs.
- Call for projection reports (Action Plan) from all Supervisors and Section Chiefs for Scenarios 4, 8, 24, and 48 hours from time of facility opening.
- Adjust time for receiving projection reports as necessary.
- Appoint individual to document/update status reports from all Section Chiefs and Supervisors for use in decision-making

Intermediate:

- Obtain briefings and updates as appropriate. Continue to update and distribute the facility Action Plan.
- Schedule planning meetings to include Records/Planning Supervisors
- Brief other Section Chiefs and the ACC Commander on continued update of the facility Action Plan.

Extended:

- Continue to receive projected activity reports from Section Chiefs and Planning Supervisors at appropriate intervals.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for section staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

ADMISSIONS SUPERVISOR

You Report To: Planning Chief
Reporting to You: Admissions Nurse, Admissions Clerk/Patient Transport

Mission: Register and sort patients according to priority of illness and ensure their disposition to the proper patient care area.

Immediate:

- ❑ Receive briefing from Planning Chief.
- ❑ Establish patient admissions and ambulance off-loading area.
- ❑ Ensure sufficient transport equipment and personnel for the admissions area.
- ❑ Assess problem, triage-treatment needs relative to incident.
- ❑ Assist the Operations Chief with triage of internal ACC patients, if requested.
- ❑ Develop Action Plan and request needed resources from the Planning Chief.

Intermediate:

- ❑ Identify location of Units; coordinate with Unit Leaders.
- ❑ Contact Security & Safety Officer of security and traffic flow needs in the admission area. Inform Unit Leaders of action.

Extended:

- ❑ Report emergency care equipment needs to SupplySupervisor.
- ❑ Inform Planning Chief of action.
- ❑ Ensure that the admission forms are used.
- ❑ Keep the Planning Chief apprised of status.
- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Ensure scheduled breaks and relief for staff.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.
- ❑ Other concerns:

ADMISSIONS NURSE

You Report To: Admissions Supervisor

Mission: Sort casualties according to priority of illness and ensure their disposition to the proper unit.

Immediate:

- Receive briefing from Admissions Supervisor.
- Set-up triage area with needed equipment and supplies
- Assess incoming patients to determine medical needs
- Assign patients to appropriate unit

Intermediate:

- Contact Safety & Security Officer with security needs.

Extended:

- Keep Unit Leader apprised of status.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

ADMISSIONS CLERK/PATIENT TRANSPORT

You Report To: Admissions Supervisor

Mission: Transport patients between admissions and units.

Immediate:

- Receive briefing from Admissions Supervisor.
- Pre-stage wheelchairs and gurneys to assist in patient transport
- Assist Admissions Supervisor with registration of patients
- Upon request of Admissions Supervisor transport patient to assigned unit.

Intermediate:

- Contact Safety & Security Officer with security needs.

Extended:

- Keep Admissions Supervisor apprised of status.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns:

WORKFORCE STAGING SUPERVISOR

You Report To: Planning Chief

Mission: Collect and inventory available staff and volunteers at a central point. Receive requests and assign available staff as needed. Maintain adequate numbers of both medical and non-medical personnel. Assist in maintenance of staff morale.

Immediate:

- Obtain briefing from the Planning Chief.
- Establish labor pool area and communicate operational status to Command Center and all patient care and non-patient care areas.
- Inventory the number and classify staff presently available. Use the following classifications and sub-classifications for personnel:
  I. MEDICAL PERSONNEL
    A. Physician (Critical Care, General Care, or Other)
    B. Nurse (Critical Care, General Care, or Other)
    C. Medical Technicians
      1. Patient Care (aides, orderlies, paramedics, EMTs, etc.)
      2. Diagnostic
  II. NONMEDICAL PERSONNEL
    A. Engineering/Maintenance/Materials Management
    B. Housekeeping and Food Services
    C. Business/Financial
    D. Clerks
    E. Communication Personnel
    F. Other
- Establish a registration and credentialing desk for volunteers not employed or associated with the corresponding hospital.
- Obtain assistance from Safety & Security Officer in screening and identifying volunteer staff.
- Meet with Unit Leaders and all other Section Chiefs to coordinate long-term staffing needs.

Intermediate:

- Maintain log of all assignments.
- Maintain a message center in labor pool area.

Extended:

- Brief Planning Chief as frequently as necessary on the status of labor pool numbers and composition.
- Develop staff rest and nutritional areas in coordination with Food Service Supervisor.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Monitor colleagues and clients for signs of fatigue or distress.

LOGISTICS CHIEF

You Report To: ACC Commander
Reporting to You: Communications/IT Supervisor, Materials Supply Supervisor, Facilities Supervisor, Food Services Supervisor

Mission: Organize and direct those operations associated with maintenance of the physical environment and adequate levels of food, shelter, and supplies to support the medical objectives.

Immediate:

- ❑ Obtain briefing from ACC Commander.
- ❑ Brief Supervisors on current situation
- ❑ Outline action plan and designate time for next briefing.
- ❑ Establish Logistics Section in proximity to Command Center
- ❑ Attend assessment meeting with ACC Commander.

Intermediate:

- ❑ Obtain information and updates regularly from Supervisors and Chiefs; maintain current status of all areas; pass status information to ACC Commander.
- ❑ Communicate frequently with ACC Commander.
- ❑ Obtain needed supplies with assistance of the Admin/Finance Chief and Liaison Officer.

Extended:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Ensure scheduled breaks and relief for section staff.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.
- ❑ Other concerns:

COMMUNICATIONS/IT SUPERVISOR & STAFF

You Report To: Logistics Chief

Mission: Organize and coordinate internal and external communications.

Staff:

Immediate:

- Maintain technological equipment (i.e. fax, phones) and communication device (i.e. radios) inventory to provide for accountability and for demobilization purpose.
    - Maintain phone/fax/internet connection in Command Center
- Ensure proper use and storage of all communication equipment.
- Set-up, test, maintain, and arrange for repair of all technological equipment and communication devices. Work with Facilities Supervisor as needed.
- Assist with technology problems when requested.
- Assist with back up and protection services of existing and on-going data on computer systems.

General Duties:

- Provide routine progress and/or status reports to Supervisor.
- Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- Obtain briefing from Logistics Chief.
- Set up communications in the Command Center
- Develop a ACC Communication Plan to include:
    - Assessment of technological equipment (i.e. fax, phones) and communication device (i.e. radios) needs.
    - Assessment of internal and external telephone system.
    - Inventory the technological equipment and communication devices to provide for accountability and for demobilization purposes.
    - Contingency plans for power and telephone outages such as using amateur radio operators.
    - Proper storage of all communication equipment.
- Request needed items through the Logistics Chief.
- Establish contact with Liaison Officer for external communication coordination (i.e. radios).
- Work with Workforce Staging Area for internal communication (i.e. walkie-talkies) assignments.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Provide routine progress and/or status reports to Logistics Chief as needed.

SUPPLY SUPERVISOR & STAFF

You Report To: Logistics Chief

Mission: Organize and supply medical and non-medical care equipment and supplies.

Staff:

Immediate:

- ❒ Gather appropriate supplies (i.e. Unit kits) and document the inventory.
- ❒ Fill all supply requests indicated on Supply request forms
- ❒ Track number of supplies given and still on hand
- ❒ Provide supply request forms to staff as needed

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- ❑ Receive briefing from Logistics Chief
- ❑ Meet with and brief Supply Personnel.
- ❑ Ensure station is set-up properly
- ❑ Coordinate for arrival of supplies:
  - Determine if refrigeration is needed
  - Identify location to store supplies
  - Check-in with Safety & Security Officer to confirm security of supplies
- ❒ Establish documentation and sign-off procedures for supplies when delivered.
- ❑ Inventory number of all supplies at beginning and end of shift
- ❑ Inform Logistics Chief if additional supplies will need to be ordered

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Ensure scheduled breaks and relief for staff.
- ❑ Monitor colleagues and clients for signs of fatigue or distress.
- ❑ Provide routine progress and/or status reports to Logistics Chief as needed

FACILITIES SUPERVISOR & STAFF

You Report To: Logistics Chief

Mission: Coordinate the set-up of the ACC prior to opening. Coordinate maintenance activities for the duration of the ACC. Evaluate and monitor the cleanliness of the ACC facility.

Staff:

Immediate:

- Set-up ACC according to floor plan.
- Inspect the hazardous waste collection areas(s) to ensure containment measures.
- Lock unsafe areas with assistance of the Safety & Security Officer.
- Control observed hazards, leaks, or contamination with the assistance of the Safety & Security Officer.
- Set up housekeeping supply area.

General Duties:

- Follow schedule for removal of garbage throughout ACC.
- Follow medical waste management protocols for removal of medical waste.
- Assist with spills and clean up while monitoring proper OSHA standards.
- Monitor levels of all supplies, equipment, and needs relevant to all sanitation operations.
- Provide routine progress and/or status reports to Facilities Supervisor.
- Perform other duties as assigned and approved by the Facilities Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- Obtain briefing from Logistics Chief
- Brief and assign all facilities staff to appropriate areas
- Ensure an adequate number of handwashing areas are operational near patient care and food preparation areas.
- Develop schedules for monitoring restroom supplies, clean up and removal of garbage
- Coordinate medical waste management according to pre-arranged agreements through the Logistics Chief.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Monitor colleagues and clients for signs of fatigue or distress.
- Perform other duties as assigned and approved by the Logistics Chief.

FOOD SERVICE SUPERVISOR & STAFF

You Report To: Logistics Chief

Mission: Organize food and water stores for staff and patients. Manage preparation of food.

Staff:

Immediate:

- Set-up food service area for patients
- Set-up food service area for staff
- Deliver meals to patients based on meal schedule

General Duties:

- Provide routine progress and/or status reports to Food Services Supervisor.
- Perform other duties as assigned and approved by the Food Services Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- Obtain briefing from Logistics Chief
- Brief and assign all food services staff to appropriate areas
- Submit an anticipated need list of water and food to the Logistics Chief. (Include patients, staff, and dependents.)
- Coordinate with Merrimack County _____ to establish menus, delivery times, etc.
- Meet with Workforce Staging Supervisor to discuss location of personnel refreshment and nutritional break areas.
- Report inventory levels of emergency drinking water and food stores to Logistics Chief.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Perform other duties as assigned and approved by the Logistics Chief.

FINANCE /ADMINISTRATIVE CHIEF

You Report To: ACC Commander

Mission: Monitor the use of financial assets. Oversee the acquisition of supplies and services necessary to carry out the ACC‟s medical mission. Supervise the documentation of expenditures relevant to the emergency incident.

Immediate:

- Obtain briefing from ACC Commander.
- Confer with ACC Commander; develop a section action plan.
- Establish a Financial Section Operations Center. Ensure availability of adequate documentation/recording personnel.

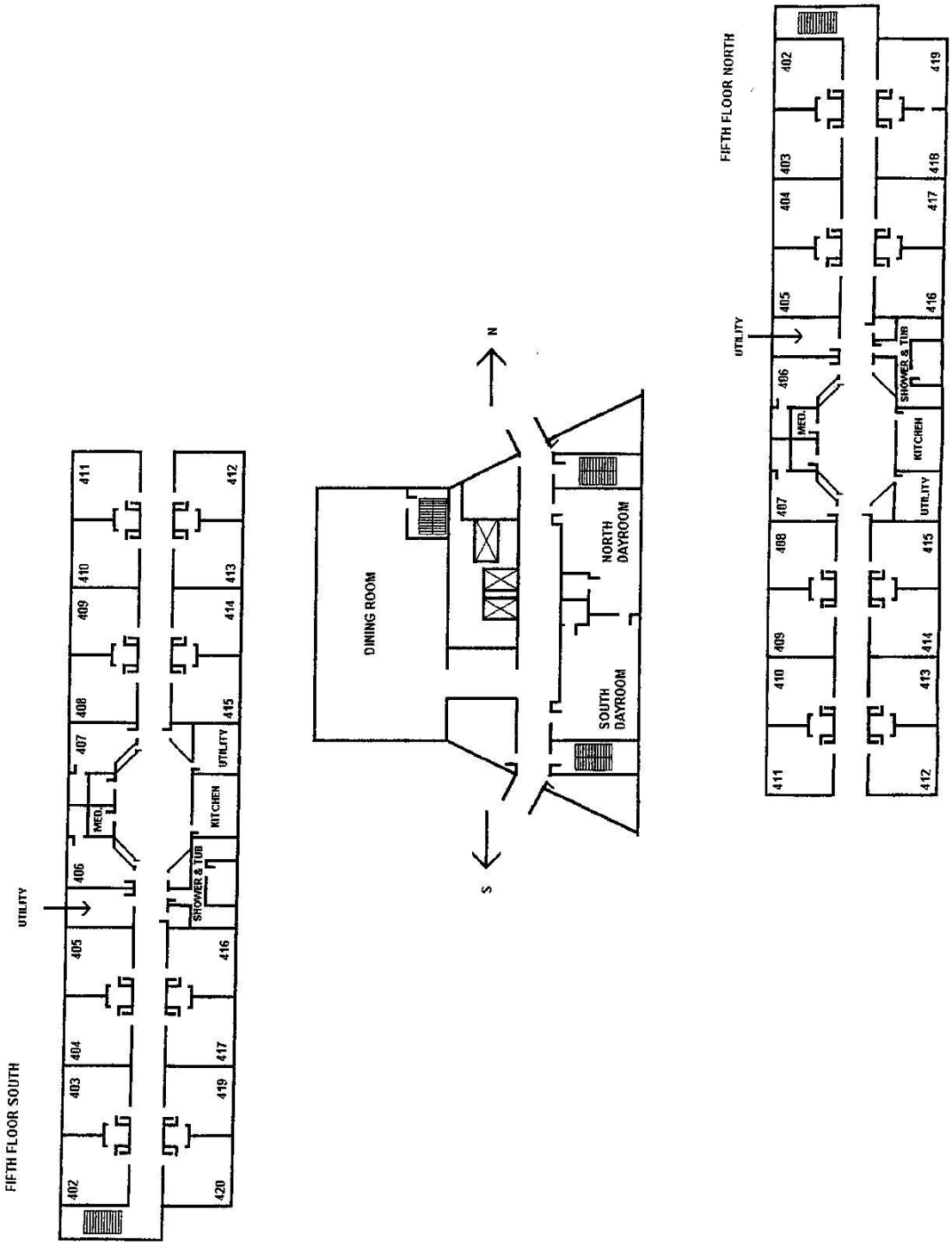
Intermediate:

- Prepare a "cost-to-date" incident financial status report summarizing financial data relative to personnel, supplies, and miscellaneous expenses.
- Obtain briefings and updates from the ACC Commander as appropriate.
- Relate pertinent financial status reports to appropriate Section Chiefs and Supervisors.
- Schedule planning meetings to include the ACC Commander to discuss updating the section‟s incident action plan and termination procedures.

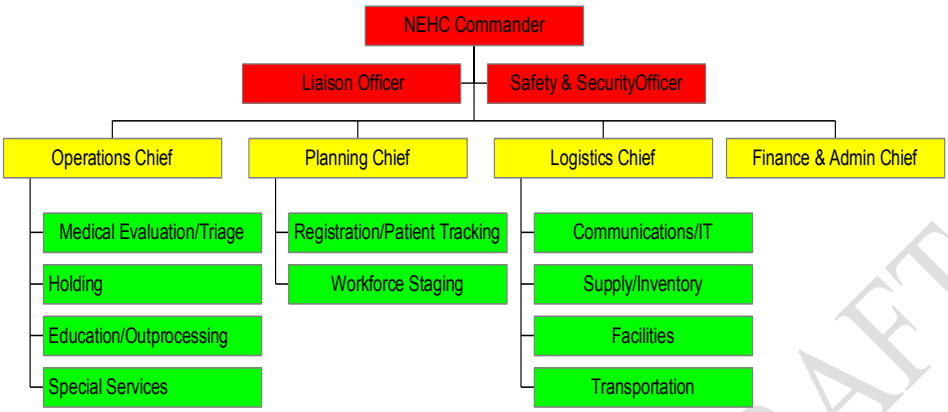
Extended:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for section staff.
  - Monitor colleagues and clients for signs of fatigue or distress.
  - Other concerns:

Annex 3: ACC Floor Plan



Annex 4: NEHC Job Action Sheets



Position	Number	Qualifications
NEHC Commander	1	NIMS/ICS Experience
Safety & Security Officer	1	Law Enforcement
Liaison Officer	1	
Finance/Admin Chief	1	NIMS/ICS Experience
Operations Chief / Medical Director	1	MD/PA/ARNP
Medical Evaluation/Triage	1-2	RN/LPN/Paramedic
Medical Evaluation/Triage Staff	5-9	RN/LPN/Paramedic /LNA/MA/EMT
Holding Supervisor	1	
Holding Staff	1	RT
Education Supervisor	1	
Education Staff	3	
Special Services Supervisor	1	Licensed Behavioral Health
Special Services Staff	2	Licensed Behavioral Health
Planning Chief	1	NIMS/ICS Experience
Registration Supervisor	1	
Registration Staff	2	RN/LPN/Paramedic
Workforce Staging Supervisor	1	
Logistics Chief	1	NIMS/ICS Experience
Communications/IT Staff	1	
Supply Staff	1	
Facilities Staff	1	
Security Staff	4	Law Enforcement
Total	33-38	

NEHC Commander

Mission: To organize and direct all operations at NEHC.

Immediate:

- ❑ Activate elements of the Incident Command System.
- ❑ Obtain Incident Briefing Form (adapted ICS Form 201) from the public health representative at the EOC.
- ❑ Conduct initial briefing/planning meeting with Command Staff and Section Chiefs and Facilities Unit Leader.
- ❑ Complete an Incident Action Plan to include:
    - Incident Briefing Form (adapted ICS Form 201)
    - Assignment List (adapted ICS Form 203)
    - Objectives
    - Command staff goals and objectives
    - Map(s) of facility and operation
    - Communication plan (ICS Form 205) from Communications Supervisor
    - Transportation plan
    - Security plan
    - Incident Safety Analysis (ICS 215a) from the Safety & Security Officer
- ❐ Determine appropriate times for ongoing briefings/planning meetings with Command Staff and Section Chiefs.
- ❐ Confirm with Logistics Chief at least 1.5 hours prior to start time that Facilities Unit has set up all equipment and supplies on site and facility is ready to open.
- ❑ Confirm with Planning Chief at least 1 hour prior to start time that staffing is adequate.
- ❑ Approve staff schedule and assignments as developed by Planning Chief, including hours of operation.
- ❑ Obtain overall media policy and strategies for VIP visits (i.e. government representatives) from CACC
- ❑ Work closely with security to monitor any media breaches.
- ❑ Assist local government representatives in briefing officials and media, as appropriate.
- ❑ Review safety considerations with Safety & Security Officer.
- ❑ Review with Liaison Officer the security plans of assisting agencies.
- ❑ Communicate with CACC at regular intervals.
- ❑ Periodically check work progress of Command Staff and Section Chiefs‟ goals and objectives.
- ❑ Assist all Command Staff and Section Chiefs when needed.
- ❑ Manage any incidents or problems while the NEHC is operational.
- ❑ Approve requests for incoming or outgoing resources (from CACC or EOC).

General Duties:

❑ Conduct periodic briefings to keep assisting agencies informed of safety action plans.
❑ Monitor colleagues and clients for signs of fatigue or distress.

Prior to Shift Change:

- ❐ Ensure that a designated individual is left in charge while briefing the replacement NEHC Commander.
- ❐ With replacement NEHC Commander, conduct briefing/planning meeting.
    - Assess current situation.
    - Update the Incident Action Plan.

- Consider and implement Unified Command if necessary.
- Modify goals and objectives of Command Staff and Section Chiefs
- Send all reports, documents, etc. to the necessary Section Chiefs or EOC.

Safety & Security Officer

Mission: Monitor and have authority over the safety of patients and staff in the NEHC. Organize and enforce facility protection and traffic security.

Immediate:

- Obtain a briefing from the NEHC Commander.
- Implement the facility"s disaster plan emergency lockdown policy and personnel identification policy.
- Establish Security Command Post.
- Determine the number of security staff that would be needed to provide adequate security.
- Develop security plan and traffic control plan accordingly
- Remove unauthorized persons from restricted areas.
- Establish ambulance entry and exit routes
- Secure the Command Center, Medical Evaluation, Holding, Education, and other sensitive or strategic areas from unauthorized access.

Intermediate:

- Keep Security staff alert to identify and report all hazards and unsafe conditions.
- Secure areas where patients are evacuated to and from, to limit unauthorized personnel access.
- Initiate contact with fire and police agencies through the Liaison Officer, when necessary.
- Attend assessment meeting with NEHC Commander.
- Advise the NEHC Commander and Section Chiefs immediately of any unsafe, hazardous, or security-related conditions.
- Confer with Liaison Officer to establish areas for media personnel.
- Establish routine briefings with NEHC Commander.
- Provide vehicular and pedestrian traffic control.
- Secure food, water, and medical resources for staff.
- Inform Security staff to document all actions and observations.

Extended:

- Establish routine briefings with Security staff.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns

Liaison Officer

Mission: Function as incident contact person for representatives from other agencies and as media liaison to the CACC.

Immediate:

- ❑ Obtain briefing from NEHC Commander.
- ❑ Review county and municipal emergency organizational charts to determine appropriate contacts and message routing.
- ❑ Attend assessment meeting with NEHC Commander.
- ❑ Obtain information to provide to Concord Hospital, ACC, and Capital Area Coordination center (CACC) as appropriate, upon request.
- ❑ The following information should be gathered for relay:
    - o Current numbers of patients and wait times
    - o Any current or anticipated shortage of personnel, supplies, etc.
    - o Current condition of facility and utilities (NEHC overall status).
    - o Number of patients to be transferred by wheelchair or stretcher to the hospital.
    - o Number of patients to be transferred by wheelchair or stretcher to the ACC.
    - o Any resources requested by other facilities (i.e., staff, equipment, supplies).
- ❑ Establish communication with Concord Hospital, ACC and CACC. Relay current NEHC status.
- ❑ Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., municipal EOC).
- ❑ Keep governmental Liaison Officers updated on changes in and development of NEHC.

Intermediate:

- ❑ Request assistance and information as needed through the CACC.
- ❑ Respond to requests and complaints from incident personnel regarding inter-organization problems.
- ❑ Relay any special information obtained to appropriate personnel in the receiving facility

Extended:

- ❑ Assist the Operations Chief and Workforce Staging Supervisor in soliciting personnel from agencies
- ❑ Inventory any material resources that may be sent upon official request.

Operations Chief

You Report To: NEHC Commander
Reporting to You: Medical Evaluation Supervisor, Holding Supervisor, Education Supervisor, Special Services Supervisor

Mission: To oversee all operational functions and serve as Medical Director of the NEHC. Serve as final decision maker for medical questions.

Immediate:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❑ Monitor client flow patterns and work to correct any problems with Facilities Leader.
- ❑ Obtain information and updates from those reporting to you for resources needed.
- ❑ Communicate all requests for incoming and outgoing resources with NEHC Commander.
- ❑ Request the need for additional medical supplies through the Logistics Chief.
- ❑ Ensure all stations have appropriate forms and equipment needed.
- ❑ Ensure all stations are set-up properly.
- ❑ Serve as final arbiter regarding medical questions

General Duties:

- ❑ Monitor client flow patterns and assist the Operations Chief in correcting any problems.
- ❑ Report disruptions and changes in client flow to Operations Chief.
- ❑ Ensure consistency in information provided to clients at all stations.
- ❑ Ensure that proper documentation is maintained for all station activities.
- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to NEHC Commander.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - Patient information tracking forms and related documents submitted to Finance/Admin Chief.
    - Special Services Branch documents submitted to NEHC Commander.
    - All completed Unit Logs and General Messages to NEHC Commander.
- ❑ Ensure scheduled breaks and relief for the staff is being appropriately handled.
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the NEHC Commander.

Medical Evaluation Station

Mission: Screen patients for symptoms**,** answer medical questions and concerns and determine appropriate place of treatment.

STAFF:

Immediate:

- ❑ Review Fact sheets on symptoms and treatment
- ❑ Review Triage protocol
- ❑ Review medication information sheets
- ❑ Review medical history and current symptoms to determine appropriate _____
- ❑ Answer medical questions
- ❑ Review procedure for transporting clients to hospital or ACC.
- ❑ Provide first aid and stabilization if appropriate.
- ❑ Coordinate transfer to hospital or ACC if needed
- ❑ Complete Patient Tracking Form to document all interactions
- ❑ Determine protocol for transport to hospital, ACC

General Duties:

- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Maintain client flow.
- ❑ Provide routine progress and/or status reports to Medical Leader.
- ❑ Perform other duties as assigned and approved by the Medical Leader.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station has appropriate supplies, PPE and other equipment needed.
- ❑ Ensure station is set-up properly including leaving appropriate space for client confidentiality.
- ❑ Provide guidance to medical evaluators about symptoms and triage protocols

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Medical Services Director as needed.

RUNNER:

Immediate:

- ❑ Request additional supplies by Supply/Inventory Manager as needed
  - o Complete Supply request form
- ❑ Collect registration forms and bring to Planning Chief every hour
- ❑ Assist medical evaluators as needed

Holding Station

Mission: Monitor patients while they await transfer to ACC or Hospital

STAFF*:*

Immediate:

- ❑ Make patients comfortable while they wait for transfer
- ❑ Monitor patients while they wait for transfer
- ❑ Ensure that patient records go with patient to ACC or hospital

General Duties:

- ❑ Report disruptions and changes in client flow to Supervisor.
- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Set-up waiting area for patients waiting for transfer to ACC or hospital

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Operations Chief as needed.

Education/ Outprocessing Station

Mission: Provide information to patients as the exit the NEHC

STAFF:

Immediate:

- Provide orientation/ education on:
  - Disease
  - Symptoms
  - Treatment
  - Protective measures
  - Caring for a patient at home
- Provide exit materials to include:
  - Fact sheets
  - Emergency contact information
- Collect patient records upon discharge

General Duties:

- Report disruptions and changes in client flow to Exit Station Supervisor.
- Refer client questions to the appropriate persons.
- Maintain adequate supply levels. Contact a Runner for additional supplies.
- Provide routine progress and/or status reports to Exit Station Supervisor.
- Perform other duties as assigned and approved by the Exit Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- Ensure station is set-up properly
- Contact Communications/IT with any audio/visual needs
- Photocopy handouts

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Provide routine progress and/or status reports to Operations Chief as needed.

Special Services Station

Mission: Assist patients throughout NEHC process with any special needs. Assist clients and staff that may require special counseling or support

STAFF:

Immediate:

- ❒ Assist clients with functional needs individually throughout the NEHC process as requested.
- ❒ Including, but not limited to:
    1. Arrange interpretation for non-English speakers
    2. Assist minors without parents get permission to treat
    3. Provide wheelchairs
    4. Assist clients with completing registration forms.
- ❒ Ensure that all clients transitioning the NEHC have had their needs met and are as comfortable as possible with the situation.
- ❒ Observe and monitor patients, staff and volunteers for signs of fatigue or distress.
- ❒ Provide behavioral health support, education and therapeutic intervention as needed throughout the NEHC
    - Assist individuals with concerns or fears
- ❒ Diffuse potential difficult situations

General Duties:

- ❑ Track numbers of clients, staff and volunteers provided support on tracking form.
- ❑ Report disruptions and changes in client flow to Special Services Supervisor.
- ❑ Refer client questions to the appropriate persons.
- ❑ Provide routine progress and/or status reports to Special Services Supervisor.
- ❑ Perform other duties as assigned and approved by the Special Services Supervisor.
- ❑
- ❑ Familiarize self with areas such as: triage, paperwork distribution, education areas, medical care area, security, staff break areas, and client check out area.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Set up a private area to assist clients, staff and volunteers as needed.
- ❑ Determine stations for Behavioral Health Workers to be positioned.
- ❑ Set up phone and review procedure for operation for Language Line
- ❑ Print registration forms and fact sheets in foreign languages
- ❑ Review Functional Needs Resource Directory
- ❑ Ensure wheelchairs and other assistive devices area available

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Operations Chief as needed.

RUNNER:

Immediate:

- ❒ Request additional supplies by Supply/Inventory Manager as needed
    - Complete Supply request form

Planning Chief

Mission: To coordinate and direct the current & forecasted situation on the status of workforce assigned to the NEHC and plan for demobilization process.

Immediate:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Obtain from regional planning body, the list of authorized NEHC staff.
- ❑ Confirm with NEHC Commander at least 1 hour prior to NEHC start time that staffing is adequate.
- ❑ Communicate workforce needs to NEHC Commander.
- ❑ Perform hourly count of clients. Alert Operations Chief of the hourly status.
- ❑ Obtain necessary resources and support through the CACC.

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to NEHC Commander.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - o Workforce sign-in/out sheets.
    - o Equipment sign-in/out sheets.
    - o All completed Unit Logs and General Messages to NEHC Commander.
- ❑ Ensure scheduled breaks and relief for the staff
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the NEHC Commander.

At NEHC Closing:

- ❑ Confirm with NEHC Commander process for developing Demobilization Plan (adapted ICS Form 221) to include:
    - o Instructions on how and when to pack up stations
    - o Maps
    - o Timelines
- ❑ Determine who will take possession of all records.
- ❑ Assign specific tear down duties at each station and pack all equipment and supplies.
- ❑ Track and inventory materials used.
- ❑ Arrange to have equipment & supplies returned.
- ❑ Coordinate with Facilities Unit to restore facility to pre-NEHC conditions.
- ❑ Secure facility and return keys to proper authority.

Registration/Patient Tracking Station

Mission: Greet all patients entering NEHC. Register each patient and assign a patient tracking number.

STAFF:

Immediate:

- ❑ Greet patients as they enter.
- ❑ Explain the NEHC process to all patients
- ❑ Provide clients with registration materials and forms.
- ❑ Assign a patient tracking number.
- ❑ Contact Special Services for clients who need additional assistance
- ❑ Call Special Services if a client requests an interpreter

General Duties:

- ❑ Report disruptions and changes in client flow to Greeter/Registration Station Supervisor.
- ❑ Refer client questions to the appropriate persons.
- ❑ Maintain adequate supply levels. Contact a Runner for additional supplies.
- ❑ Provide routine progress and/or status reports to Greeter/Registration Station Supervisor.
- ❑ Perform other duties as assigned and approved by the Greeter/Registration Station Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Photocopy registration forms and fact sheets
- ❑ Pre-load clipboards with forms and pens

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Client Services Director as needed.

RUNNER:

Immediate:

- ❑ Request additional supplies by Supply/Inventory Manager as needed
  - ○ Complete Supply request form

Photocopy forms as needed

Workforce Staging Area

Mission: To conduct sign-in/out process for staff and volunteers arriving at NEHC.

STAFF:

Immediate:

- ❑ Conduct sign-in process of staff and volunteers as they arrive at Staging Area.
  - Sign-in documenting time.
  - Verify credentials and identification, if necessary.
  - Sign-out equipment, if necessary.
  - Distribute resource packets, badges and vests
- ❑ Refer workforce member questions to appropriate persons.
- ❑ During shift change or at close of NEHC, conduct sign-out process of staff and volunteers.
  - Collect identification.
  - Sign-in equipment, if necessary.
  - Hand out exit materials.
- ❑ Report any security breaches or non-workforce individuals in the Staging Area to the Workforce Staging Supervisor.

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

SUPERVISOR: (all of the above plus:)

Immediate:

- ❒ Set-up Staging Area with appropriate materials and equipment.
- ❒ Obtain from Planning Chief list of authorized NEHC staff and volunteers.
- ❒ Oversee workforce sign-in process and ensure accuracy and completeness of forms.
  - Sign-in documenting time.
  - Verify credentials and identification, if necessary.
  - Ensure identification is appropriately worn.
  - Sign-out equipment, if necessary.
  - Distribute resource packets.
- ❑ Coordinate credential and identification process of workforce, if necessary.
- ❑ Provide list of workforce per shift to the Workforce Services Supervisor.

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with Planning Chief.
- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Planning Chief.
- ❑ Monitor colleagues for signs of fatigue and distress.
- ❑ Perform other duties as assigned and approved by the Planning Chief.

Logistics Chief

Mission: To coordinate and direct the works associated with maintenance of the NEHC and ensure adequate levels of amenities and supplies to support the NEHC.

Immediate:

- ❑ At initial briefing, identify units within the section to be activated and resources required for section operations.
- ❑ Confirm with NEHC Commander at least 1.5 hours prior to start time that Facilities Unit has set-up all equipment and supplies on site and facility is ready to open.
- ❑ Conduct a general inspection of the facility prior to it becoming operational with the Operations Chief and the facility representative.
- ❑ Obtain information and updates from those reporting to you for resources needed and resources requested.
- ❑ Obtain necessary resources through CACC.
- ❑ Communicate all requests for incoming and outgoing resources with NEHC Commander.
- ❑ Coordinate medical waste management according to pre-arranged agreements through the CACC.
- ❑ Coordinate meals and beverages for staff

General Duties:

- ❑ Review and confirm staffing levels for next day or next shift with directors and supervisors.
- ❑ Provide routine progress and/or status reports to NEHC Commander.
- ❑ Ensure all documents and reports are complete for section and submitted appropriately.
    - All supply and inventory documents.
    - All sign off documents when supplies were delivered.
    - Modified NEHC floor plan if available.
    - Workforce Medical Unit Staff activity documentation.
    - NEHC Communication Plan.
    - Documentation from waste removal services.
    - All completed Unit Logs and General Messages to NEHC Commander.
- ❑ Ensure scheduled breaks and relief for the staff
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the NEHC Commander.

Communications / IT

Mission: To maintain internal and external communication resources and the technology infrastructure of NEHC.

Staff:

Immediate:

- ❑ Maintain technological equipment (i.e. fax, phones) and communication device (i.e. radios) inventory to provide for accountability and for demobilization purpose.
    - o Maintain phone/fax in Command Center
    - o Maintain internet connection in Command Center
- ❑ Ensure proper use and storage of all communication equipment.
- ❑ Set-up, test, maintain, and arrange for repair of all technological equipment and communication devices. Work with Facilities Leader as needed.
- ❑ Assist with technology problems when requested.
- ❑ Assist with back up and protection services of existing and on-going data on computer systems.

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- ❑ Develop a NEHC Communication Plan to include:
    - o Assessment of technological equipment (i.e. fax, phones) and communication device (i.e. radios) needs.
    - o Assessment of internal and external telephone system.
    - o Inventory the technological equipment and communication devices to provide for accountability and for demobilization purposes.
    - o Contingency plans for power and telephone outages such as using amateur radio operators.
    - o Proper storage of all communication equipment.
- ❑ Request needed items through the Logistics Chief.
- ❑ Establish contact with Liaison Officer for external communication coordination (i.e. radios).
- ❑ Work with Workforce Staging Area for internal communication (i.e. walkie-talkies) assignments.

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.

Provide routine progress and/or status reports to Logistics Chief as needed.

Supply/Inventory

Mission: To organize, gather and distribute medical and non-medical care equipment and supplies.

Staff:

Immediate:

- ❒ Gather appropriate supplies (i.e. NEHC kits) and document the inventory.
- ❒ Fill all supply requests indicated on Supply request forms
- ❒ Track number of supplies given and still on hand
- ❒ Provide supply request forms to staff as needed

General Duties:

- ❑ Provide routine progress and/or status reports to Supervisor.
- ❑ Perform other duties as assigned and approved by the Supervisor.

Supervisor: (all of the above plus:)

Immediate:

- ❑ Ensure station is set-up properly
- ❑ Coordinate for arrival of supplies:
  - Determine if refrigeration is needed
  - Identify location to store supplies
  - Check-in with Safety & Security Officer to confirm security of supplies
- ❒ Establish documentation and sign-off procedures for supplies when delivered.
- ❑ Inventory number of all supplies at beginning and end of shift
- ❑ Inform Logistics Chief if additional supplies will need to be ordered

General Duties:

- ❑ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- ❑ Provide routine progress and/or status reports to Logistics Chief as needed.

Facilities

Mission: To coordinate the set-up of the NEHC prior to opening and coordinate maintenance activities for the duration of the NEHC.

Staff:

Immediate:

- Set-up NEHC according to NEHC floor plan.
- Set up, test, maintain and arrange for repair of technological equipment (i.e. fax, copy machines, phones, etc.). Work with Communications Supervisor as needed.
- Assist with any transportation or traffic control set-up needs.

General Duties:

- Adjust NEHC set-up as identified by Facilities Leader.
- Follow schedule for removal of garbage throughout NEHC.
- Follow medical waste management protocols for removal of medical waste.
- Assist with spills and clean up while monitoring proper OSHA standards.
- Provide routine progress and/or status reports to Facilities Leader.
- Perform other duties as assigned and approved by the Facilities Leader.

Supervisor: (all of the above plus:)

Immediate:

- Attend initial briefing/planning meeting with Command Staff and Section Chiefs to review NEHC set-up.
- Call pre-designated Facilities Unit Staff to report for NEHC set-up.
- Contact the Logistics Chief to brief on NEHC set-up timeline.
- Develop schedules for monitoring restroom supplies, clean up and removal of garbage
- Coordinate medical waste management according to pre-arranged agreements through the Logistics Chief.

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for unit staff.
- Review and confirm staffing levels for next day or next shift with Logistics Chief.
- Provide routine progress and/or status reports to Logistics Chief.
- Monitor colleagues and clients for signs of fatigue or distress.
- Perform other duties as assigned and approved by the Logistics Chief.

Security Staff

Mission: Provide safeguards necessary for protection of NEHC property and staff from loss or damage.

Immediate:

- Perform security assessment of facility.
- Contact the Safety & Security Officer to identify security needs
- Secure facility and grounds
- Remove any disruptive individuals from NEHC area

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Establish contacts with local law enforcement as required.
- Monitor and adjust security and traffic plans accordingly
- Record all incident related complaints and suspicious occurrences
- Provide routine progress and/or status reports to the Safety & Security Officer.
- Perform other duties as assigned and approved by the Safety & Security Officer.
- Monitor colleagues and clients for signs of fatigue or distress.

Finance / Administration Chief

Mission: To ensure accurate collection and reporting of NEHC documents and records.

Immediate:

- ❑ At initial briefing, identify resources required for section operations.
- ❑ Coordinate with EOC for financial and cost information if necessary.
- ❑ Prepare documents in compliance with the proper jurisdictions and/or CACC policies
    - o Workforce time logs
    - o Overtime logs
    - o accident investigation reports
    - o Contracts and agreements with supply vendors
    - o Cost summaries or spreadsheets
    - o Resource logs
    - o Agency specific records and summaries
    - o Unit log/status report compilation.
- ❑ Maintain security of documents and records.
- ❑ Establish contact with event Safety & Security Officer for coordination of accident investigation reports.

General Duties:

- ❑ Provide routine progress and/or status reports to NEHC Commander.
- ❑ Collect all completed Job Action Sheets, Unit Logs and General Messages.
- ❑ Ensure scheduled breaks and relief for the staff
- ❑ Monitor personal protective equipment usage.
- ❑ Monitor colleagues and clients for signs of fatigue and distress. Notify the person you report to as appropriate.
- ❑ Perform other duties as assigned and approved by the NEHC Commander.

Annex 5: NEHC Floor Plan

Annex 6 – Pandemic Influenza Protocols

Triage Protocol for Pandemic Influenza

Neighborhood Emergency Help Center – Intake Assessment

Consent for Admission and Treatment

Acute Care Center – Admitting Orders

Acute Care Center Standing Orders for Adolescent or Adult Patient with Influenza

Acute Care Center – Discharge Form

Patient Care Log

Triage Protocol for Pandemic Influenza

Adults and children >10 years of age AND > 25 kg (55 pounds): modified pneumonia severity index (PSI) calculation

Characteristic	Points Assigned
Highest risk age group(s) (to be determined)	+10
Significant co-morbid illness[1]	+10
Altered mental status	+20
Respirations >30	+20
Systolic BP<90	+20
Pulse >125	+20
Room air pulse oximetry <92%	+20

(1) Admission to Concord Hospital: Score ≥ 50 or
   a. Toxic appearance or rapid decompensation (especially important in adolescents and in pregnant women)
   b. Significant hypoxia – O_2 saturation in room air < 88%

(2) Admission to Acute Care Center
   a. Score ≥ 50 and no hospital beds available, OR
   b. Score < 50 and needs closer monitoring and nursing care (for example, IV fluids, IV antibiotics, etc.), OR
   c. Score < 50 and unable to care for self or return if symptoms worsen.

(3) Discharge to home:
   a. Score ≥50 with poor prognosis and unlikely to benefit from hospitalization, or
   b. Score < 50 and able to care for self or has caregiver, and able to return if symptoms worsen.

Children under 10 yrs of age:

Indications for hospital admission include any of the following
   a. Fever and age < 3 months
   b. Significant tachypnea
   c. Hypoxia on pulse oximetry
   d. Chest retractions, cyanosis, intermittent apnea, nasal flaring
   e. Toxic appearance

[1]Significant co-morbid illness:

- Pregnancy
- Asthma requiring daily use of medications, or symptomatic at presentation,
- Chronic lung disease, requiring oxygen or medications, or symptomatic at presentation,
- Hemodynamically significant congenital heart disease,
- Heart failure,
- HIV infection with CD4 count < 200,
- Patients on systemic steroid therapy equivalent to prednisone ≥15 mg/day for ≥1 month,
- Severe rheumatological or autoimmune diseases,
- Other immunocompromising conditions likely to result in life-threatening complications,
- Renal patients requiring dialysis,
- Cancer, currently on chemotherapy or radiation therapy,
- Severe anemia with hemoglobin concentration < 10 gm/dl,
- Hemoglobinopathies, such as sickle cell disease or thalassemia,
- Chronic neurological disorders affecting the muscles of respiration, such as spinal cord injuries, spastic quadriplegia, muscular dystrophy, etc

Persons with the following conditions cannot be accommodated at the Acute Care Center (due to staffing ratios, equipment, or supply limitations), regardless of their score:

- Age < 10 yrs
- Weight > 300 lbs (ACC cot weight limit is 300 lbs)
- Asthma exacerbation or other condition requiring respiratory support
- Congenital heart disease on oxygen
- Unstable angina
- Pregnant with condition requiring hospital care or within one week of due date
- Cirrhosis with ascites
- Chronic renal failure on dialysis
- Acute immunosuppressing condition (acute leukemia, s/p bone marrow transplant, etc)
- Sickle cell disease
- HIV with CD4 < 200

Neighborhood Emergency Help Center - Intake Assessment

PATIENT INFORMATION			
Name:		Patient Tracking Number:	
Date/Time of Triage Assessment:			
HISTORY AND PHYSICAL EXAM			
Characteristic			Points
Age:	Weight:	Sex:	
Co-morbid conditions: □ Pregnancy □ Asthma on daily meds □ Chronic Lung Disease on O_2, meds or with Sx □ Congenital Heart Dz – hemodynamically sig □ Heart Failure □ HIV w/ CD4 <200 □ Systemic steroids equiv Prednisone ≥ 15mg/day for 1≥ mos	□ Severe rheum or auto-immune disease □ Life threatening immunocompromising condition □ Renal failure on dialysis □ Cancer, on chemo or radiation therapy □ Severe anemia (Hgb < 10)	□ Hemoglobinopathy (sickle cell or thalassemia) □ Chronic neuro disorder affecting muscles of respiration □ Other_____ +10 for condition	
General Appearance:			
Mental Status:		+20 if altered	
Blood Pressure:		+20 pts if < 90	
Pulse:		+20 pts if > 125	
Respiratory Rate:		+20 pts if > 30	
Pulse Oximetry:		+20 pts if < 90%	
Other comments:			
		TOTAL	
ASSESSMENT OF FUNCTION			
Able to care for self in home, or has caregiver at home?			Yes/No
Able to get transportation back to NEHC if condition worsens?			Yes/No
ASSESSMENT OF MEDICAL NEEDS			
Needs IV fluids to maintain hydration?			Yes/No
Needs IV antibiotics?			Yes/No
OVERALL ASSESSMENT and DISPOSITION			
□ **d/c to home**	□ **Transfer to hospital**	□ **Transfer to ACC**	
HEALTH CARE PROVIDER INFORMATION			
Provider:		Signature:	

CONSENT FOR ADMISSION AND TREATMENT

Capital Area Acute Care Center

Name_____

ID # _____

Date of Birth _____

STATE OF EMERGENCY

I understand that the Governor has declared a state of emergency as a result of pandemic influenza in New Hampshire which includes the provision of services at Acute Care Centers.

LIMITS ON AVAILABLE HEALTH CARE

I understand that Acute Care Center (ACC) services are limited by the available resources and that the care provided in the ICC will focus primarily on treatment of symptoms related to pandemic influenza, not on other diseases or illnesses which may pre-exist or complicate the care for pandemic influenza.

I understand that this facility is not equipped to respond to medical emergencies such as cardiac or respiratory arrest, or any emergency interventions typical of a hospital setting.

TRANSFER TO HOSPITAL MAY NOT BE POSSIBLE

I understand that all reasonable efforts to transfer care to a hospital will be attempted in the event of determination that the ACC is unable to meet my medical needs, but that hospital admission may NOT be possible even if my medical needs exceed the scope of resources at the ACC.

I have read and understand the above. My signature below indicates that I consent to treatment at this ACC. I understand that I may stop treatment at any time.

_____ _____

Signature Date

Acute Care Center – Admitting Orders

PATIENT INFORMATION						
Name:				Patient Tracking Number:		
Date/Time of Admission:				Sex:		
Age:	Weight:			Allergies:		

ORDERS					
□ General Standing Orders □ Asthma □ Diabetes □ Heart Failure □ Pregnancy □ Palliative □ With the following changes as marked:					
Vitals	□ Vital signs every ____ hours for ____ hours				
Call MD	□ if Temp_____ □ if RR_____ □ if O2 sat_____ □ if SBP_____ □ if HR_____ □				
Activity	□ Other:				
Nursing	□ Other:				
Diet	□ Other:				
Hydration	□ Other:				
Medications	□ With the following changes:				
		Medication	Dose	Route	Frequency	PRN
	Antipyretic	□				
	Sleep	□				
	Decongestant	□				
	Antihistamine	□				
	Antiemetic	□				
	Antiviral	□				
	Antibiotic	□				
	Other	□				
		□				
	Personal Meds	□ None □ Patient may continue to take personal medications			
		Medication	Dose	Route	Frequency	
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					
	□ Has □ Needs					

HEALTH CARE PROVIDER INFORMATION	
Admitting Provider:	Signature:

Acute Care Center – General Standing Orders for Adolescent or Adult Patient with Influenza

INTRO: These orders define the type and level of care to be provided to all patients (adults and children 10 years and older) admitted to an Acute Care Center who do not have a co-morbid condition that requires additional care. Patients falling under this category may be admitted to the ACC and provided care for presumed influenza infection per the following Standing Orders. Changes from these standing orders shall be noted on the Admitting Orders.

1. Admission
    a. Admit to standard cot or bed

2. Vital Signs
    a. Record patient‟s weight on admission
    b. Check other vital signs (temperature, blood pressure, heart rate, respiratory rate, and O_2 saturation) twice a shift (every 6 hours) for the first 24 hrs and then every 12 hrs if patient is stable, OR whenever there is an acute change in patient‟s clinical or mental status.
    c. Call MD if:
        i. Temp < 93 F
        ii. Heart rate < 40 beats per minute or > 150 beats per minute
        iii. Systolic BP < 90 mmHg or > 190 mmHg
        iv. Respiratory rate < 10 breaths per minute or > 30 breaths per minute, or respiratory distress
        v. O_2 saturation < 92% on 4 liters nasal cannula
        vi. Patient is unarousable

3. Activity
    a. Out of bed or cot as tolerated
    b. Assist patient as needed

4. Nursing
    a. Record whether patient has voided or eaten q 12 hr shift

5. Diet
    a. Regular diet

6. Hydration

		Euvolemic	Mild Dehydration	Dehydration
Clinical Presentation		Moist mucous membranes Normal skin turgor Normal urine output	Dry mucous membranes Poor skin turgor Reduced urine output	Dry mucous membranes Poor skin turgor Reduced urine output SBP < 100
Adults and children weighing > 65 kg (140 lbs)	Able to drink fluids	Place 1 liter of water at the bedside and instruct patient to drink at least 8 oz every 2 – 3 hrs	Place 1 liter of ORS at bedside and instruct patient to drink at least 16 oz every 2 – 3 hrs	Give 1 liter NS bolus IV, then 2nd liter over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter @ 150 cc/hr until patient appears clinically hydrated, then change to ORS p.o.
	Unable to drink fluids	D5 ½ NS + 20 Meq KCL/liter @ 100 cc/hr	Give 1 liter NS bolus IV, then 150 cc/hr until patient voids dilute urine. Maintain with D5 ½ NS + 20 meq KCL/liter @ 100 cc/hr until patient can take p.o.	Give 1 liter NS bolus IV, then 2nd liter over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter at 150 cc/hr until patient appears clinically hydrated, then maintain at 100 cc/hr until patient can take p.o.
Adults and children weighing 51 – 65 kg (112 - 140 lbs)	Able to drink fluids	Place 1 liter of water at the bedside and instruct patient to drink at least 8 oz every 2 – 3 hrs	Place 1 liter of ORS at bedside and instruct patient to drink at least 16 oz every 2 – 3 hrs	Give 1 liter NS bolus IV, then 2nd liter over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter @ 140 cc/hr until patient appears clinically hydrated, then change to ORS p.o.

	Unable to drink fluids	D5 ½ NS + 20 Meq KCL/liter @ 95 cc/hr	Give 1 liter NS bolus IV, then 140 cc/hr until patient voids dilute urine. Maintain with D5 ½ NS + 20 meq KCL/liter @ 95 cc/hr until patient can take p.o.	Give 1 liter NS bolus IV, then 2nd liter over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter at 140 cc/hr until patient appears clinically hydrated, then maintain at 95 cc/hr until patient can take p.o.
Children weighing 36 – 50 kg (79 – 111 lbs)	Able to drink fluids	Place 1 liter of water at the bedside and instruct patient to drink at least 6-8 oz every 2 – 3 hrs	Place 1 liter of ORS at bedside and instruct patient to drink at least 12-16 oz every 2 – 3 hrs	Give 750 cc NS bolus IV, then 2nd 750 cc bolus over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter @ 125 cc/hr until patient appears clinically hydrated, then change to ORS p.o.
	Unable to drink fluids	D5 ½ NS + 20 Meq KCL/liter @ 82 cc/hr	Give 750 cc NS bolus IV, then 125 cc/hr until patient voids dilute urine. Maintain with D5 ½ NS + 20 meq KCL/liter @ 80 cc/hr until patient can take p.o	Give 750 cc NS bolus IV, then 2nd 750 cc bolus over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter at 125 cc/hr until patient appears clinically hydrated, then maintain at 80 cc/hr until patient can take p.o.

Children 25 – 35 kg (55 – 78 lbs)	Able to drink fluids	Place 1 liter of water at the bedside and instruct patient to drink at least 5-7 oz every 2 – 3 hrs	Place 1 liter of ORS at bedside and instruct patient to drink at least 10-14 oz every 2 – 3 hrs	Give 500 cc NS bolus IV, then 2nd 500 cc bolus over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter @ 105 cc/hr until patient appears clinically hydrated, then change to ORS p.o.
	Unable to drink fluids	D5 ½ NS + 20 Meq KCL/liter @ 70 cc/hr	Give 500 NS bolus IV, then 105 cc/hr until patient voids dilute urine. Maintain with D5 ½ NS + 20 meq KCL/liter @ 70 cc/hr until patient can take p.o	Give 500 cc NS bolus IV, then 2nd 500 cc bolus over 3 hrs. Change to D5 ½ NS + 20 meq KCL/liter at 105 cc/hr until patient appears clinically hydrated, then maintain at 70 cc/hr until patient can take p.o.

7. Oxygenation/Respiratory Care
   a. Start O_2 by nasal cannula if O_2 saturation < 92%. Titrate up to 5 liters/minute to keep O_2 saturation > 92%. Notify MD if O_2 saturation < 92% on 4 liters/minute.

8. Medications
   a. Fever: Give Acetaminophen as needed for temperature ≥ 101 F (38.3 C)

Weight		**Dose**	**Route**	**Acetaminophen liquid 160mg/5ml**	**Frequency**	**24 hrs dose not to exceed**
lbs	**kg**			10-15mg/kg		
36-47	16-21	240mg	po	7.5ml	every 4 hrs prn pain/fever	5 doses per day
48-59	22-26	320mg	po	10ml	every 4 hrs prn pain/fever	5 doses per day
60-71	27-32	400mg	po	12.5ml	every 4 hrs prn pain/fever	5 doses per day
72-95	33-43	480mg	po	15ml	every 4 hrs prn pain/fever	5 doses per day

>96	>44	640mg	po	20ml	every 4 hrs prn pain/fever	4000mg
>154	>70	650mg	po		every 4 hrs prn pain/fever	4000mg

If fever does not respond to Acetominophen (still ≥ 101 F an hour after dose), may give Ibuprofen. Do not give Ibuprofen if patient has active ulcer disease, recent history of GI bleed.

Weight		**Dose**	**Route**	**Ibuprofen liquid 100mg/5ml**	**Frequency**	**24 hrs dose not to exceed**
lbs	**kg**			5-10mg/kg		
36-47	16-21	150mg	po	7.5ml	every 6 hrs prn	4 doses per day
48-59	22-26	200mg	po	10ml	every 6 hrs prn	4 doses per day
60-71	27-32	250mg	po	12.5ml	every 6 hrs prn	4 doses per day
72-95	33-43	300mg	po	15ml	every 6 hrs prn	4 doses per day
>96	>44	400mg	po	20ml	every 6 hrs prn	2400mg
>154	>70	600mg	po		every 6 hrs prn	2400mg

b. Sleep:
   i. 10-11 years: Lorazepam (Ativan) 1 mg po qhs prn.
   ii. ≥12 years: Lorezapam (Ativan) 2 mg po qhs prn.

c. Decongestant
   i. 10-11 years old: Psuedoephedrine 30 mg po q 6 hours prn congestion
   ii. ≥12 years: Pseudoephedrine 60 mg po q 6 hours prn congestion

d. Antihistamine
   i. Diphenhydramine 25 mg orally every 6 hours prn runny nose

e. Antiemetic
   i. 10 – 17 yrs: physician must evaluate and prescribe
   ii. ≥18 yrs: Promethazine 25 mg po prn nausea. May repeat q 4 – 6 hrs prn nausea. If patient cannot tolerate oral medications, may give PR or IM.

f. Antiviral
   i. IF patient's symptom onset has been within the last 48 hours, start Oseltamivir as follows:

1. if patient is ≤ 12 years, use Oseltamivir suspension per the table.

OSELTAMIVIR DOSING TABLE

Weight		Dose	Oseltamivir susp 12mg/ml
lbs	**kg**		
33-51	15-23	45mg twice/day	3.75ml twice/day
51-88	23-40	60mg twice/day	5ml twice/day
>88	>40	75mg twice/day	6.25ml twice/day

2. if patient is >12 years: Start Oseltamivir (Tamiflu) 75 mg orally twice a day for 5 days.

g. Smoking
   i. No smoking permitted in ICC
   ii. If smokes and requests relief from nicotine withdrawal symptoms, then:
      1. If patient smokes > 10 cigs/24 hrs, offer nicotine patch as follows:
         a. Nicotine patch 21 mg qd to non-hairy skin of upper body or outer arm q am. Rotate sites each am.
      2. If patient smokes 5 – 10 cigs/24 hrs, offer nicotine patch as follows:
         a. Nicotine patch 14 mg qd to non-hairy skin of upper body or outer arm q am. Rotate sites each am.

Acute Care Center – Discharge Form

PATIENT INFORMATION	
Name:	Patient Tracking Number:
Date/Time of Discharge:	

□ Patient Discharged home

□ Home care instructions provided

□ Medications dispensed

Medication	Dose	Instructions

I understand the home care instructions provided to me.

Signature:	Date:

□ Patient Transferred to Concord Hospital

□ Copy of chart attached

□ Patient left against medical advice

□ Patient deceased

□ Body transferred to morgue

Patient Care Log

Patient"s Name: _____ Age: ____ Page: _____

Patient"s Tracking Number: _____

Date	Time	Activity	Temp	Medication	Dosage	Condition/Symptoms

Quarantine Center Checklist

Action	Completed
1. At direction of DHHS, establish Quarantine Center (QC) (Annex F)	
2. Contact NH Hospital/Philbrook Center to determine availability of facility	
3. Convene QC partners to plan activation of QC o Arrange for the opening of facility to be used o Assess the need for additional assets o Print/copy all event specific materials and signs o Coordinate with DHHS and the State EOC o Plan a system for determining when and who will come to the QC	
4. Establish QC Command structure o Identify facility liaison	
5. Establish communications with CACC o Assist CACC with development of Public Information Strategy	
6. Communicate to network partners that QC will be opening	
7. Set-up facility o Determine available supplies o Call CACC for additional supplies needed o Conduct walkthrough of facility to document condition and disengage locks o Obtain vans, drivers if needed o Obtain barriers, cones, etc. for parking and traffic control o Post all signs using site map o Arrange for facility engineering and janitorial support o Determine procedure for food, environmental, laundry and facility services o Set-up 2-way radio system for communication between stations o Test Internet and phone and other communication tools capability	
8. Establish staffing schedule and recruit staff o Email CAPHN volunteers o Contact regional agencies with staffing requests o Schedule facility safety orientation for all staff o Schedule Just in Time training for all staff	
9. Track all expenses	
10. Demobilize facility o Conduct walkthrough of facility to document condition and re-engage locks	

Annex F Isolation and Quarantine

Table of Contents

1. Introduction
   1.1. Purpose
   1.2. Scope

2. Responsibilities
   2.1. Health Officer Responsibilities
   2.2. CAPHN Responsibilities
   2.3. Hospital Responsibilities
   2.4. Law Enforcement Responsibilities

3. Isolation
   3.1. Home Isolation
   3.2. Isolation in a Community Facility
   3.3. Hospital Capacity & Isolation

4. Quarantine
   4.1. Home Quarantine
   4.2. Quarantine in a Community Facility
   4.3. Work Quarantine

5. Community Based Containment Measures

Appendix 1: RSA 141:C
Appendix 2: Sample Isolation & Quarantine Orders
Appendix 3: Isolation & Quarantine Flow Chart
Appendix 4: Quarantine Center

1. Introduction

The New Hampshire Department of Health and Human Services' (DHHS) has primary responsibility for identifying, investigating, and testing for communicable diseases posing a threat to the citizens of the state. NH DHHS is responsible for coordinating medical, municipal, and other services as necessary to control, and, when possible, eradicate communicable diseases when they occur. Isolation, Quarantine and Community Based Containment Measures are three strategies employed by DHHS to control communicable diseases.

The Capital Area will work with NH DHHS to assist in the following ways:

- Providing care and necessities to individuals in their homes through community volunteers and health and human service agencies.
- Educating residents in advance on how to prepare for an extended in-home isolation or quarantine by stockpiling food and preparing for periods without utilities and other services.

1.1. Purpose

This plan establishes procedures and policies the Capital Area will use for supporting its residents during Isolation & Quarantine. This plan covers the steps to provide support to individuals in isolation and quarantine in their homes, hospitals, or in a community facility.

1.2. Scope

During a communicable disease outbreak, DHHS has the responsibility and authority to issue orders of Isolation & Quarantine to prevent to spread of a communicable disease. Due to limited State resources, DHHS may ask the CAPHN for assistance. This plan outlines the responsibilities of Health Officers, CACC, Hospitals, Law Enforcement, Community Facilities, and caregivers in assisting DHHS with Isolation and Quarantine. Isolation and quarantine are tools to be used to slow or stop the spread of infectious disease and are most effective when used in the early stages of an outbreak of a communicable disease

2. Responsibilities

2.1 Health Officer Responsibilities

- Take a lead role for isolation and quarantine measures.
- May be asked to coordinate the process for isolation and quarantine upon discharge from local hospitals and other acute care facilities.
- Ensure qualified medical personnel are present who can enter the quarantine area to transfer supplies and provide care.
- Coordinate with law enforcement officials to ensure citizen compliance to quarantine orders.
- Coordinate evidence gathering with the NH State Police or local law enforcement if a quarantine order is appealed.
- Coordinate with the Red Cross 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

During widespread Isolation and Quarantine (more than 10 per municipality)

Individuals will be encouraged to follow the steps outlined below:

1. Individuals should first contact friends, family, and neighbors for assistance.
2. If still in need of assistance, individuals should contact their town Welfare office. The town welfare department will work with local resources (i.e.: food pantries, churches, local business) to fulfill requests.
3. If towns have exhausted all of their resources, they should contact the CACC (Capital Area Coordination Center) to coordinate regional and state resources (i.e.: American Red Cross, Salvation Army, Southern Baptist, etc)

2.2 CAPHN Responsibilities

- Encouraging the public to prepare for voluntary compliance with in-home isolation recommendations.
- Planning to provide care and necessities to individuals isolating in their homes through community volunteers and health and human service agencies.
- Educating residents in advance on how to prepare for an extended in-home isolation by stockpiling food and preparing for periods without utilities and other services.
- Coordinate with Welfare Officers and social service agencies 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.

2.3 Hospital Responsibilities

- Develop plans for isolating and cohorting patients in their facility

2.4 Law Enforcement Responsibilities

- Coordinate with Health Officers to ensure citizen abidance to quarantine orders.
- Coordinate with Health Officers and Superior Court if an order is appealed.

For reference, orders related to Isolation and Quarantine measures are included in Appendix 2.

3. 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 DHHS 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.

Types of Isolation include:

- Home Isolation
- Isolation in a community facility
- Hospital Isolation

3.1 Home Isolation

It may be preferable for affected individuals to be monitored in their own homes, if certain requirements are met. For example, if there is an immunosuppressed person also inhabiting the home, monitoring in an alternate, non-hospital facility may be necessary. An example of a feasible alternate lodging facility may include a motel room, with a separate entrance to the

outside/outdoors, a private bathroom, perhaps a small refrigerator and/or microwave, and communication capabilities to the outside (by telephone).

Before a case is confined to the home, the residence should be assessed to be certain that it has the features necessary for the provision of proper care and proper infection control measures. The primary caregiver, the case himself or herself, or a public health worker may conduct this assessment.
Isolation facilities should meet the following minimum requirements:

- Primary caregiver (family member) available, if necessary, to assist the patient with basic needs.
- Functioning telephone, electricity, and drinkable water.
- Separate bedroom that will be occupied only by the case and with a door that can be kept closed at all times.
- Separate bathroom that is designated for use only by the case.

During the period of isolation, household members of cases who are not providing care to the patient-case should be relocated, if possible. Alternatively, the case patient could be relocated to another site within the region (a motel room). If relocation is not possible, then interactions between the case and the household members should be minimized. Persons at risk of serious complications should not interact with the case patient.
All persons in contact with the case should be educated regarding appropriate infection control practices, including hand hygiene, Personal Protective Equipment (PPE) and environmental decontamination.

3.2 Isolation in a Community Facility

If the isolation capacity is exceeded at the hospitals, an Acute Care Center could be established to provide supportive care to patients that would not be able to stay at home, but would not need the level of care provided at an acute care hospital.

Primary Site: Edna McKenna Jail – Merrimack County
Daniel Webster Highway, Boscawen

See Annex E for Acute Care Center Plan

3.3 Hospital Capacity & Isolation

Current Isolation Capacity:
Concord Hospital has 22 rooms that have the capability of creating a negative pressure environment. It also the capacity to create an additional 13 negative pressure beds through the use of portable isolation units.

NH Hospital has the capacity to isolate 20 individuals in a negative pressure environment but is only able to provide **supportive** care.

Cohorting patients may be difficult to accomplish in many hospitals, and each hospital will develop its own plan based on resources (personnel, facility design, etc.). The following is CDC's suggested hierarchical approach:

- When possible, place patients with documented or suspected disease in a private room.
- When the number of patients with disease exceeds the available private rooms, try to place cases together in multi-bed rooms or wards.
- When patients with and without disease must be placed in a room together, try to avoid including uninfected patients most susceptible to complications.
- When multiple cases are admitted, minimize the number of staff having contact with infected patients by assigning all case patients to a single or small group of health care personnel, who have been given prophylaxis (if medications available and appropriate).

4. Quarantine

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 DHHS 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.

Quarantine represents a range of possible interventions that could be applied at the level of the individual, small group, or community. Quarantine may be used for:

- Individuals with close contact (e.g., household contact) to a known case.
- Small groups with close contact (e.g., co-workers, health care workers with unprotected exposure) to a case.
- Larger groups with an unspecified extent of exposures (e.g., social groups, persons in congregate settings, passengers on airplanes) to a case.
- Communities in which the extent of exposure for individuals is unknown but interventions are needed to control potential population exposures by increasing social distance and limiting interactions and movement within a community.
- Local law enforcement enforces State issued quarantine/isolation orders (RSA 141-C:13, III).

Types of quarantine include:

- Home Quarantine
- Quarantine in Community Facilities
- Work Quarantine

4.1 Home quarantine

Quarantine at home is most suitable for contacts that have a home environment in which their basic needs can be met and where the protection of unexposed household members is feasible. The minimum criteria that must be met to enable the optimal implementation of home quarantine include:

- Access to educational materials about the disease in question
- Ability to monitor one's own symptoms (or have them monitored regularly by a parent, guardian or caregiver)
- Basic utilities (water, electricity, functional plumbing/septic system, garbage collection, and heating and air conditioning as appropriate)
- Basic supplies (clothing, food, hand hygiene supplies, laundry services, etc.)

- Mechanisms for communication, including telephone (for monitoring by health staff, reporting of symptoms, and accessing support services) and a computer if possible
- Access to food and food preparation
- Access to health care providers, health care centers, and ambulance personnel
- Access to supplies such as thermometers, fever logs, phone numbers for reporting symptoms or accessing services, emergency numbers, etc.
- Availability of mental health/psychological support services

No specific precautions are needed for household members of contacts who are in home quarantine, as long as the person under quarantine remains asymptomatic. Household members of quarantined individuals can go to school, work, etc., without restrictions. If the contact develops symptoms, then s/he should immediately notify medical/public health authorities to obtain medical evaluation, and at that point, household members should remain at home.

4.2 Quarantine in Community Facilities
Contacts who do not have an appropriate home environment for quarantine or contacts who do not wish to be quarantined at home may be quarantined in specific facilities (motels, nursing homes, apartments, etc.) designated for this purpose.

A location has been identified that could provide food and shelter for 00 individuals requiring quarantine but don't have the resources to stay at home.

Primary Site: Philbrook Center (NH Hospital Campus)
36 Clinton St Concord NH
Tel: 271-5300

See Appendix 4 for Quarantine Center Plan

4.3 Work Quarantine
This applies to health care workers or other essential personnel who have been exposed to cases and who may need to continue working (with appropriate infection control precautions) but who are quarantined either at home or in a designated facility during off-duty hours.

5. Community-Based Containment Measures.
Community-based control measures (e.g., canceling public events, closing schools, or mandating the use of masks in public places) are designed to reduce the risk of influenza transmission by limiting the potential for social interactions and by implementing broad measures for the public to prevent inadvertent exposures. The decision to institute community containment measures, and the nature and scope of these measures, will be made at the State level based upon the extent of the pandemic and the availability of resources. Community containment measures can also be instituted by municipalities and their emergency management director or public health officer if a local state of emergency exists and if local ordinances allow such actions.

Important factors that will need to be considered in determining a threshold for community action include:

- Numbers of cases and close contacts,
- Characteristics of local disease transmission (i.e., speed of spread, number of generations),
- Types of exposure categories (travel-related, close contact, health care worker, unlinked transmission, etc.),
- Morbidity and mortality rates,
- Extent of community influx and efflux, and
- The availability of local health care and public health resources.

Enhanced activities may include:

- Institute "snow days" or "shelter in place"
- Suspend public gatherings
- Close public buildings and spaces
- Cancel public events
- Close non-essential government functions (public library, etc.)
- Request voluntary or mandate closing of businesses and institutions (e.g., schools)

There may be circumstances of an advanced epidemic for which other more extreme measures may be enacted, such as:

- Stop mass transit services
- Restrict geographic re-locations

Appendix 1 – Isolation & Quarantine Relevant Sections of RSA 141-C

CHAPTER 141-C COMMUNICABLE DISEASE

141-C:1 Policy. – The outbreak and spread of communicable disease cause unnecessary risks to health and life, interfere with the orderly workings of business, industry, government, and the process of education, and disrupt the day-to-day affairs of communities and citizens. Because the control of communicable disease may be attained by personal actions, the timely intervention of medical practices, and cooperation among health care providers, federal, state, and municipal officials, and other groups and agencies, it is hereby declared to be the policy of this state that communicable diseases be prevented, and that such occurrences be identified, controlled, and, when possible, eradicated at the earliest possible time by application of appropriate public health measures and medical practices.

141-C:3 Duties of Department. – The department shall:

I. Identify, investigate, and test for communicable diseases posing a threat to the citizens of the state and its visitors.

II. Educate the general public, persons who provide health services to the public, and those persons responsible for the health and well-being of other persons relative to measures that will prevent the contraction of communicable disease, minimize its effects, and impede its spread.

III. Coordinate such medical, municipal, and other services as may be necessary to control, and, when possible, eradicate communicable diseases when they occur.

141-C:4 Duties of Commissioner. – The commissioner shall:

I. Identify communicable diseases to be reported to the department under RSA 141-C:8.

II. Investigate outbreaks of communicable diseases under RSA 141-C:9.

III. Establish, maintain, and suspend isolation and quarantine to prevent the spread of communicable diseases under RSA 141-C:11.

IV. Order persons who pose a threat to the life and health of the public to receive such treatment and care as necessary to eliminate the threat under RSA 141-C:15.

V. Purchase and distribute such pharmaceutical agents as may be deemed necessary to prevent the acquisition and spread of communicable disease under RSA 141-C:17.

VI. Provide laboratory services to support the detection and control of communicable disease under RSA 141-C:19.

VII. Educate the public relative to the cause, prevention and treatment of communicable disease and relative to the provisions of this chapter and its rules regarding reporting, investigations, examinations, treatment and care.

VIII. Regulate, in public places, conveyances, and buildings, the use of a common drinking cup under RSA 141-C:6.

IX. Prohibit, in public places, conveyances, or buildings the use of a common towel.

X. Authorize treatment, under the orders of a licensed physician, as may be necessary to carry out the provisions of this chapter.

141-C:5 Duties of Health Officers. – Health officers shall:

I. Assist the commissioner, when requested to do so, in the establishment and maintenance of isolation and quarantine in their respective cities and towns, and enforce all rules adopted by the commissioner relative to isolation and quarantine.

II. Attend meetings with the commissioner, when requested, for consultation on matters relating to public health, the restriction and prevention of communicable diseases, or the consideration of other important sanitary matters related to preventing or controlling the spread of communicable diseases.

141-C:11 Isolation and Quarantine. –

I. Whenever it is necessary to prevent the introduction or spread of communicable diseases within this state or from another state, or to restrict such diseases if introduced, and when such communicable diseases pose a substantial threat to the health and life of the citizenry, the commissioner shall establish isolation or quarantine for persons who are cases or carriers, or suspected cases or carriers of communicable diseases, and establish quarantine for commodities, conveyances, baggage and cargo that are carriers or suspected carriers of the communicable diseases by written order prepared in accordance with RSA 141-C:12. Such isolation or quarantine shall be by the least restrictive means necessary to protect the citizenry which, in the case of an individual, shall be at a place of his or her choosing unless the commissioner determines such place to be impractical or unlikely to adequately protect the public health. The commissioner shall adopt such rules regarding the establishment, maintenance and lifting of isolation and quarantine as the commissioner may deem best for protecting the health of the public.

II. When a conveyance, operator, crew, passenger, baggage, cargo or commodity is placed in isolation or quarantine, the owners, consignees, assignees and operators shall submit to such investigations as authorized by RSA 141-C:9, I, regarding any circumstance or event concerning the health of the operator, crew, passengers and the sanitary condition of the conveyance, baggage, cargo or commodity. The operator, crew and passengers shall submit to such examinations, as authorized by RSA 141-C:9, II, as the commissioner may determine appropriate.

III. The commissioner may, in ordering isolation or quarantine of persons, require that treatment be obtained in accordance with rules adopted under RSA 141-C:15.

IV. The order of quarantine for commodities, conveyances, baggage and cargo may require, as a condition for lifting the quarantine, that decontamination be performed. The commissioner shall adopt such rules pursuant to RSA 541-A as are necessary for the performance of decontamination.

141-C:12 Orders. –

I. The commissioner, in imposing isolation and quarantine under RSA 141-C:11, in requiring treatment under RSA 141-C:15, or in excluding children under RSA 141-C:20-d, shall do so by written order. The order shall include, as appropriate, the following information:

(a) The cause of the quarantine or isolation.

(b) The location of quarantine or isolation.

(c) When appropriate, that decontamination be performed on commodities, conveyances, baggage and cargo.

(d) When treatment is required as part of the order, where such treatment is available and, if applicable, what effect the receipt of treatment may have on the conditions of isolation and quarantine.

(e) The period of duration of isolation or quarantine.

(f) The commissioner's signature.

(g) The reason and length of time for the exclusion of children from schools and child care facilities.

II. Orders issued under this section shall be complied with immediately.

III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

141-C:13- Evading Quarantine; Breaking Quarantine. –

I. If, after an order is issued under RSA 141-C:12, any commodity, conveyance, cargo or baggage is not removed to the place of quarantine or is not decontaminated or is brought near any dwelling house, facility, or housing providing services to people, or near any place of business or manufacture without the permission of the commissioner or his designee, the commissioner shall petition the superior court to review the order.

II. If any person ordered to undergo isolation or quarantine leaves such place of quarantine, a place designated by the commissioner for the decontamination of commodities, conveyances, baggage and cargo under quarantine, or a place of treatment and care of persons under isolation or quarantine without the permission of the commissioner or his designee, the commissioner shall petition the superior court for review of the order.

III. When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the commissioner may issue a complaint, which shall be sworn to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined.

141-C:14- Invading Isolation; Quarantine. – If any person shall, without permission of the commissioner, his designee, or a health officer acting on the request of the commissioner, enter a place of isolation or quarantine, board a conveyance under quarantine, enter the limits of a place designated for the decontamination of cargo or baggage under quarantine, or enter a place designated for the treatment of persons placed under isolation or quarantine and such person is not an employee or agent of the facility providing such treatment, he shall be considered infected and ordered to undergo isolation or quarantine under RSA 141-C:11. He shall remain there at his own expense until the commissioner determines that there is no threat to the citizenry by virtue of the exposure to the cause of isolation or quarantine.

141-C:14- A Due Process. –

I. Any person subject to an order to submit a specimen under RSA 141-C or for examination, immunization, treatment, isolation, or quarantine, or any other order of the commissioner under this chapter may request a hearing in the superior court to contest such order. The commissioner shall provide, or cause to be provided, to the person both oral and written notice of the right to contest the order and the form for making the request, which form shall require no more than the person's name, address, and signature and the time and date of the signature.

II. Submission of the completed form to the law enforcement officer or other individual serving the order shall be considered a filing with the superior court and such officer or other individual shall promptly deliver the form to the superior court.

III. The superior court shall schedule a hearing and render a decision upon the request within 48 hours of the time the request was made. If the court determines that exigencies related to protection of the health of the public preclude a hearing and decision within the 48-hour period, the hearing and decision may take place within a suitable time as determined by the court, but in no event later than 120 hours after the time the request was made.

IV. No examination, specimen, immunization, treatment, or other action shall be required against the will of a person who has filed a request for a hearing. A person may be held in isolation or quarantine pending the outcome of the court hearing, but may no longer be held if the court fails to render its decision within the time period required under paragraph III.

V. At the hearing the burden of proof shall be on the commissioner to prove by clear and convincing evidence that the person poses a threat to public health and the order issued by the commissioner is thereby warranted to alleviate such threat.

VI. All orders issued under this chapter shall be in writing and a copy shall be provided to the person subject to the order at the time it is served. Every person who contests an order of the commissioner under this chapter shall be given a copy of the executed form contesting such order.

VII. Nothing in this chapter shall be construed to require the medical examination, medical treatment, or immunization of a person who objects, and no criminal penalties shall be imposed as a result. Notwithstanding this paragraph, such a person may be subject to isolation or quarantine for the minimum period necessary to protect the public health, as determined by the court in its decision following the hearing pursuant to this section.

141-C:15- Treatment, Care of Sick; Costs. –

I. Any person infected with a communicable disease, or reasonably suspected of being infected with a communicable disease, and whose continued presence among the citizenry poses a significant threat to health and life, shall be ordered by the commissioner under RSA 141-C:11, to report to a health care provider or health care facility to undergo such treatment and care as the commissioner may deem necessary to eliminate the threat. The commissioner shall adopt rules, pursuant to RSA 541-A, necessary to issue and carry out such orders for treatment and to restrict and control communicable disease through treatment.

II. If the person subject to the order cannot be removed to a health care provider or to a health care facility for treatment without danger to his life or to the citizenry, the commissioner shall impose isolation or quarantine under RSA 141-C:11 and shall arrange for treatment and care as necessary to mitigate the threat.

III. The commissioner shall assist indigent persons who are infected with tuberculosis and supply them with anti-tuberculosis drugs for treatment and preventative therapy, chest x-rays, and such physical examinations as necessary to monitor the course of treatment and therapy.

IV. The cost of treatment and care, except treatment provided under RSA 141-C:15, III, and physical examinations under RSA 141-C:9 and RSA 141-C:18, shall be a cost to the person, or his parent or guardian, or, if such person is indigent, from such public funds available for such purposes. Costs of physical examinations and treatment and care provided to the operator, passengers and crew of conveyances who are, or might have been, infected by means of the conveyance, shall be a cost to the owner, consignee or assignee of the conveyance.

V. The cost for maintenance of quarantine for commodities, conveyances, cargo and baggage, and for the decontamination of commodities, conveyances, cargos and baggage, shall be a cost to the owner, consignee or assignee of the commodity or conveyance.

VI. When an individual subject to an order for treatment by the commissioner refuses to undergo such ordered treatment, the commissioner may issue a complaint, which shall be sworn

to before a justice of the peace. Such complaint shall set forth the reasons for the order imposing treatment, the nature of the treatment to be provided, and the place or facility where the treatment shall be provided. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the treatment is to be provided.

141-C:16- Mode of Treatment and Care. – Nothing in this chapter shall be construed to authorize the commissioner to restrict in any manner a person's right to select the mode of treatment of his choice, or to refuse treatment, when treatment is ordered by the commissioner under RSA 141-C:15, I, or to request any physical examination or treatment of a person who in good faith relies upon spiritual means or prayer for healing. Such reliance or treatment or refusal of treatment shall not be considered a danger or menace to others under any provisions of this chapter; provided, however, that there is compliance with the sanitary, isolation and quarantine laws and rules adopted under this chapter. This section shall not be construed to prevent a parent or guardian from exercising his legal responsibilities.

141-C:21- Penalty. – Any person who shall violate, disobey, refuse, omit or neglect to comply with any of the provisions of RSA 141-C, or of the rules adopted pursuant to it, shall be guilty of a misdemeanor if a natural person, or guilty of a felony if any other person.

141-C:23- Injunction. – A civil action may be instituted in superior court on behalf of the department for injunctive relief to prevent the violation of the provisions of this chapter or rules adopted under this chapter. The court may proceed in the action in a summary manner or otherwise and may enjoin in all such cases any person in violation of any provisions of this chapter or its rules.

Appendix 2 – Isolation & Quarantine Orders

- Order of Quarantine
- Order of Isolation for Suspected Tuberculosis Patient
- Order of Isolation for Suspected Contagious Disease Patient
- Order of Medical Examination and Specimen Collection
- Order of Medical Treatment
- Request for Superior Court Hearing under RSA 141-C:14-A To Order of Medical Examination and Treatment
- Request for Superior Court Hearing under RSA 141-C:14-A To Order of Isolation or Quarantine
- Complaint for compulsory Medical Examination and Treatment pursuant to RSA 141-C:15,VI
- Complaint for compulsory Isolation & Quarantine pursuant to RSA 141-C:12,III

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISON OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4477 1-800-852-3345 Ext. 4477
Fax: 603-271-0545 TDD Access: 1-800-735-2964

John A. Stephen
Commissioner

Mary Ann Cooney
Director

❑

ORDER OF QUARANTINE

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you have come in contact with a person who has a contagious disease and, hence, that you may have or develop this disease. Specifically, you are suspected of having come into contact with a person who has _____. If you were to have this disease you would pose a substantial threat to the health of the citizenry. In order to prevent transmission of this contagious disease, the Department orders that you be placed in quarantine in accordance with RSA 141-C:11. The location where you are to be quarantined is _____
_____. The Department considers this the least restrictive clinically appropriate place of quarantine given the nature of the disease with which you may have come into contact.

During this period you may be required to undergo a medical exam and bodily specimens may be required for analysis.

This order will be in effect until you are deemed non-contagious by the Department and therefore do not pose a substantial threat to the health of the public. It is anticipated that you will need to be quarantined for at least _____ to verify whether or not you have a contagious disease.

If you leave the place of quarantine designated above without the prior consent of the Department, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and returned to the place of quarantine.

If you object to this order of quarantine you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or other person responsible for maintaining you in quarantine will promptly deliver the form to the Superior Court. The court will then schedule a hearing.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4496.

I hereby certify that this order was served in-hand to the above-named individual on
_____ at _____ a.m. /p.m.

_____ _____
Signature of Commissioner's Designee Date

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Commissioner

Mary Ann Cooney
Director

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ORDER OF ISOLATION FOR SUSPECTED TUBERCULOSIS PATIENT

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you have Tuberculosis (TB). If you have TB you pose a substantial threat to the health of the citizenry. In order to prevent transmission of TB, the Department orders that you be placed in isolation in accordance with RSA 141-C:11. The location where you are to be isolated is _____. The Department considers this the least restrictive clinically appropriate place of isolation given its belief that you have TB.

During the period of isolation you are to remain apart from other persons. You may not have visitors and you can not have direct contact with other people. During this period you will be required to undergo a medical exam and bodily specimens will be collected for analysis. In addition, you should accept any treatment recommended by your health care providers. Failure to accept treatment may significantly increase the duration of isolation that will be necessary and may require the Department to issue an order compelling treatment as authorized under RSA 141-C:15.

This order will be in effect until you are deemed non-contagious by the Department and therefore no longer pose a substantial threat to the health of the public. It is anticipated that it will take at least 2-4 weeks to verify a diagnosis and render you non-contagious provided you start and respond to treatment. A Department representative will notify you when this occurs.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and returned to the place of isolation.

If you object to this order of isolation you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or other person responsible for maintaining you in isolation will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4496.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

_____ _____
Signature of Commissioner's Designee Date

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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John A. Stephen
Commissioner

Mary Ann Cooney
Director

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ORDER OF ISOLATION FOR SUSPECTED CONTAGIOUS DISEASE PATIENT

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you are infected with the contagious disease_____. If you are in fact infected with this disease you pose a substantial threat to the health of the citizenry. In order to prevent transmission of this contagious disease, the Department orders that you be placed in isolation in accordance with RSA 141-C:11. The location where you are to be isolated is _____. The Department considers this the least restrictive clinically appropriate place of isolation given the nature of the disease you are suspected of having.

During this period you will be required to undergo a medical exam and bodily specimens will be collected for analysis. In addition, you should accept any treatment recommended by your health care providers. Failure to accept treatment may significantly increase the duration of isolation that will be necessary and may require the Department to issue an order compelling treatment as authorized under RSA 141-C:15.

This order will be in effect until you are deemed non-contagious by the Department and therefore no longer pose a substantial threat to the health of the public. It is anticipated that you will need to be isolated for at least _____ to verify a diagnosis and render you non-contagious provided you start and respond to treatment.

If you leave the place of isolation designated above without the prior consent of the Department, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and returned to the place of isolation.

If you object to this order of isolation you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or other person responsible for maintaining you in isolation will promptly deliver the form to the Superior Court. The court will then schedule a hearing.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4496.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

_____ _____
Signature of Commissioner's Designee Date

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Commissioner

Mary Ann Cooney
Director

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ORDER FOR MEDICAL EXAMINATION AND SPECIMEN COLLECTION

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you are infected with a contagious disease, specifically _____. If you are infected with this disease you pose a substantial threat to the health of the citizenry. In order to verify whether you are infected with this disease it is essential that you undergo a medical examination. You have been requested to undergo a medical examination, but you have refused to do so. Consequently, the Department orders that you undergo a medical examination in accordance with RSA 141-C:9,II. The location where you are to undergo this medical examination is _____. This medical examination will take place on _____ at _____ a.m./p.m.

As part of this medical examination you will be required to produce such specimens as are determined by medical personnel to be necessary to determine the presence of a communicable disease.

This order will be in effect until medical personnel have completed the medical examination and have collected such specimens as they deem necessary.

If you fail to appear for the examination at the date, time and place designated above, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and brought to the place where the examination is to take place.

If you object to this order you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or a representative of the Department will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Any questions regarding this order may be directed to Jose Montero, MD at 603-271-4496.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

_____ _____
Signature of Commissioner's Designee Date

STATE OF NEW HAMPSHIRE

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John A. Stephen
Commissioner

Mary Ann Cooney
Director

ORDER FOR MEDICAL TREATMENT

To: _____ Address: _____

The Department of Health and Human Services ("the Department") has reason to suspect that you are infected with a contagious disease, specifically _____. By having this disease you pose a substantial threat to the health of the citizenry. It is essential that you undergo a medical treatment that will render you non-contagious. You have been requested to undergo medical treatment, but you have refused to do so. Consequently, the Department orders that you undergo medical treatment in accordance with RSA 141-C:15. The location where you are to undergo this medical treatment is _____.

The treatment that you are required to undergo is _____
_____
_____
_____
_(Attach additional sheets if necessary).

This order will be in effect until medical personnel have completed the medical treatment that you require.

If you fail to undergo the treatment recommended by your treatment providers, action will be taken as authorized under RSA 141-C:13,III to have you taken into custody by law enforcement officials and brought to the place where the treatment is to be provided.

If you object to this order you may request a hearing in the superior court in accordance with RSA 141-C:14-a. You may make this request by filling out the form attached to this order. Once you have completed the form the law enforcement official or other person who delivered this order or a representative of the Department will promptly deliver the form to the Superior Court. The court will then schedule a hearing to review this order.

Questions regarding this order may be directed to Jose Montero, MD at 603-271-4496.

I hereby certify that this order was served in-hand to the above-named individual on _____ at _____ a.m./p.m.

_____ _____
Signature of Commissioner's Designee Date

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISON OF PUBLIC HEALTH SERVICES

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John A. Stephen
Commissioner

Mary Ann Cooney
Director

THE STATE OF NEW HAMPSHIRE

_____, SS. SUPERIOR COURT
Name of County

REQUEST FOR SUPERIOR COURT HEARING UNDER RSA 141-C:14-A TO REVIEW ORDER OF MEDICAL EXAMINATION AND TREATMENT

Name: _____ Address: _____

RSA 141-C:14-a, I provides that: "Any person subject to an order to submit a specimen under RSA 141-C or for examination, immunization, treatment, isolation, or quarantine, or any other order of the Commissioner under this chapter may request a hearing in the superior court to contest such order…."

I am subject to an Order of Medical Examination and Treatment issued by the Department of Health and Human Services pursuant to RSA 141-C:15.

I hereby request a hearing in the superior court to contest this order.

I understand that the submission of this completed form to the law enforcement official or other person who served this order on me shall be considered a filing with the superior court.

I understand that it is the responsibility of the law enforcement official or other person who served this order on me or a representative of the Department to whom I have given this form to promptly deliver this request for a hearing to the superior court in the county in which I live or in which I am to be examined or treated.

I understand that I have the right to a hearing within 48 hours of the time this request for a hearing is made.

I understand that I can be held in isolation while the hearing is pending.

I understand that I cannot be examined or provided medical treatment against my will while the hearing is pending.

_____ _____
Signature of Person Requesting Hearing Date and Time of Signature

STATE OF NEW HAMPSHIRE

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DIVISON OF PUBLIC HEALTH SERVICES

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John A. Stephen
Commissioner

Mary Ann Cooney
Director

THE STATE OF NEW HAMPSHIRE

_____, SS. SUPERIOR COURT
Name of County

REQUEST FOR SUPERIOR COURT HEARING UNDER RSA 141-C:14-A TO REVIEW ORDER OF ISOLATION OR QUARANTINE

Name: _____

Address: _____

RSA 141-C:14-a, I provides that: "Any person subject to an order to submit a specimen under RSA 141-C or for examination, immunization, treatment, isolation, or quarantine, or any other order of the Commissioner under this chapter may request a hearing in the superior court to contest such order…."

I am subject to an Order of Isolation or quarantine issued by the Department of Health and Human Services pursuant to RSA 141-C:11.

I hereby request a hearing in the superior court to contest this order.

I understand that the submission of this completed form to the law enforcement official or other person who served this order on me shall be considered a filing with the superior court.

I understand that it is the responsibility of the law enforcement official or other person who served this order on me or other person responsible for maintaining me in isolation to promptly deliver this request for a hearing to the superior court in the county in which I am being held in isolation.

I understand that I have the right to a hearing within 48 hours of the time this request for a hearing is made.

I understand that I can be held in isolation or quarantine while the hearing is pending.

I understand that I cannot be examined or provided medical treatment against my will while the hearing is pending.

_____ _____
Signature of Person Requesting Hearing Date and Time of Signature

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISON OF PUBLIC HEALTH SERVICES

John A. Stephen
Commissioner

Mary Ann Cooney
Director

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COMPLAINT FOR COMPULSORY MEDICAL EXAMINATION AND TREATMENT PURSUANT TO RSA 141-C:15,VI

_____
Name of person to be examined or treated

_____
Address of person to be examined or treated

RSA 141-C:15,VI provides that: "When an individual subject to an order for treatment by the Commissioner refuses to undergo such ordered treatment, the Commissioner may issue a complaint, which shall be sworn to by a Justice of the Peace. Such Complaint shall set forth the reasons for the order imposing treatment, the nature of the treatment to be provided, and the place or facility where the treatment shall be provided. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the treatment is to be provided."

The above-named individual requires medical examination and treatment for the following reasons:
_____
_____
_____

The place or facility where the treatment is to be provided, and the address of that place or facility is:
_____
_____

Attached to this complaint is a copy of the Order issued by the Department of Health and Human Services.

_____ _____
Signature of Commissioner's designee Date

Personally appeared the above named _____ and gave oath that the information contained in this Complaint is true to the best of his/her knowledge and belief. Based upon this information I hereby order _____ to be taken into custody by law enforcement officers and taken to the facility designated above.

_____ _____
Justice of the Peace Date

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISON OF PUBLIC HEALTH SERVICES

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John A. Stephen
Commissioner

Mary Ann Cooney
Director

COMPLAINT FOR COMPULSORY ISOLATION OR QUARANTINE PURSUANT TO RSA 141-C:12,III

_____
Name of person to be placed in isolation or quarantine

_____
Address of person to be placed in isolation or quarantine

RSA 141-C:12,III provides that: "When an individual subject to an order for isolation or quarantine refuses to cooperate with such order, the Commissioner may issue a complaint, which shall be sworn to by a Justice of the Peace. Such Complaint shall set forth the reasons for the order imposing isolation or quarantine and the place or facility where the individual shall be isolated or quarantined. Upon being presented with such an order, any law enforcement officer shall take such individual into custody and transport the individual to the place or facility where the individual is to be isolated or quarantined."

The above-named individual requires isolation or quarantine for the following reason:
_____
_____
_____

The place or facility where the person is to be held in isolation or quarantine, and the address of that place or facility is: _____
_____

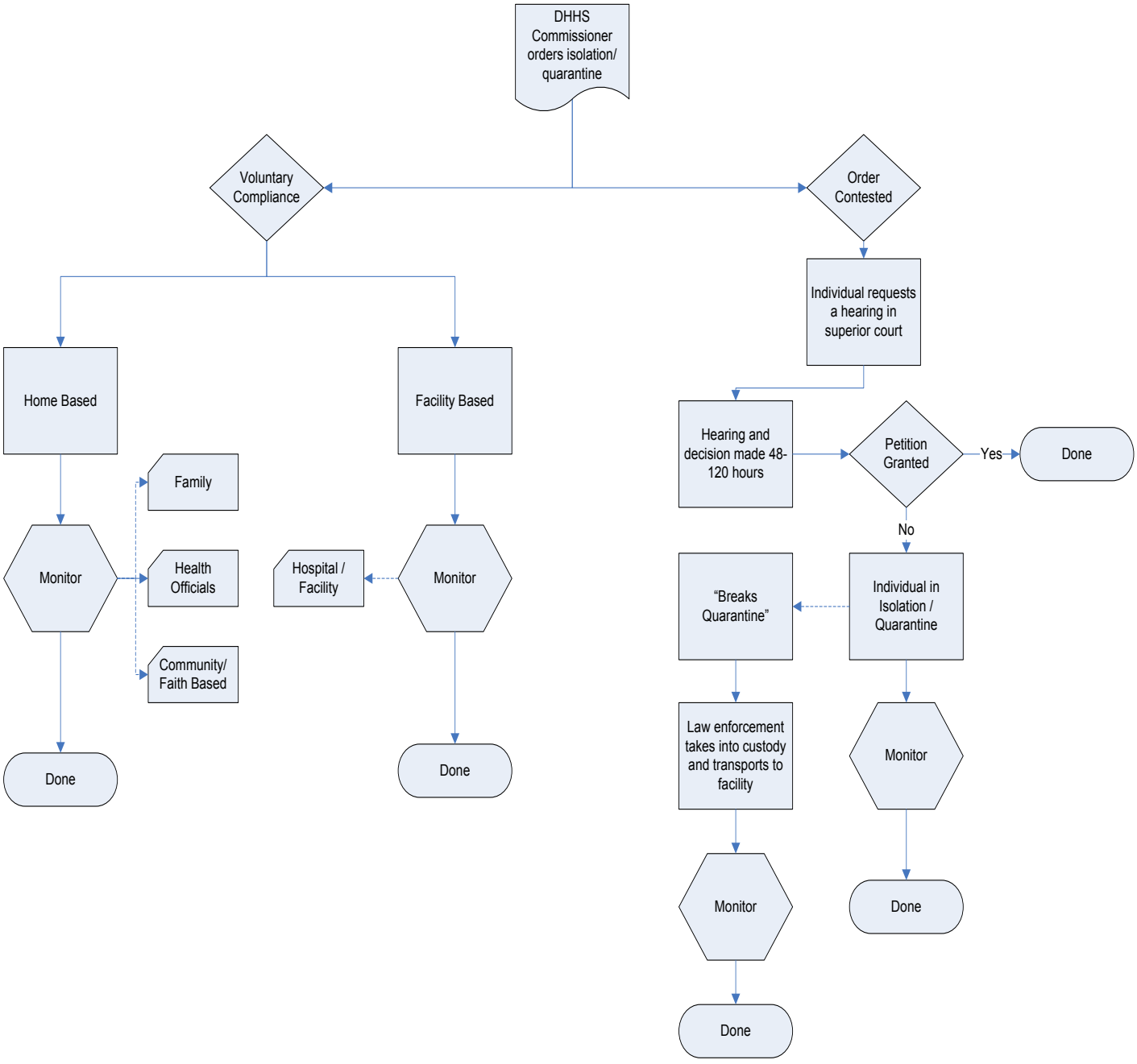
Attached to this complaint is a copy of the Order issued by the Department of Health and Human Services.

_____ _____
Signature of Commissioner's designee Date

Personally appeared the above named _____ and gave oath that the information contained in this Complaint is true to the best of his/her knowledge and belief. Based upon this information I hereby order _____ to be taken into custody by law enforcement officers and taken to the facility designated above.

_____ _____
Justice of the Peace Date

Appendix 3 – Isolation & Quarantine Flowchart



Appendix 4 – Quarantine Center

1. Purpose:
Quarantine is likely to be part of the response to infectious disease outbreaks of any magnitude. During a public health emergency, the majority of people will be able to be quarantined in their homes. However, there are certain circumstances where individuals may not be able to stay at home and will require a place to go during the recommended quarantine period. A Quarantine Center could be established for the following individuals:

- Contacts who do not have an appropriate home environment for quarantine
- Contacts who do not wish to be quarantined at home
- Contacts who violate a Quarantine order

Location: Anna Philbrook Center on the NH Hospital campus
The Robin Dorm, Finch Dorm, Recreational wing and Recreational Building may be used. (See Appendix 1 for Floor Plans)

Activation: Facility: Call 271-5300 and ask for the Exec on Call to activate the facility.
Staff: Activate the volunteer call tree to fill staffing roles.

The Quarantine center has the ability to Quarantine up to 20 individuals in private rooms or 30 individuals in shared rooms.

2. Command Structure:
The Quarantine Center will operate under the incident command system (ICS) that is compliant with the National Incident Management System (NIMS), in accordance with existing state and local emergency operation plans.

3. Responsibilities
The following responsibilities have been agreed upon in advance:

Responsibilities of Facility:

- Make the facility available to CAPHN within 24-48 hours of the request and for the time period being requested.
- Prior to releasing the facility for use, evaluate the premises and secure valuable property not required for center activities, to the extent reasonably possible.
- Attend a walkthrough of facility prior to opening and closing Quarantine Center to document condition and disengage locks
- Allow the use of equipment such as: telephones, copy machines, computers, fax machines, tables, chairs, desks, beds/cots, shower facilities, games, televisions, recreational facilities, etc.
- Provide the following services during operations:
    - Food services
    - Environmental services (i.e.: collecting and disposing of waste materials)
    - Laundry services
    - Facility services
- Provide orientation to staff to include fire safety and site security

- Provide liaison to assist staff in operations

Responsibilities of CAPHN:

- Exercise reasonable care in the conduct of its activities, and replace or reimburse the facility for any food, supplies, or damage to the facility or equipment that may arise in the conduction of the quarantine center.
- Attend a walkthrough of facility prior to opening and closing Quarantine Center to document condition
- Provide and train staff necessary to conduct quarantine center.
- Provide all supplies needed for individuals:
    - Medical equipment
    - Medical supplies
    - Personal Protective equipment (PPE)
    - Medications
    - Toiletries
    - Clothing
    - Entertainment
    - Temporary Signage
- Leave the facility in its original condition

4. Operations:

The primary purpose of quarantine is to restrict activities of a well person, who has been exposed to a case of communicable disease, during its period of communicability, to prevent disease transmission during the incubation period if infection should occur. Individuals staying at the Quarantine Center will be monitored daily for signs and symptoms of disease.

Most individuals staying in the Quarantine Center will be well. The center will not be equipped to provide medical care. There may be some individuals that due to other illness or disease are unable to care for themselves at home. These individuals will be provided personal care services only. If they require a higher level of care they will be directed to the hospital or ACC (if operating). The Quarantine Center should be viewed as a shelter for individuals who may have been exposed to a disease. It is not a medical facility.

Individuals will be granted full access to the Finch and Robin Dorms and the Recreation building. They will not be granted access to any other parts of the building. Depending on the nature of the disease patients may need to be cohorted. If needed, each of the 2 units on the Robin & Finch dorms can be segregated and meal and recreation schedules can be adjusted to limit contact.

Intake/Registration: Individuals will enter through the patient entrance (ED115) in between the Education wing and the Finch Dorm.
They will check in with admissions in the Reception area (D114), get their room assignment and be escorted to their room.

Length of Stay: Individuals will stay at the quarantine center during the incubation period of the disease. CDC and NH DHHS will determine the incubation period. Once the individual is determined to be free of disease he/she will be discharged from the facility.

5. Logistics
Parking: Staff and visitors will use the parking lot on the west side of the building.

Security: The Quarantine Center will require one internal security guard to monitor the unit and one external guard to monitor the perimeter of the building. NHH Campus Police and/or Concord Police Department will provide security to be determined at time of incident.

Transportation: Depending on the incident individuals may arrive at the Quarantine Center through a variety of ways.

1. Hospital – Patients may be seen in Emergency Department and a determination is made that quarantine is warranted. If they indicate they are unable to be quarantined at home they may be referred/transferred to Quarantine Center.
2. NEHC - Patients may be seen at NEHC and a determination is made that quarantine is warranted. If they indicate they are unable to be quarantined at home they may be referred/transferred to Quarantine Center.
3. DHHS – Patients may be referred directly from NH DHHS Communicable Disease Control if they issue a quarantine order and patient indicates he/she is unable to be quarantined at home. DHHS may transfer the patient directly to the Quarantine Center.

NHH may have availability to assist transportation by providing up to 4 vans.

Communications: A phone will be available for individuals to use to make and receive personal phone calls. Phone number for families to call:_____

The registration area will be equipped with a telephone, fax and computer for the Quarantine Center Manager to use to communicate with outside agencies and facilities.

6. Staffing:
Quarantine Center Staffing Requirements are listed in Table 1

Position	Number	Qualifications
QC Commander	1	NIMS/ICS Experience
Safety & Security Officer	1	Law Enforcement
Liaison Officer	1	NH Hospital Employee
Direct Services Leader	1	RN/LPN/Paramedic
Behavioral Health Counselor	2	Licensed Behavioral Health Professional
Personal Care Attendant	2	
Registration Leader	1	
Security	1	Law Enforcement
Total	10	

Table 1. Quarantine Center Staffing Requirements

Volunteers will be utilized to staff the Quarantine Center. A Volunteer Management plan has been developed to address all aspects of volunteering including: expectations, recruiting, activation/notification, training/orientation, record keeping, spontaneous volunteers, and volunteers' needs. (See Annex D of PHERP- Volunteer Management Plan)

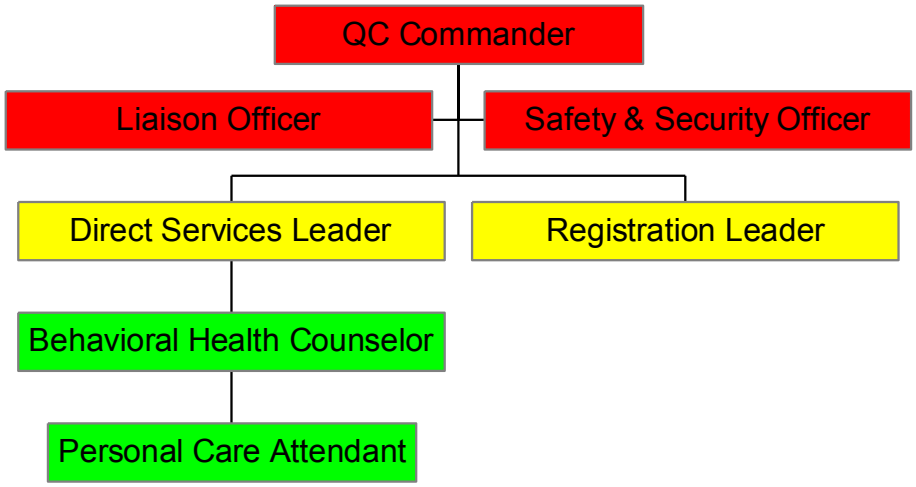
Training: All pre-identified volunteers will receive training on Quarantine Center Operations in advance. They will also receive Just-in-Time training at the staging area and training on specific job assignments at the Quarantine Center. Each position in the Quarantine Center has a predetermined Job Action Sheet detailing requirements and responsibilities. (See Appendix 2 for Job Action Sheets)
All spontaneous volunteers will receive on-site training in Quarantine Center Operations and their specific job assignments.

PPE: Depending on the type of public health event and disease threat, all volunteers will be provided with the necessary personal protective equipment (PPE) for protection from exposure at the Quarantine Center. The type of protection needed will depend on the specific disease transmission mode.

7. Finance & Administration
The following items will be tracked and recorded at the Quarantine Center for reimbursement purposes:

- Staff and volunteer time
- Patient registration materials
- Expenses incurred by facility
- Supplies used during center activities

Attachment 1: Quarantine Center Job Action Sheets



Position	Number	Qualifications
QC Commander	1	NIMS/ICS Experience
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Liaison Officer	1	NH Hospital Employee
Direct Services Leader	1	RN/LPN/Paramedic
Behavioral Health Counselor	2	Licensed Behavioral Health Professional
Personal Care Attendant	2	
Registration Leader	1	
Security	1	Law Enforcement
Total	10	

Quarantine Center Commander

Mission: To organize and direct all operations at QC.
Reporting to You: Safety & Security Officer, Liaison Officer, Direct Services Leader, and Registration Leader

Immediate:

- ❑ Activate elements of the Incident Command System.
- ❑ Obtain Incident Briefing Form (adapted ICS Form 201) from the public health representative at the CACC.
- ❑ Conduct initial briefing/planning meeting with staff
- ❑ Complete an Incident Action Plan to include:
    - Incident Briefing Form (adapted ICS Form 201)
    - Assignment List (adapted ICS Form 203)
    - Objectives
    - Map(s) of facility and operation
    - Communication plan (ICS Form 205)
    - Security plan
    - Incident Safety Analysis (ICS 215a) from the Safety & Security Officer
- ❐ Determine appropriate times for ongoing briefings/planning meetings with Staff
- ❐ Confirm with NH Hospital at least 1.5 hours prior to start time that facility is ready to open.
- ❑ Obtain overall media policy and strategies for VIP visits (i.e. government representatives) from CACC
- ❑ Work closely with security to monitor any media breaches.
- ❑ Assist local government representatives in briefing officials and media, as appropriate.
- ❑ Review safety considerations with Safety & Security Officer.
- ❑ Review with Liaison Officer the security plans of assisting agencies.
- ❑ Communicate with CACC at regular intervals.
- ❑ Periodically check work progress of staff's goals and objectives.
- ❑ Assist Staff when needed.
- ❑ Manage any incidents or problems while the QC is operational.
- ❑ Approve requests for incoming or outgoing resources (from CACC or EOC).

General Duties:

- ❐ Conduct periodic briefings to keep assisting agencies informed of safety action plans.
- ❐ Monitor colleagues and clients for signs of fatigue or distress.

Prior to Shift Change:

- ❐ Ensure that a designated individual is left in charge while briefing the replacement QC Commander.
- ❐ With replacement QC Commander, conduct briefing/planning meeting.
    - Assess current situation.
    - Update the Incident Action Plan.
    - Modify goals and objectives of Staff
    - Send all reports, documents, etc. to the CACC

Safety & Security Officer

Mission: Monitor and have authority over the safety of patients and staff in the QC. Organize and enforce facility protection.
You Report To: QC Commander

Immediate:
- Obtain a briefing from the QC Commander.
- Implement the facility's disaster plan emergency lockdown policy and personnel identification policy.
- Establish Security Command Post.
- Determine the number of security staff that would be needed to provide adequate security.
- Develop security plan accordingly
- Remove unauthorized persons from restricted areas.
- Establish ambulance entry and exit routes

Intermediate:
- Keep Security staff alert to identify and report all hazards and unsafe conditions.
- Initiate contact with fire and police agencies through the Liaison Officer, when necessary.
- Attend assessment meeting with QC Commander.
- Advise the QC Commander immediately of any unsafe, hazardous, or security-related conditions.
- Confer with Liaison Officer to establish areas for media personnel.
- Establish routine briefings with QC Commander.
- Secure food, water, and medical resources for staff.
- Inform Security staff to document all actions and observations.

Extended:
- Establish routine briefings with Security staff.
- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Ensure scheduled breaks and relief for staff.
- Monitor colleagues and clients for signs of fatigue or distress.
- Other concerns

Liaison Officer

Mission: Function as incident contact person for representatives from NH Hospital and as media liaison to the CACC.
You Report To: QC Commander

Immediate:

- Obtain briefing from QC Commander.
- Review CACC and NH Hospital contact information
- Attend assessment meeting with QC Commander.
- Establish communication with CACC. Relay current QC status.
- The following information should be gathered for relay:
    - Current numbers of patients and wait times
    - Any current or anticipated shortage of personnel, supplies, etc.
    - Current condition of facility and utilities (QC overall status).
    - Any resources requested by other facilities (i.e., staff, equipment, supplies).
- Establish contact with liaison counterparts of each assisting and cooperating agency (i.e., NH Hospital).

Intermediate:

- Request assistance and information as needed through the CACC.
- Respond to requests and complaints from incident personnel regarding inter-organization problems.

Extended:

- Inventory any material resources that may be sent upon official request.

Direct Services Leader

Mission: Oversee all care provided to residents at QC.
You Report To: QC Commander
Reporting to You: Behavioral Health, Personal Care Attendant

Immediate:

- Monitor QC residents for signs and symptoms of disease
- Attend to the needs of QC residents
- Coordinate meals for staff and residents with Liaison Officer
- Assign resident rooms based on cohorting protocols

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Collect Patient Tracking Forms from staff
- Report disruptions to QC Commander
- Ensure consistency in information provided to clients at all stations.
- Ensure that proper documentation is maintained for all center activities.
- Ensure scheduled breaks and relief for all station group staff.
- Ensure all staff is adhering to infection control procedures.
- Review and confirm staffing levels for next day or next shift with QC Commander.
- Provide routine progress and/or status reports to QC Commander.
- Request additional supplies as needed
- Perform other duties as assigned and approved by the QC Commander

Personal Care Attendant

Mission: Provide personal care services to residents at Quarantine Center
You Report To: Direct Services Leader

Immediate:

- Monitor QC residents for signs and symptoms of disease
- Attend to the needs of QC residents
- Assist residents with contacting family members
- Assist residents with recreational activities

General Duties:

- Track services provided to residents on tracking form
- Report disruptions to Direct Services Leader.
- Provide routine progress and/or status reports to Direct Services Leader.
- Request additional supplies as needed
- Perform other duties as assigned and approved by the Direct Services Leader.

Behavioral Health Counselors

Mission: To assist residents and staff that may require special counseling or support
You Report To: Direct Services Leader

Immediate:

- ❒ Set up a private area to assist residents and staff as needed.
- ❒ Observe and monitor patients, staff and volunteers for signs of fatigue or distress.
- ❒ Complete Patient Tracking Form to document all one-on-one interactions
- ❒ Provide behavioral health support, education and therapeutic intervention as needed throughout the Quarantine Center
    - o Assist individuals with concerns or fears
    - o Diffuse potential difficult situations

General Duties:

- ❒ Track numbers of clients, staff and volunteers provided support on tracking form.
- ❒ Report disruptions to Direct Services Leader.
- ❒ Provide routine progress and/or status reports to Direct Services Leader.
- ❒ Request additional supplies as needed
- ❒ Perform other duties as assigned and approved by the Direct Services Leader.

Registration Leader

Mission: Greet and register all patients entering Quarantine Center.

Immediate:

- ❒ Ensure station is set-up properly
- ❒ Greet patients as they enter.
- ❒ Explain the Quarantine Center to all patients
- ❒ Provide clients with registration materials
- ❒ Confer with Direct Services Leader to determine room assignment.

General Duties:

- ❒ Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all activities.
- ❒ Report disruptions to QC Commander
- ❒ Provide routine progress and/or status reports to QC Commander.
- ❒ Request additional supplies as needed
- ❒ Perform other duties as assigned and approved by the QC Commander

Security Staff

Mission: Provide safeguards necessary for protection of QC property and staff from loss or damage.

Immediate:

- Perform security assessment of facility.
- Contact the Safety & Security Officer to identify security needs
- Secure facility and grounds
- Remove any disruptive individuals from QC area

General Duties:

- Maintain Unit Log (adapted ICS Form 214) to ensure proper documentation is maintained for all unit activities.
- Establish contacts with local law enforcement as required.
- Monitor and adjust security and traffic plans accordingly
- Record all incident related complaints and suspicious occurrences
- Provide routine progress and/or status reports to the Safety & Security Officer.
- Perform other duties as assigned and approved by the Safety & Security Officer.
- Monitor colleagues and clients for signs of fatigue or distress.

ANNEX G Mass Casualty Management

Purpose: Develop a plan for the Capital Area to address a public health emergency that results in mass fatalities that overwhelm the current system

Issues:

1. Storing Remains
   - Identification of temporary refrigerated storage facilities
     - The State of NH Mass fatality workgroup will be identifying vendors to supply refrigerated trucks
     - Racks to be built to fit into trucks. Each truck could hold 24 bodies.
   - Placement of refrigerator trucks
     - The region will be able to house five refrigerator trucks to be located at Local Fire or Police Departments
     - Suggested locations: Hillsboro, Loudon, Pembroke, Pittsfield, Webster (using POD regions to determine towns)
   - Securing trucks
     - Local Police will handle security of trucks
     - Neighboring towns will contact hosting town when a delivery is to be made
   - Tracking remains
     - Bar code system, waterproof tags, etc.
2. Assessing current capacity of region
   - Funeral homes
     - Storage/morgue capacity
     - Transportation capacity (# vehicles/drivers)
     - Crematory capacity
     - Embalming capacity
     - Body bag inventory (heavy duty/regular)
   - Transportation providers
     - Ability to transport remains
       1. EMS
       2. Other healthcare agencies
   - Notification
     - County Attorney
     - Medical Examiner
3. Handling Remains
   - Personal Protective Equipment
   - Personal Effects
   - Transportation
4. Processing Remains
   - Family Support/Assistance
     - Look into using Neighborhood Emergency Help Center
   - Maintain honor, dignity with an awareness of religious belief systems
   - Burial (embalming) vs. cremation
   - Standard burials vs. mass burials
   - Standard services vs. delayed services

- Maintain processing the daily case load

5. Communication
   - Maintain communication pathways between
     - County Attorney
     - Medical Examiner
     - Hospital
     - Physicians
     - Funeral Directors
     - Police
     - EMS

ANNEX H **Pandemic Flu**

I. Background Information

1. Purpose and Scope

This plan is adapted from the State of New Hampshire Influenza Pandemic Plan released in 2006. The purpose of this plan is to describe the specific action to be taken by Capital Area in the event of an influenza pandemic. This plan should be implemented in accordance with the Local Emergency Operations Plans (LEOPs) for each municipality. This document should also be used to advise health care workers, health care facility administrators, state and local health department officials, and community officials in their response to an influenza pandemic.

The response to an influenza pandemic will be based on the Public Health Emergency Preparedness and Response Plan (PH EPRP). However, in the event of a pandemic there are specific issues in surveillance, medication distribution and communications that will need distinctive consideration. This plan encompasses the various aspects of preparedness, emergency response, and the recovery and maintenance efforts needed to take place in the event of an influenza pandemic.

2. WHO Pandemic Phases

The World Health Organization (WHO) and the United States Government (USG) have established pandemic phases. The most recent classifications of WHO and their corresponding USG phases are outlined in Table 1.

Table 1: WHO & USG Pandemic Phases

<table>
<tr><th colspan="2">WHO Phases</th><th colspan="2">Federal Government Response Stages</th></tr>
<tr><td colspan="4">INTER-PANDEMIC PERIOD</td></tr>
<tr><td>1</td><td>No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused a human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.</td><td rowspan="2">0</td><td rowspan="2">New domestic animal outbreak in at-risk country</td></tr>
<tr><td>2</td><td>No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza subtype poses a substantial risk of human disease.</td></tr>
<tr><td colspan="4">PANDEMIC ALERT PERIOD</td></tr>
<tr><td rowspan="2">3</td><td rowspan="2">Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.</td><td>0</td><td>New domestic animal outbreak in at-risk country</td></tr>
<tr><td>1</td><td>Suspected human outbreak overseas</td></tr>
<tr><td>4</td><td>Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.</td><td>2</td><td>Confirmed human outbreak overseas</td></tr>
</table>

5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: increased and sustained transmission in general population.	**3**	Widespread human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

3. Epidemic Respiratory Infection (ERI) Phases

In addition to the WHO pandemic phases, this plan also lists the corresponding ERI phases, which are based on the Readiness Plan for Epidemic Respiratory Infection (ERI) developed by the Dartmouth Hitchcock Medical Center (DHMC) Readiness Committee. The ERI plan establishes an alert matrix that outlines specific response activities to take place in a hospital setting at the various threat levels posed by an ERI, including an influenza pandemic. Concord Hospital has adopted the ERI Alert Matrix in their pandemic planning. The matrix is outlined in Table 2.

Table 2. Epidemic Respiratory Infection (ERI) Alert Matrix

Five levels of alert corresponding to the type of transmission and the location of the cases.

What type of transmission is confirmed?	**Where are the cases?**	**Are there cases at the institution?**	**Alert Level**
None or sporadic cases only	Anywhere in the world	No	Ready
Efficient person-to-person transmission	Anywhere outside the US and bordering countries (Canada, Mexico)	No	Green
Efficient person-to-person transmission	In the U.S., Canada, or Mexico	No	Yellow
Efficient person-to-person transmission	In NH or bordering states; at facility	Doesn't matter; efficient transmission from known sources	Orange
Efficient person-to-person transmission	At facility	Yes, with efficient transmission, sources not clear	Red

4. Pandemic Severity Index (PSI) Categories

In addition to the WHO Phases, the USG Stages, and the ERI Alert Matrix, preparedness and response activities outlined in this plan will also take into consideration the Pandemic Severity Index, an index introduced by CDC in February 2007. The PSI categorizes the severity of the pandemic based on case fatality ratio (the proportion of deaths among clinically ill cases). Pandemics will be assigned to a PSI category, Category 1 being least severe and Category 5 being the most severe. These categories are summarized in Table 3. CDC further separates the PSI categories into *Alert, Standby,* and *Activate* levels, reflecting the need for preparedness. These are outlined in Table 4.

Table 3. Pandemic Severity Index by Epidemiological Characteristics

Characteristics	Pandemic Severity Index				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1 - <0.5	0.5 - <1.0	1.0 - <20.	>2.0
Excess Death Rate (per 100,000)	<30	30 - <150	150 - <300	300 - <600	>600
Illness Rate (percentage of the population)	20-40	20-40	20-40	20-40	20-40
Potential Number of Deaths (based on 2006 US population)	< 90,000	90,000-<450,000	450,000-<900,000	900,000-<1.8 million	> 1.8 million
20th Century US Experience	Seasonal Influenza (Illness rate 5-20%)	1957,1958 Pandemic	None	None	1918 Pandemic

Source: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions,* February 2007

Table 4. Triggers for Implementation of Mitigation Strategy by Pandemic Severity Index and US Government States

Pandemic Severity Index	WHO Phase 6, USG Stage 3	WHO Phase 6, USG Stage 4 & First human case in US	WHO Phase 6, USG Stage 5 & First laboratory confirmed cluster in State or region
1	Alert	Standby	Activate
2 and 3	Alert	Standby	Activate
4 and 5	Standby	Standby/Activate	Activate

Source: *Interim Pre-pandemic Planning Guidance: Community Strategy for Pandemic Influenza Mitigation in the United States—Early, Targeted, Layered Use of Nonpharmaceutical Interventions,* February 2007

5. Legal Preparedness

Legal preparedness is an essential component of pandemic influenza preparedness and response. While no provision of law addresses pandemic influenza specifically, numerous statutory provisions authorize relevant actions. DHHS legal counsel confirms that:

- For some persons (e.g., those providing essential community services), influenza vaccination may be required; for others, vaccination may be recommended (see RSA 21-P: 49, V & VI relative to public health emergencies).
- For some persons (e.g., those infected with or exposed to a contagious disease), isolation or quarantine may be mandated (see RSA 141-C:11 Isolation and Quarantine)

II. Preparedness Phase

WHO Phase:	ERI Alert Matrix Phase:
Interpandemic Period ***Phase 1***: No new influenza virus subtypes detected in humans. An influenza virus subtype known to cause human infections may be present in animals, but risk to humans is low. ***Phase 2***: Circulating animal influenza virus subtype poses substantial risk of human disease.	**Ready** None or sporadic cases only anywhere in the world, but no cases at the local facility.
Pandemic Alert Period (if in country other than US) ***Phase 3***: Human infection(s) with a new subtype, but no human-to human spread, or at most rare instances of spread to a close contact. ***Phase 4***: Small clusters with limited human-to-human transmission but spread is highly localized. ***Phase 5***: Small cluster(s) with limited human-to-human spread still localized; the virus is becoming increasingly better adapted to humans, but perhaps not yet fully transmissible.	**Green** Efficient person-to-person transmission has been reported somewhere outside of the US and its bordering countries, but no cases at the local facility.

1. Priorities/Objectives:

A. Public Education: Increase public awareness of pandemic and educate public on how to prepare and stay healthy.
B. Surveillance: Increase surveillance activities to monitor for flu cases
C. Preparation: Review plans, check inventories and update contact information.

2. State Activities

A. Communication
DHHS will use the Health Alert Network (HAN) to disseminate pandemic messages to local Health Officers and public health partners.

B. Risk Communication/Public Education

DHHS Public Health Services will create and disseminate all messages and information related to the pandemic through the Public Information Officer (PIO). The DHHS PIO will also serve as a resource for local Health Officers, town officials and local and Regional PIO.

C. Surveillance
DHHS will lead investigations for all suspected influenza cases. They may ask for assistance from local Health Officers if overwhelmed.

D. Lab Testing
During a pandemic influenza event, all clinical specimens will be sent to the NH State Public Health Laboratory (PHL). Results of laboratory tests will be promptly shared with the ordering physician and the CDCS.

E. Community Containment
The decision to institute community containment measures, and the nature and scope of these measures, will be made based upon guidance from the NH DHHS based on the *State of New Hampshire Influenza Pandemic Public Health Preparedness & Response Plan*, the extent of the pandemic, and the availability of resources.
(See Appendix 1 for Community Containment Recommendations)

3. Regional/Local Activities

A. Organization
The Capital Area Coordination Center (CACC) Activation should meet to determine the appropriate level of activation of the CACC, mission and objectives of the operation, and appropriate staffing levels. Most likely Activation Level 2 would be most appropriate in the preparedness phase for information collection and sharing purposes. At this time, local inventories should be reviewed and updated. (See Annex B for Capital Area Coordination Center Plan)

B. Communication
The Region should ensure that all call lists are up to date. A conference call or regular update may be scheduled to keep partners current on events.

C. Risk Communication/Public Education
Concord Hospital's Public Affairs department will serve as the Regional Public Information Officer (PIO) to carry out crisis and emergency risk communications. The Regional PIO relies primarily on the NH DHHS Division of Public Health Services' (DPHS) Public Information Office (PIO) for messages and information, and will tailor these minimally to meet local needs, in the interest of maintaining consistency in messaging. The PIO will also be a resource for health officers, town officials, and local PIOs as needed. Local PIOs should use the information they are given to inform the public on current events and what they can do to prepare and to stay healthy. A hotline may be set up to assist with public inquiries.

The following is a partial list of crisis and emergency risk communications needs that may arise during the preparedness phase:

- Information on pandemic planning efforts
- Status of the pandemic (pandemic alert phase)
- Basic preventive measures to protect health
- Preparations for extended periods of time where routine services and supplies may not be available.
- Where to get updated, timely information to stay informed if there is an outbreak.

(See Appendix 2 for Risk Communication Messages)

D. Surveillance

Data collection locally and statewide will focus on individual cases in the early stages of a pandemic and shift to aggregate data collection as the pandemic evolves. Regional planners will play a role in surveillance activities, including but not limited to the following:

- Establish a point(s) of contact to
  - Receive "just in time" surveillance tools from NH DHHS and disseminate to pre-identified points of care throughout the region.
  - Take reports of cases within respective region.
- Identify key resources within region to provide data collection capacity during a pandemic. Examples of data are: individual case information, contacts to case, containment measures recommended and/or implemented to locally identified cases (i.e., treatment, isolation, quarantine of contacts).

E. Medication Distribution

If vaccination and/or antivirals will be available for distribution in the region, activate the Point of Distribution (POD) plan. (Annex C for Point of Distribution Plan)

4. Health Care Providers and Facilities Activities

A. Surveillance

Local clinicians will follow PHL guidelines for specimen collection, packaging and delivery. These guidelines will be posted on the DHHS website for influenza. Information on influenza testing, including proper specimen collection, handling, shipping, transport and submission procedures, can be obtained on this website or by calling the PHL at (603) 271-4660.

- Keep alert for increased ILI in your facility or community and follow DHHS recommendations for the prevention and control of influenza available on the DHHS website at http://www.dhhs.nh.gov
- Consult with public health experts from the Communicable Disease Control Section (CDCS) (603-271-4496) to determine whether or not influenza culture specimens for patients with ILI should be sent to the PHL.
- Report any cluster or unusual cases of ILI to the CDCS (603-271-4496, or after hours to 1-800-852-3345 ext. 5300)

B. Community Containment

Healthcare professionals should emphasize hand washing, respiratory hygiene, and cough etiquette for all patients entering their facilities.

III. Response Phase

WHO Phase:	ERI Alert Matrix Phase:
Pandemic Alert Period – if in the U.S. ***Phase 3***: Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact. ***Phase 4***: Small cluster(s) with limited human-to-human transmission but spread is highly localized. ***Phase 5:*** Large cluster(s) but human-to-human spread still localized; the virus is becoming increasingly better adapted to humans, but perhaps not yet fully transmissible.	**Yellow** Efficient person-to-person transmission in the US, Canada or Mexico, but no cases at the local facility. **Orange** Efficient person-to-person transmission in the region (NH/VT/MA or close to borders) and perhaps cases at the local facility. Nosocomial transmission from known sources only.
Pandemic Period ***Phase 6***: Pandemic phase: increased and sustained transmission in general population.	**Red** Efficient person-to-person transmission with cases at the local facility and nosocomial transmission without clearly identified sources.

Priorities:

1. Risk Communication / Public Education: Keep public informed about current events and emphasize hand hygiene, cough etiquette, and social distancing.
2. Community Containment: Keep transmission to a minimum by emphasizing social distancing and minimizing group activities.
3. Treatment of Infected: Set up alternative care facilities to care for infected.

1. State Activities

A. Communication
DHHS will continue to use the Health Alert Network (HAN) to disseminate pandemic messages to local Health Officers and public health partners.

B. Risk Communication/Public Education
DHHS Public Health Services will continue to create and disseminate **all** messages and information related to the pandemic through the Public Information Officer (PIO). The DHHS PIO will also serve as a resource for local Health Officers, town officials and local and Regional PIOs.

C. Surveillance

Surveillance systems will be enhanced as the pandemic progresses from the preparedness phases to emergency response phases. The region will work with DHHS and use the data tracking system established and distributed by DHHS for tracking purposes. The previously described preparedness phase's surveillance activities will be maintained, and the following additional activities will take place.

Once the CDCS has reason to believe that a novel strain of influenza is a risk to NH residents, a Health Alert Notification (HAN) will be disseminated to NH providers requesting their vigilance in reporting a normally non-reportable disease. Local healthcare professionals should report suspect cases to CDCS at 271-4496 during regular business hours and at 271-5300 after hours.

As suspect or confirmed cases are reported, they will be assigned to the on-call Public Health Professional (PHP), a PHN or Epidemiologist, for case investigation. NH DHHS' CDCS will be responsible for activities related to contact investigation, specimen collection and post-exposure prophylaxis. The local healthcare professional will be involved through this investigative process.

D. Community Containment

DHHS will make recommendations on community based containment strategies including:

- Quarantine. Although quarantine of exposed, at-risk persons may not be an effective means of disease control as the pandemic progresses, in early phases it may be appropriate.
- Isolation. Individuals who have influenza are physically separated from those persons who are not ill.
- Snow days. The term "snow days" refers to days when a significant portion of the population is asked to stay at home, as if there were a major snowstorm. Employers and others should identify mission-critical personnel who are essential to maintaining societal infrastructure (i.e., gas, water, electricity).
- Self-shielding. This is a self-imposed measure where individuals stay at home so as to exclude themselves from infected persons. Communities should prepare for the fact that many individuals will choose to self-shield. This behavior may enhance compliance to requested snow days. Self-shielding differs from voluntary quarantine in that it is entirely self-imposed with no prompting from public officials.
- Restricted access and/or cancellation or closure. These interventions may include the following:
    - Restricted access or closure of specific buildings, such as public swimming pools and gyms
    - Cancellation of public events, such as sporting events, movie theaters, concerts
    - Closure of public buildings
    - Closure of private buildings

(See Appendix 1 for Community Containment Recommendations)

2. Regional/ Local Activities

A. Organization
The Capital Area Coordination Center (CACC) Activation should meet to determine the appropriate level of activation of the CACC, mission and objectives of the operation, and appropriate staffing levels. The CACC will coordinate local and regional resources needed to respond to the pandemic. Resources are defined as personnel, equipment, supplies and information. (See Annex B for Capital Area Coordination Center Plan)

B. Communication
The CACC will activate the call tree and inform all regional partners of the current situation. All inquiries and requests for assistance should go through CACC. A conference call or regular update may be scheduled to keep partners current on events.

C. Risk Communication/Public Education
Concord Hospital's Public Affairs department will serve as the Regional Public Information Officer (PIO) to carry out crisis and emergency risk communications. The Regional PIO relies primarily on the NH DHHS Division of Public Health Services' (DPHS) Public Information Office (PIO) for messages and information, and will tailor these minimally to meet local needs, in the interest of maintaining consistency in messaging. The PIO will also be a resource for health officers, town officials, and local PIOs as needed. Local PIOs should use the information they are given to inform the public on current events and what they can do to prepare and to stay healthy. A hotline should be set up to assist with public inquiries.

The following is a partial list of crisis and emergency risk communications needs that may arise during the response phase:

- Status of the pandemic (pandemic alert phase)
- Suspension of normal operations
- Information on which facilities, organizations and public events are closed
- Accessing support services including mental health services
- Obtaining influenza vaccination and/or antivirals.

(See Appendix 2 for Risk Communication Messages)

D. Surveillance
Continue to respond to DHHS requests for data collection.

E. Medication Distribution
If vaccination and/or antivirals will be available for distribution in the region, activate the Point of Distribution (POD) plan. (Annex C for Point of Distribution Plan)

F. Medical Surge
If hospital and health care providers are being overwhelmed, activate the Medical Surge plan. If needed, an Acute Care Center (ACC) may be set up to provide supportive care to up to 150 patients. A Neighborhood Emergency Help Center (NEHC) may be set up to triage incoming patients to determine where they should access treatment (hospital, ACC, or home). (See Annex E for Medical Surge Plan)

G. Community Containment
Individuals staying home due to illness (isolation), possible contact with an exposed individual (quarantine), or to care for a family member will be given the following resources to assist them:
- Contact their local Welfare Department for assistance with food, water, and supplies, if needed.
- Contact the established hotline to determine most appropriate personal protective measures to take, how to care for individuals with the flu, and get basic information about the flu and the current status in the region.
(See Appendices 3 for additional information on precautions and care for flu)

In the event mass quarantine is needed, the region may establish a mass Quarantine Center that can house up to 20 individuals.
(See Annex F for Quarantine Center Plan)

3. Health Care Activities

A. Surveillance

- Continue to follow guidelines for specimen collection and surveillance activities.
- Continue to communicate with the CACC to report aggregate confirmed cases, suspected cases, medical surge, and work force issues.

B. Hospital Containment
The following is CDC's suggested hierarchical approach:
- When possible, place patients with documented or suspected influenza in a private room
- When the number of patients with influenza exceeds the available private rooms, try to place influenza cases together in multi-bed rooms or wards
- When patients with and without influenza must be placed in a room together, try to avoid including uninfected patients most susceptible to influenza complications
- Minimize the number of staff having contact with infected patient(s) by assigning influenza patient(s) to a single or small group of health care personnel, who have been vaccinated and/or are taking antiviral medications for prophylaxis (if medications available and appropriate)
- When numerous cases are identified, consider placing all patients with documented or suspected influenza in one designated unit or ward and assign vaccinated health care personnel to work in the designated influenza cohort unit

IV. Recovery Phase

WHO Phase:

ERI Alert Matrix Phase:

Postpandemic Period	**Ready**

Return to interpandemic period.	None or sporadic cases only anywhere in the world, but no cases at the local facility.

1. Activities for All

A. Risk Communication

Since influenza pandemics have historically presented with a second outbreak of the disease within the same geographic area 3-9 months after the initial wave of disease, it will be particularly important to inform the public when the pandemic is over. The recovery phase does not begin until indices of influenza activity have returned to essential normal inter-pandemic levels and immunity is widespread in the general population. The recovery phase involves deactivating the response activities, reviewing their impacts and using the lessons learned to guide future planning.

The following is a partial list of crisis and emergency risk communications needs that may arise during the recovery phase:

- Status of the pandemic (pandemic alert phase)
- Resumption of normal operations
- Information on which facilities, organizations and public events are open to the public
- Accessing support services including mental health services
- Obtaining routine influenza vaccination.

(See Appendix 2 for Risk Communication Messages)

B. Surveillance

With confirmation from Federal and State authorities that the pandemic has ended, activities outlined in the Preparedness Phase (Interpandemic period, Phase 1) should be resumed.

C. Decontamination

In the case of pandemic influenza, environmental surfaces may be decontaminated with ordinary household detergents. Clothing and linens may be laundered with a minimum of warm water and detergent. The CDCS will advise health care facilities, first responders, and others, including the general public, as to the specific decontamination guidelines at the time of the pandemic.

V. Resources

Current resources for pandemic preparedness may be found at the following websites:

- NH DHHS website for avian and pandemic influenza preparedness: www.avianflu.nh.gov
- CDC website for influenza: http://www.cdc.gov/flu/
- Federal HHS website for pandemic issues (has links to checklists): www.pandemicflu.gov

Appendix 1. Community Containment Recommendations

Intervention	USG Stages† 3 & 4; PSI Categories 2 & 3	USG Stage 5; PSI Categories 4 & 5	Additional Comments/ Recommendations
Mandatory isolation of cases	Yes	No	Monitoring cases in and enforcement of mandatory isolation will be impractical in USG Stage 5 (PSI 4 & 5) due to overwhelmed demand on supporting agencies that are at decreased capacity. Isolation should be sustained for 7-10 days after onset of illness (will follow current CDC recommendations).
Voluntary isolation of cases	Yes	Yes	Non-hospitalized cases will be encouraged to self-isolate. Isolation should be sustained for 7-10 days after onset of illness (will follow current CDC recommendations).
Mandatory quarantine of household contacts	Yes	No	Monitoring contacts in and enforcement of mandatory quarantine will be impractical in USG Stage 5 (PSI 4 & 5) due to overwhelmed demand on supporting agencies that are at decreased capacity. Quarantine should be sustained for 7 days after the case's onset of illness (will follow current CDC recommendations).
Voluntary quarantine of household contacts	Yes	Yes	This will be recommended to the general public but current capacity will not allow for enforcement of quarantine during a pandemic. Quarantine should be sustained for 7 days after the case's onset of illness (will follow current CDC recommendations).
Work quarantine			Work quarantine may be necessary for individuals who have been exposed to a case(s) but are essential to maintaining societal infrastructure. When in work quarantine the individual should only leave the home or place of quarantine for work purposes, and only when it is determined that risk of transmission can be mitigated by use of appropriate PPE.
Health Care Personnel (HCP) with direct patient contact	No	Yes	It is likely that HCPs will be in short supply but high demand, and therefore, they may be requested to undergo work quarantine.
Other essential service providers with high-risk contact potential	No	Consider	There are individuals outside of health care who are essential for maintaining infrastructure. As demand increases for these individuals because of a decrease in supply, they may be requested to undergo work quarantine if identified as exposed contacts.
Business-critical personnel	No	As determined by business Continuity of Operations Plans (COOP)	To maintain economical infrastructure, there may be instances in which business-critical individuals are requested to undergo work quarantine if identified as exposed contacts. Determining who is business-critical will be at the discretion of the business' COOP.

Table 7. Continued

Intervention	USG Stages 3 & 4; PSI Categories 2 & 3	USG Stage 5; PSI Categories 4 & 5	Additional Comments/ Recommendations
Mass Vaccination	Yes	Yes	Recommendation will depend on availability of vaccine.
Antiviral treatment of cases	Yes	Yes	Recommendation will depend on availability and efficacy of antiviral medications.
Antiviral prophylaxis of asymptomatic contacts	According to priority groups only	Yes	Priority group determination will be based on CDC recommendations. In the absence of a CDC recommendation, the NH DHHS will provide guidance. Decision to use antivirals will depend on availability and efficacy of the medications as well as capacity to identify and dispense them to contacts.
Respiratory hygiene/ cough etiquette	Yes	Yes	Maintain basic measures (i.e., cover your cough campaigns) throughout pandemic
Mask/facial covering‡ use			NH DHHS will follow current CDC recommendations regarding mask use (see section 2.4.Case Investigation).
Mask/facial covering use by confirmed cases	Yes	Yes	To be used when within three feet of others
Mask/facial covering use by HCPs	As recommended	As recommended	NH DHHS will continue to follow CDC guidelines for mask and respirator use (see section 2.4.Case Investigation).
Mask/facial covering use by asymptomatic, exposed contacts	As recommended	As recommended	Close contacts should maintain 3 feet of social distance when exposure risk to confirmed case is present; if social distance is not possible, consider use of surgical mask or facial covering.
Mask/facial covering use by general public	No	No	At this time, mask use is not recommended for the general public when in public. Consider surgical mask or facial covering when close contact (within 3 feet) with cases is anticipated.
Hospital use of airborne infection isolation (AII)	Yes	No	Hospitals should follow their in-house protocols for airborne precautions. NH DHHS will follow CDC guidelines in recommending airborne isolation of pandemic influenza cases. Early cases will likely require AII until more is learned about modes of transmission of the pandemic influenza virus.
Snow days	No	Yes	A voluntary measure where community is asked to self-quarantine. Order or closure considered below ("Closure of public buildings").
Self-shielding (Shelter-in-place)	Yes	Yes	Self-shielding is a voluntary, individual response, a self-imposed measure where individuals stay at home so as to separate themselves from infected persons. This differs from voluntary quarantine in that it is not a formal recommendation from public officials.
Restricted access/ closure of specific buildings (gyms, swimming pools)	No	Yes	This is a focused intervention to target specific groups at risk.
Cancellation of public events	No	Consider	During the pandemic, public events may still take place with a broad recommendation not to attend; televised events may be used to encourage

			compliance of voluntary isolation & quarantine.
Closure of buildings to prevent unnecessary gatherings			To be effective, closure should occur early in pandemic Stage 5 (once virus is spreading throughout US) and be sustained until number of cases begins to decline.
Public buildings	Consider short-term closure (≤ 4 weeks)	Consider prolonged closure (≤ 12 weeks)	In a State of Emergency, the Governor may close public (not privately owned) buildings. Otherwise, the decision to close will be made by Superintendents or appropriate state and local authority, as applicable to current law, with guidance from NH DHHS. **Duration reflects current CDC recommendations for school closure**; similar recommendations may be applicable to other public buildings.
Private buildings/places of business	No	Dependent on business	Closure of private businesses will be dependent on that entity's Continuity of Operations Planning; for example, some offices may be able to remain open by maintaining recommended social distance through telecommuting or staggered shift options.
Travel Restrictions	As recommended	As recommended	There are no current recommendations for inter- or intra-state travel restrictions. NH DHHS will follow CDC guidelines in recommending any restrictions.
Public transportation	No	Consider modifications	There is no recommendation to halt public transportation during a pandemic. Modifications to decrease passenger density may be considered

† PSI Category 1 and USG Stages 1 and 2 are excluded from Table 7 because the pandemic severity and situation at these levels do not merit implementation of community containment measures in the US. Isolation of cases is the only recommended non-pharmaceutical intervention at PSI Category 1.

‡ Facial covering refers to any article other than a traditional surgical mask or respirator, used as a barrier for nasal and oral passages.

Appendix 2. Risk Communication Messages – All Phases

1. Preparedness Phase

All audiences need to be informed about pandemic planning efforts and assured plans are being developed to assure their health and safety. Sample messages include:

- The towns of _____ are working with schools, businesses, health care providers and local officials to develop a plan for responding to an avian pandemic to assure the health and safety of all residents in the region.
- Our region is coordinating our planning efforts with state agencies to assure that state resources are available to the local communities, as needed.

All residents need to be informed about the status of the pandemic (pandemic alert phase)

- If you are have influenza like symptoms, such as fever, sore throat and muscle aches, you should assume it is not the (Bird/Avian) influenza and contact your primary care provider and follow common sense guidelines.
- Presently, there are no reported human cases of H5N1 influenza in the United States.
- All cases of avian influenza to date have been confined to Asia and currently, avian influenza is not passed from person to person.

All residents of the region should take basic preventive measures to protect their health. Sample messages include:

- Practice good hygiene, especially frequent hand washing, coughing into your elbow or into a tissue, and then washing your hands again
- If you are sick, stay home from work or school; consult your health care provider if symptoms persist or are severe.
- Get your regular influenza shot
- The CDC advises that if you are planning to travel to countries in Asia with known outbreaks of H5N1 influenza, avoid poultry farms, contact with animals in live food markets, and any surfaces that appear to be contaminated with feces from poultry or other animals

All audiences should prepare for extended periods of time where routine services and supplies may not be available.

- Households should stockpile 7 to 10 days of food and supplies (see checklist)
- Businesses should make plans for continuity of operations and, if needed, closure.
- Agencies serving functional needs populations should plan for maintaining operations during a pandemic.

All audiences need to know where they will continue to get updated, timely information to stay informed if there is an outbreak.

2. Response/Emergency Phase

Stage 1 Event Messaging: Initial reports of Avian Influenza in USA

- The CDC announces that avian influenza has just been found in _____, USA.
- This influenza is being passed from human to human.
- The development of a vaccine is underway.
- The Capital Area has its activated regional emergency plan.
- To minimize the spread of the disease, individuals who may have come in contact with someone with the disease are asked to stay away from other people. If you think you may have been exposed, call ; stay home for 7 – 10 days; if you develop symptoms **call** your doctor or the influenza hotline at _____for an update on bird (avian) influenza symptoms

- If you think you are ill with H5N1, stay home, call your doctor or the influenza hotline at _____ for an update on bird (avian) influenza symptoms
- Doctors recommend that anyone with influenza symptoms_____(CDC Protocols TBD)
- If you are unable to care for yourself in your own home, you can contact _____ to be moved to a facility where you can receive care.
- If you are in need of _____, you can contact _____ to receive assistance.
    - Food:
    - Medical care:
    - Information about how to care for a sick person:
-
- Residents should continue to follow the these tips to stay healthy:
    - Get a regular influenza shot in the fall or early winter. Contact your doctor or call the Public Health Department about places to receive the vaccine.
    - Wash your hands often to help protect you from germs. Alcohol based gel hand sanitizers are also effective.
    - Avoid close contact with people who are sick.
    - If you must go out when you are sick, keep your distance from others and wear a protective face mask.
    - Note that health care workers may wear face masks as a preventative measure.
    - Do everything you can to stay home from work, school, and errands when you are sick.
    - Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Throw away used tissues right away.
- Talk to your doctor about a pneumonia vaccination.
    - Avoid touching your eyes, nose or mouth since germs are often spread when a person touches something that has germs and then touches these areas.
- For information on closings and cancellations go to _____.

Stage 2 Event Messaging: Pre-Vaccine with Avian Influenza through USA

- The CDC announces that the avian influenza has spread throughout the nation.
- The Capital Area has implemented its regional emergency plan.
- A Influenza Shot for the bird influenza is currently being developed and medical people are in place to send the vaccine to selected centers as soon as it is ready. The CDC reports that the shots will be ready to give to people in 2 months.
- Please note that if you have had a shot for the regular influenza, this does not mean that you are protected from the avian influenza.
- To protect the public health, those with influenza or influenza symptoms should stay home from work, school, errands and public events.
- If you have influenza or influenza-like symptoms, call your doctor or the influenza hotline at _____ for an update on bird (avian) influenza symptoms. Doctors recommend that anyone with influenza symptoms _____ (CDC protocols TBD)
- If you are unable to care for yourself in your own home, you can contact _____ to be moved to a facility where you can receive care.
- If you are in need of _____, you can contact _____ to receive assistance.
    - Food:
    - Medical care:
    - Information about how to care for a sick person:
- If you are feeling depressed or overwhelmed, spiritual and mental health services are available at _____
- If someone you are caring for has died, contact _____ for assistance.
- If you have been sick and recovered you are likely immune to this version of the virus. However, pandemic influenza has historically come in waves and you may not be immune to future waves of the influenza. Until the CDC has confirmed that the pandemic is over you should not assume that you are safe from the disease.

Stage 3 Event Messaging: Vaccine Arrival/Clinic Information

- The CDC announces that the avian influenza continues to spread throughout the nation.
- The Capital Area has implemented its regional emergency plan.
- Influenza shots will be shipped next week and medical people are in place to give the shots at selected centers.
- People who should NOT receive the vaccine:
- People eligible to receive the vaccine in the first 3 days include:
- Everyone else is eligible to receive vaccine on days 4-10.
- Clinic hours will be from _____ to_____. Bring some form of identification with you such as drivers license, passport, etc….
- Please note that if you have had a shot for the regular influenza, this does not mean that you are protected from the avian influenza.
- To protect the public health, those with influenza or influenza symptoms should stay home from work, school, errands and public events.

- If you have influenza or influenza-like symptoms, call your doctor or the influenza hotline at _____ for an update on bird (avian) influenza symptoms. Doctors recommend that anyone with influenza symptoms _____ (CDC protocols TBD)

C. Recovery

Post-Event Messages:

- The CDC announces that the risk of avian influenza is over.
- Individuals, organizations and communities should begin the process of resuming normal operations.
- Procedures are being followed to ensure all public facilities used during the pandemic to transport and house sick persons are cleaned, inspected and made safe for their intended use.
- For information on which facilities, organizations and public events are open to the public, contact _____.
- If you are feeling depressed or overwhelmed, spiritual and mental health services are available at _____.
- For information on available assistant for recovery after the pandemic, contact _____.
- Individuals at high risk for influenza including _____ should obtain routine influenza vaccination.

Appendix 3: Public Information Materials

ENHANCED PRECAUTIONS & INFECTION CONTROL MEASURES

Standard Precautions
+
Contact Precautions
Droplet Precautions
Airborne Infection Isolation

Contact: For patients known or suspected to have illnesses transmitted by direct or indirect patient contact

- Private room preferred
- Gloves
- Gowns
- Hand washing with antimicrobial agent

Droplet: For prevention of transmission of disease in particles >5 microns in size, which may travel short distances (≤ 3 feet) from known or suspected patients with illness

- *Contact Precautions plus:*
- Mask within 3 feet of patient:
  - Should be worn once and then discarded; however, if patients are cohorted and multiple patients need to be seen within cohort, it may be practical to wear for the duration of the activity.
  - Change when becomes moist
  - Do not leave around neck
  - Perform hand hygiene after touching mask.
- Wear goggles/face shield when spray or splatter of infectious material can be anticipated

Airborne: For prevention of transmission from particles <5 microns, which may remain suspended in the air for long periods of time

- *Contact & Droplet Precautions plus:*
- Negative pressure ventilation
- Minimum of 6 air exchanges/hour
- Use a **fit-tested** respirator, NIOSH approved N-95 (or greater) filtering facepiece (i.e. disposable) respirator

INFECTION CONTROL PRECAUTIONS FOR PRACTITIONERS FOR RESPIRATORY HYGIENE AND COUGH ETIQUETTE

Institution of public health measures for universal respiratory hygiene and cough etiquette will avert influenza and other infectious disease transmission. Key features of this campaign include:

• Provide surgical masks to all patients with symptoms of a respiratory illness; provide instructions on the proper use and disposal of masks

• For patients who cannot wear a surgical mask, provide tissues and instructions on when to use them (i.e., when coughing, sneezing, or controlling nasal secretions), how and where to dispose of them, and the importance of hand hygiene after handling this material

• Provide hand hygiene materials in waiting room areas and encourage patients with respiratory symptoms to perform hand hygiene

• Designate an area in waiting rooms where patients with respiratory symptoms can be segregated (ideally by at least 3 feet) from other patients who do not have respiratory symptoms

• Place patients with respiratory symptoms in a private room or cubicle as soon as possible for further evaluation

• Implement use of surgical or procedure masks by health care personnel during the evaluation of patients with respiratory symptoms

• Consider the installation of Plexiglas barriers at the point of triage or registration to protect health care personnel from contact with respiratory droplets

• If no barriers are present, instruct registration and triage staff to remain at least 3 feet from unmasked patients and to consider wearing surgical masks during respiratory infection season

• Continue to use droplet precautions to manage patients with respiratory symptoms until it is determined that the cause of symptoms is not an infectious agent that requires precautions beyond standard precautions

Posters to promote hand hygiene, as well as respiratory hygiene and cough etiquette will be available on the DHHS website at http://www.dhhs.nh.gov . See Appendix 6 for a preview of these posters.

American Red Cross

Home Care for Pandemic Flu

What is Pandemic Flu?

A "pandemic" is a disease that spreads all over the world and affects a large number of people. If you are caring for a loved one during a pandemic, it's important to take steps to protect yourself and others. Always follow the most current advice of the U.S. Department of Health and Human Services and your local health department.

Prevent the Spread of Pandemic Flu

These healthy habits will help keep you and others from getting and passing on the virus.

- Clean your hands often with soap and water or alcohol-based hand sanitizer.
- Cover your mouth and nose with a tissue when you cough or sneeze and clean your hands afterward. Put used tissues in a wastebasket.
- Cough or sneeze into your upper sleeve if you don't have a tissue.
- Keep your hands away from your eyes, nose and mouth to prevent germs from entering your body.

Also, a person with signs of the flu should:

- Stay home from work, school and errands and avoid contact with others.
- Consider wearing a surgical mask when around others. There may be benefits.

When a Household Member Is Sick

The flu virus is spread when contaminated droplets exit the mouth and nose of an infected person and the virus comes in contact with others. So, follow these tips to protect yourself and others in your home:

- Keep everyone's personal items separate. All household members should avoid sharing computers, pens, papers, clothes, towels, sheets, blankets, food or eating utensils.
- Disinfect door knobs, switches, handles, toys and other surfaces that are commonly touched around the home or workplace.

Disinfectant:
1 gallon water
¼ cup bleach
Mix up a fresh batch every time you use it.

- It is okay to wash everyone's dishes and clothes together. Use detergent and very hot water. Wash your hands after handling dirty laundry.
- Wear disposable gloves when in contact with or cleaning up body fluids.
- One person should be the caregiver. He or she may benefit by wearing a mask when giving care.

Practice Hand Hygiene

Caregivers should always wash their hands before providing care. Afterward, wash again and apply alcohol-based hand sanitizer as well. Follow these steps for proper hand hygiene:

1. Wet hands with warm, running water and apply liquid soap.
2. Rub hands vigorously for at least 15 seconds, covering all surfaces and fingers.
3. Scrub nails by rubbing them against the palms of your hands.
4. Rinse your hands with water.
5. Dry your hands thoroughly with a paper towel and use it to turn off the faucet. A shared towel will spread germs.

Recognize Pandemic Flu Symptoms

Watch for these symptoms:

- Fever
- Cough
- Runny nose
- Muscle pain

Call your health-care professional at the first sign of the flu. Many symptoms can be treated by the health-care professional over the telephone.

Care for a Loved One with the Flu

A person recovering from flu should have:

- Rest and plenty of liquids
- No alcohol or tobacco
- Medications to relieve flu symptoms

In some cases, a health-care professional may prescribe antiviral drugs to treat the flu. Antibiotics (like penicillin) don't cure it.

American Red Cross

Home Care for Pandemic Flu

Monitor Pandemic Flu Symptoms

Keep a care log. Write down the date, time, fever, symptoms, medicines given and dosage. Make a new entry at least every 4 hours or when the symptoms change. Call your healthcare professional again if your loved one has:

- A high fever
  - Children and Adults: Greater than 105°F (40.5°C)
  - Babies 3- to 24-months-old: 103°F (39.4°C) or higher.
  - Babies up to 3 months: Rectal temperature of 100.4°F (38°C) or higher.
- Shaking chills
- Coughing that produces thick mucus
- Dehydration (feeling of dry mouth or excessive thirst)
- Worsening of an existing serious medical condition (for example: heart or lung disease, diabetes, HIV, cancer)

If you cannot reach your health-care professional, **call 9-1-1** or local emergency number for any of the signs below:

- Irritability and/or confusion
- Difficult breathing or chest pain with each breath
- Bluish skin
- Stiff neck
- Inability to move an arm or leg
- First-time seizure

Prevent Dehydration

Dehydration occurs when the body loses too much water and it's not replaced quickly enough. It can be serious. Begin giving soothing drinks at the first signs of the flu and follow these tips:

- In addition to plenty of liquids, give ice and light, easily digested foods, such as soup and broth.
- If your loved one has diarrhea or vomiting, give fluids that contain electrolytes. These are available at your pharmacy or grocery store. Or you can make your own rehydration electrolyte drink for someone over the age of 12.

Electrolyte Drink:
1 quart water
½ tsp. baking soda
½ tsp. table salt
3 to 4 tbsp. sugar
¼ tsp. salt substitute
Mix well and flavor with lemon juice or sugar-free Kool-Aid®.

- If drinking liquids makes nausea worse, give one sip at a time until your loved one can drink again.

Reduce Fever

To help reduce a fever, do the following:

- Give plenty of fluids.
- Give fever-reducing medication, such as acetaminophen, aspirin or ibuprofen, as directed on the container's label. Do not give aspirin to anyone younger than 20.
- Keep a record of your loved one's temperature in your care log.
- To relieve discomfort, give a sponge bath with lukewarm water.

After you have called your doctor or emergency number for a fever, continue to follow the home treatment recommendations above. If there is a delay in getting help, ask a health-care professional if you should start an additional dose of an alternate fever-reducing medication (acetaminophen, ibuprophen or aspirin) between the doses described on the label. Always continue to give plenty of fluids.

Prepare for a Flu Pandemic

Make a plan now for a flu pandemic. Figure out what you will do if members of your household have to stay home from work or school or stay separated from others for a period of time. Keep extra supplies of food, water, medications and your disaster supply kit on hand.

Pandemic Flu Caregiving Supplies:

- Thermometer
- Soap
- Box of disposable gloves
- Acetaminophen
- Ibuprophen
- Bleach
- Alcohol-based hand sanitizer
- Paper towels
- Tissues
- Surgical masks (one for each person)
- Sugar, baking soda, salt, salt substitute

For more information, contact your local American Red Cross chapter, visit www.redcross.org or call 1-800-RED-CROSS.

Many of the recommendations in this brochure are from the U.S. Department of Health and Human Services. This information is not intended as a substitute for professional medical care or current public health advice. Seek advice from your health-care provider, the CDC and your local health department. Visit www.pandemicflu.gov.

As with all medications and treatments, there are side effects and potential complications. Seek professional advice from your health-care professional to make sure any medication or vaccination is appropriate to your health.