Base Plan

of the

Public Health Emergency Response Annex

for the

Central NH Public Health Region

Serving: Alexandria, Ashland, Bristol, Bridgewater, Campton, Ellsworth, Groton, Hebron, Holderness, Lincoln, Livermore (unincorporated), Plymouth, Rumney, Thornton, Warren, Waterville Valley, Wentworth, & Woodstock

The Central NH Public Health Network

Public Health Emergency Preparedness Regional Office Location: Speare Memorial Hospital at Boulder Point
Mailing Address: Mid-State Health Center
Attn: Angel Ekstrom
101 Boulder Point Drive, Suite 1
Plymouth NH 03264
Phone: (603) 238-3582
Fax: (603) 536-4001
Email: aekstrom@midstatehealth.org

Record of Revisions & Changes

The Public Health Emergency Response (PHER) Annex and its associated Appendices (plans) are reviewed annually by the Regional Coordinating Committee. Modification to the PHER Annex is tracked below by documenting the date, name of the person who modified the document, and a brief description of the change. The Record of Changes should reflect significant changes made to the plans in the prior two years.

Date	Subject Area	Document Title	Initials
9/25/2015	Sectioned large Annex document, base section created & updated	Base Plan	AE
10/13/2015	Format MACE Activation document	Appendix 1: MACE	AE
11/10/2015	Organized & updated information within MACE Activation plan	Appendix 1: MACE	AE
11/30/2015	Formatted and updated Concept of Operations	??	AE
12/6/2015	Updated tables & JASs within Appendix 1 : MACE	Appendix 1: MACE	AE
12/6/2016	Formatted & updated Information & Warning Appendix	Appendix 2	AE
12/9/2015	Format & organize	Appendix 4: POD	AE
12/9/2015	Developed Situational Awareness section	??	AE
1/5/2016	Developed Plan Development & Maintenance section	??	AE
1/6/2016	Formatted and updated POD Plans	PSU POD Plan & Newfound POD Plan	AE
1/7/2016	Formed Plan Development & Maintenance Task List	Base Plan Attachment ??	AE
1/19/2016	Reviewed & updated JASs within Appendix 1 : MACE	Appendix 1: MACE	AE
1/25/2016	Created FY2015 training & exercise list, created trailer attachment	??	AE
2/2/2016	Added SME info to MACE Activation plan	Appendix 1: MACE	AE
2/19/2016	Updated: HOH data, Clinical Staff JAS, added staff name, start & end time documentation on top of each form	Appendix 4: POD	AE
2/29/2016	Updated Primary POD Plan Total Population numbers	PSU POD Plan	AE
3/1/2016	Updated Central NH population data	Appendix 4: POD	AE
3/3/2016	Updated contact information on POD Plan	PSU POD Plan	AE
3/8/2016	Update command staff & additional POD/Exercise role tasks & suggested qualifications to JASs	Appendix 4: POD	AE
3/14/2016	formatted & updated Ops Plan	NEHC	AE
3/14/2016	Formatted & updated Plan	Medical Surge	AE
3/15/2016	formatted & updated Ops Plan	ACS	AE
3/15/2016	Inserted AllWell 1st floor facility & aerial images into POD Plan	PSU POD Plan	AE
3/15/2016	Moved State & Local Contact from Base Plan to MACE Activation	Appendix 1: MACE	AE
3/15/2016	Added additional minimum requirements to JAS	Appendix 4: POD	AE
3/16/2016	Formatted & updated Appendix	Appendix 6 : Isolation & Quarantaine	AE
3/16/2016	Formatted & updated Appendix	Appendix 7 : Fatality Management	AE
3/16/2016	Inserted AllWell 1st floor images into POD Plan	PSU POD Plan	AE

Date	Subject Area	Document Title	Initials
3/21/2016	Added language to include state is responsible to provide SME though local SME are listed on MACE Activation chart	Appendix 1: MACE Activation	AE
4/8/2016	Included NH emergency management framework diagram to overview section, added & clarified language in "Purpose" section, added identified items in MACE setup kit, MACE staff log	Appendix 1: MACE Activation	AE
4/24/2016	Updated Back-up POD (Newfound HS) plan	Appendix 4: Newfound POD Plan Attachment	AE
6/6/2016	Updated PSU's AllWell POD 1st & 2nd floor Plans	Appendix 4: PSU AllWell POD Plan Attachment	AE
6/15/2016	Updated PSU's AllWell POD 1st & 2nd floor Plans from what was learned during 6/7/2016 POD set up training	Appendix 4: PSU AllWell POD Plan Attachment	AE
7/5/2016	Developed PSU's AllWell POD 2nd floor Plan from what was learned during 6/7/2016 POD set up training	Appendix 4: PSU AllWell POD Plan Attachment	AE
7/5/2015	Updated PSU MOU to reflect personnel changes	Base Plan: PSU MOU	AE
7/7/2016	Updated MACE Activation Call Tree	Appendix 1: MACE Activation	AE
7/7/2016	Updated CERT trailer storage location	Base Plan	AE
7/11/2016	Updated activation, operation, & demobilization sections & task lists	Appendix 5: Staff & Volunteer Management	AE
7/15/2016	Updates identified in annual review process	Appendix 4: POD base plan	AE
7/19/2016	Updated contact for PSU & included one for Mid-State Health Center	Appendix 3: Medical Surge	AE
7/29/2016	Made updates according to RCC reviewer recommendations & MOU list	Appendix 6: Isolation & Quarantine, Base Plan	AE
8/1/2016	Updated Primary POD (AllWell) Section 11: Clinic flow	Appendix 4: PSU AllWell POD Plan Attachment	AE
8/9/2016	Added personnel activation notification instructions	Appendix 1: MACE Activation	AE
9/12/2016	Updated MACE Activation contacts	Appendix 1: MACE Activation	AE
9/19/2016	Updated Regional Contacts / Resource Directory	Appendix 1: MACE Activation	AE
9/29/2016	Updated primary & back-up POD plans	Primary POD: AllWell Back-up POD: NRHS	AE
10/18/2016	Developed POD < 2,000 Floor Plan (NRHS)	Appendix 4: POD Back-up Site NRHS	AE
11/2/2016	Updated Training and Exercise 2016 & 2017 logs	Base Plan	AE
12/07/2016	Updated Central NH Resource Directory	Appendix 1: MACE Activation, Attachment 5.3	AE
12/9/2016	Developed NANA Closed POD Ops Plan	Appendix 4: NANA Closed POD Ops Plan	AE & Pat Wentworth
12/16/2016	Developed MSHC Plymouth Closed POD Ops Plan	Appendix 4: MSHC Plymouth Closed POD Ops Plan	AE & April Dross
12/19/2016	Developed PBCH Closed POD Ops Plan	Appendix 4: PBCH Closed POD Ops Plan	AE & Chandra Engelbert

Date	Subject Area	Document Title	Initials
1/9/2017	Added *Livermore (unincorporated) community to the Annex*	Base Plan & all appendixes	AE
2/14/2017	Updated MACE Activation chart, Regional contacts/resource directory, & closed POD sites	MACE Activation plan	AE
2/14/2017	Developed MSHC (Bristol site) Closed POD Ops Plan	Appendix 4: MSHC Bristol Closed POD Ops Plan	AE
3/14/2017	Updated primary POD operations plan	Appendix 4: PSU AllWell POD Plan Attachment	AE
4/3/2017	Updates to Resource Directory	Appendix 1: MACE Activation, Attachment 5.3	AE
4/4/2017	Updated Regional Contacts Resource Directory	Appendix 1: MACE Activation, Attachment 5.3 Regional Contacts / Resource Directory	AE
4/4/2017	Added email, social media, and website information	Appendix 2: Public Info & Warning; sections 4.1.4.5., 4.1.4.24, & 4.1.4.28	AE

Record of Distribution

The Regional Public Health Emergency Annex and the associated response appendices, including the Point of Dispensing (POD) Appendix, are developed and distributed by the Central NH Public Health Network (PHN). These documents shall be distributed to partner agencies with defined roles and responsibilities in support of planning, response, and recovery activities.

Media requests for access to the Central NH Regional Public Health Emergency Annex and the POD Appendix shall be directed to the Central NH PHN.

The following agencies have received the Central NH Regional Public Health Emergency Annex and POD Appendix.

Name/Title	Agency	Plan Format	Date Received
Steve Yannuzzi / EMD	Bristol	Paper binder	7/14/2015
George Hill & Donald Atwood / Co – EMD's	Bridgewater	Paper binder	7/24/2015
Donald Sullivan / Deputy EMD	Alexandria	Paper binder	9/16/2015
Roger Thompson / EMD	Groton	Paper binder	9/29/2015
John Fischer / EMD	Hebron	Paper binder	8/7/2015
Paul Freitas / EMD	Plymouth	Paper binder	8/7/2015
Steve Temperino / Deputy Director of Public Safety & Emergency Management	Plymouth State University	Paper binder	7/21/2015
Walter Johnson / EMD	Holderness	Paper binder	7/21/2015
Steve Heath & Lee Nichols / Co-EMD's	Ashland	Paper binder	7/21/2015
Kelly Bolger / EMD	Campton	Paper binder	8/17/2015
Jay Wagner / EMD	Ellsworth	Paper binder	9/23/2015
Tom Powers / EMD	Thornton	Paper binder	8/19/2015
Christopher Hodges / EMD	Waterville Valley	Paper binder	7/28/2015
Ted Smith / EMD	Lincoln	Paper binder	7/28/2015
Douglas Moorehead / EMD	Woodstock	Paper binder	7/28/2015
Mark Andrew / EMD	Rumney	Paper binder	8/5/2015
Jeff Ames / EMD	Warren	Paper binder	7/23/2015
Janice Sackett / EMD	Wentworth	Paper binder	9/21/2015

ACRONYMS

AAC	After Action Conference
AAR	After Action Report
ACS	Alternate Care Site
AHA	American Hospital Association
AHHR	All Health Hazard Region
AHRQ	Agency for Healthcare Research and Quality
ARC	American Red Cross
ASPR	(Office of) Assistant Secretary for Preparedness and Response
CBRNE	Chemical, Biological, Radiological, Nuclear, High-Yield Explosive
CDC	Centers for Disease Control and Prevention *[Federal]*
CERT	Community Emergency Response Team
COAD	Community Organizations Active in Disaster
COOP	Continuity of Operations
CPHR	Central Public Health Region
CPHN	Central Public Health Network
CTS	Causality Transport System
DBHRT	Disaster Behavioral Health Response Team
DHO	Deputy Health Officer
DHS	Department of Homeland Security *[Federal]*
DHHS	Department of Health and Human Services *Federal: US DHHS; State: NH DHHS]*
DMAT	Disaster Medical Assistance Team
DO	Doctor of Osteopathy
DOS	NH Department of Safety
DOT	Department of Safety
DPHS	Division of Public Health Services *[part of NH DHHS]*
EMA	Emergency Management Agency
EMD	Emergency Management Director
EMS	Emergency Medical Services
EMT	Emergency Medical Technician
EMT	Emergency Management Team
EMTALA	Emergency Medical Treatment and Active Labor Act
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
EPZ	Emergency Planning Zone *[municipalities within a 10 mile radius of a nuclear power plant]*
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
FBI	Federal Bureau of Investigation
FBO	Faith-based organization
FEMA	Federal Emergency Management Agency
FSE	Full-scale exercise
HAN	Health Alert Network
HAZMAT	Hazardous materials
HCC	Hospital Command Center
HCS	Home Healthcare, Hospice and Community Services
HICS	Hospital Incident Command System
HIPAA	Health Insurance Portability and Accountability Act
HO	Health Officer
HSEEP	Homeland Security Exercise and Evaluation Program

HSEM	Homeland Security & Emergency Management
HVA	Hazard Vulnerability Analysis/Assessment
HVAC	Heating, ventilation, and air conditioning
HWG	Healthcare Workforce Group
IAP	Incident Action Plan
IC	Incident Commander
ICC	Incident Command Center *[In NH, housed within NH DHHS]*
ICP	Incident Command Post
ICS	Incident Command System
IMT	Incident Management Team
IP	Improvement Plan
IPZ	Ingestion Pathway Zone *[municipalities within a 50 mile radius of a nuclear power plant]*
IT	Information Technology
IS	Information Services
JAS	Job Action Sheet
JCAHO	Joint Commission on Accreditation of Healthcare Organizations *[now known as the Joint Commission]*
JIC	Joint Information Center
JIS	Joint Information System
JOC	Joint Operations Center
LEOC	Local Emergency Operations Center
LEOP	Local Emergency Operations Plan
LEPC	Local Emergency Planning Committee
LNA	Licensed Nursing Assistant
MACE	Multi-Agency Coordinating Entity
MCC	Medical Command and Control
MD	Medical Doctor
MEMS	Modular Emergency Medical System
MCI	Mass Casualty Incident
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MRC	Medical Reserve Corps
MSDS	Material Safety Data Sheets
N/A	Not applicable
NDMS	National Disaster Medical System
NEHC	Neighborhood Emergency Help Center
NGO	Non-governmental organization
NH	New Hampshire
NHIP	New Hampshire Immunization Program *[part of NH DHHS]*
NIC	National Integration Center *[formerly the NIMS Integration Center]*
NIMS	National Incident Management System
NIOSH	National Institute of Occupational Safety & Health *[Federal – under CDC]*
NNE-MMRS	Northern New England Metropolitan Medical Response System
NOAA	National Oceanic and Atmospheric Administration
NPP	National Preparedness Program *[administered by ASPR]*
NRC	National Response Center
NRP	National Response Plan
NVOAD	National Voluntary Organizations Active in Disaster
OSHA	Occupational Safety & Health Administration
OTC	Over-the-Counter
PA	Physician Assistant

PA	Public address (as in PA system)
PCP	Primary Care Physician
PHER	Public Health Emergency Response
PHN	Public Health Network
PHR	Public Health Region
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Distribution
PPE	Personal protective equipment
PSI	Pandemic Severity Index
RCC	Regional Coordinating Committee
RN	Registered Nurse
RODS	Real Time Outbreak Disease Surveillance
RPHEA	Regional Public Health Emergency Annex
RSVP	Retired and Senior Volunteer Program
RT	Respiratory Therapist
SAU	School Administrative Unit
SEOC	State Emergency Operations Center
SWFMA	Southwestern Fire Mutual Aid
TEPW	Training & Exercise Planning Workshop
TTX	Table-top Exercise
UIMT	Unified Incident Management Team
UMB	Unified Medical Branch
WHO	World Health Organization
WMD	Weapons of Mass Destruction

BASE PLAN

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- Appendix 7: Fatality Management

1 EXECUTIVE SUMMARY / OVERVIEW

It is the responsibility of local municipalities to promote health, prevent disease and injury, and provide protection from public health threats. During a crisis, appropriate and prompt response and communication allows the Central New Hampshire (NH) Public Health Region (PHR) to work effectively with its partners, engender public trust in its scientifically-based health recommendations, and perform its public health mission.

The goal of the Regional Public Health Emergency Annex is to ensure methods and procedures are outlined for the Central NH PHR partners, State of NH public health and safety officials, and federal officials who play a role in responding to a public health emergency. This framework for action incorporates the ethical, professional and guiding principles needed by the Central NH PHR during a crisis to act with confidence and credibility.

1.1 APPROVAL & IMPLEMENTATIONS

This Regional Public Health Emergency Annex, dated *July 2017*, supersedes all previous region public health emergency plans (formerly called the Public Health Emergency Preparedness and Response Plan). The Annex is applicable to all the municipalities and organizations in the Central NH Public Health Region. Modifications and updates to this plan will be approved by the Central NH PHN Regional Coordinating Committee (RCC), and implemented by the Chairperson of the RCC (as of this date, the Chairperson of the Central NH PHN RCC is Angel Ekstrom, Central NH Public Health Emergency Preparedness Coordinator).

1.2 RECORD OF CHANGES

Previous versions of the region's public health emergency plan were called the "Public Health Emergency Preparedness and Response Plan." In 2011, the State of NH Department of Health and Human Services announced to the public health regions that the Public Health Emergency Preparedness and Response Plan would now be called the Regional Public Health Emergency Annex. Changes to the Annex are documented in this section, the Base Plan. The plan will be reviewed annually and updated as needed.

1.3 RECORD OF DISTRIBUTION

The Central NH PHN Emergency Preparedness Coordinator maintains a list of all municipalities and organizations to which this plan has been distributed. It is the Central NH PHN's policy to email the plan to all Regional Coordinating Committee (RCC) members that are on the email distribution list, and upload electronic copies of the plan to e-Studio (https://nh.same-page.com/studio/v7/), which is the State of NH's Public Health Emergency Preparedness secured website. In 2010, the Central NH PHN distributed USB flash drives to RCC members with the region's plan. Each time this Regional Public Health Emergency Annex is updated, the RCC members will be instructed to put those updated files onto their USB flash drives. Additionally, printed copies of this plan are available to any RCC member organization / municipality that wishes to have a printed copy.

2 PURPOSE OF CENTRAL NH PUBLIC HEALTH REGION

The Central NH PHR (PHR) is one of fifteen public health networks in the state of New Hampshire. As such, it is part of the New Hampshire Public Health Network (NHPHN) system.

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 communicable disease outbreaks.

The purpose of this document is to provide the Central NH PHR with a planning guide to be used during a public health emergency. It will provide a framework for establishing methods and procedures to be used by the local emergency planning agencies in the Central NH PHR to respond to public health emergencies.

This plan contains three phases under the operations section: preparedness, response, and recovery. Preparedness is an ongoing effort and describes a desired state of affairs as well as an area for continuous improvement. The Central NH PHR 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.

2.1 SCOPE / LOCAL AUTHORITY

The Central NH region does not have a regional governmental public health agency to provide leadership during a public health emergency. Therefore, the Central NH PHR covers the 17 municipalities in the Central NH region. Each municipality in the region has entered into a memorandum of understanding with the Central NH PHR which acts on the region's behalf as the public health coordinating entity. Each municipality has a 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 region
- Assist in logistical support
- Assist in mobilizing region resources
- Collect local information regarding disease outbreaks (e.g., assist the NH Communicable Disease Control Section [CDCS] in locating contacts within a region and/or assist the NH Homeland Security Emergency Management [NH HSEM] by locating citizens that may be home-bound)
- Assist NH 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 region
- 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)

A copy of each municipality's Local Emergency Operations Plan (LEOP) can be found in the municipality's Emergency Operations Center, may also be found in town offices or fire station, and at the NH Department of Safety, Homeland Security/Emergency Management office.

2.2 PUBLIC HEALTH EMERGENCY PLANNING TEAM

The Central NH PHR must maintain very close coordination and communication with certain agencies and institutions in order to carry out its functions should a public health emergency occur. A critical element of this plan is the integration of public health personnel and information into the emergency planning structure. Therefore, the following agencies and municipalities are included in the Central NH PHR and participate on the Central NH Public Health Network's Regional Coordinating Committee (RCC):

- Grafton County
- Grafton County Dispatch
- Mid-State Health Center (MSHC)

- Speare Memorial Hospital (SMH)
- Pemi-Baker Community Health (PBCH)
- Plymouth State University (PSU)
- Communities for Alcohol & Drug Free Youth (CADY)
- United Way, Whole Village
- American Red Cross, Granite Chapter
- NH Department of Health & Human Services (NH DHHS)
- NH Homeland Security/Emergency Management (NH HSEM)
- SAU 2
- SAU 4
- SAU 23
- SAU 48
- SAU 68
- Town of Alexandria
- Town of Ashland
- Town of Bridgewater
- Town of Bristol
- Town of Campton
- Town of Ellsworth
- Town of Hebron
- Town of Groton
- Town of Holderness
- Town of Lincoln
- Town of Plymouth
- Town of Rumney
- Town of Thornton
- Town of Waterville Valley
- Town of Wentworth
- Town of Warren
- Town of Woodstock

2.3 Description of the Central NH Public Health Region

The Central NH PHR includes: Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Hebron, Groton, Holderness, Lincoln, Livermore (unincorporated jurisdiction), Plymouth, Rumney Thornton, Waterville Valley, Wentworth, Warren, and Woodstock. The Central NH PHR includes a total of 17 municipalities and Livermore, an unincorporated jurisdiction, which make up a population of approximately 31,000 people. The majority, about 95%, of the population are white English speaking residents according to the United States 2010 census data http://www.census.gov/quickfacts/table/RHI125214/3300962660,00.

The region encompasses national forest, rural, and agricultural land made up of a patchwork of tiny isolated towns, mountains, lakes, dense forests, open fields, and farmland. Mountains, lakes, and streams punctuate the landscape. Traveling through the region outside of I-93 requires using a network of narrow, winding state highways, slim local roads, and private dirt lanes. Centrally located within the region is the town of Plymouth, the largest municipality in the region. The region is served by the following major transportation routes:

- Interstate 93
- State Route 3A
- State Route 25
- US Route 4

Demographic data describe a modestly prosperous region, but scrutiny exposes a swiftly changing social and economic landscape with minimal safety net and scarce public transportation. The region is characterized by low transience. Many families settle in the area for generations and can trace local roots to the Colonial period. Education levels in the region fall in diametric opposites in the region. In some towns, over 20% of the population did not finish high school (less than 12 years of school), while in other towns, more than 90% of the population are high school graduates or have completed higher education. Mixed development is uncommon in the region. Family homes are separated and many are reached by remote roads that are treacherous during the prolonged spring "Mud Season" or dangerously icy for months during winter. With aging, deaths of family members, and distant neighbors, home ownership can exacerbate isolation issues.

Speare Memorial Hospital (SMH), located in Plymouth, is a 25-bed acute care facility, a regional Critical Access Hospital (CAH). The hospital offers a wide range of medical, surgical, diagnostic, and therapeutic services, wellness education, support groups, and other outreach services. The hospital has 37 active staff physicians, 70% of whom are Board-certified. Mid-State Health Center, the major primary care provider in the region, provides much of the region's primary care services. There are few single practitioner and small group practices because of financial insecurity due to the scarcity of insured patients. The region does not possess any governmental local or county health department. Mid-State Health Center has taken a leadership role and coordinates the Central NH PHR to provide the region with a base level of public health oversight and direction.

2.4 Transportation Assets in the Central Public Health Region

Mass transportation is a vital component during public health emergencies. Transportation assets need to be capable of transporting residents to mass care centers, relocate hospital patients, transport casualties or fatalities.

See local emergency operations plans (LEOP) for major transportation infrastructure.

See Appendix 1: MACE Activation; Attachment 5.3: Central NH Resource Directory for transportation means.

2.5 Situation

Public health emergencies put the citizens of the Central NH PHR at risk. Public health emergencies can be caused by natural disasters, biological terrorism, chemical terrorism, or naturally occurring communicable disease outbreaks. The goal of NH DHHS 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
- Massive foodborne illness outbreak
- Biological terrorism attack
- A release of chemicals that affects a sizeable population
- Nuclear power plan incident
- Train derailment

2.6 Planning Assumptions

1. The municipalities within the Central NH PHR are responsible for the protection of the health and welfare of the citizens within its jurisdiction.
2. The Central NH PHR 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 / incident may be within or outside of the region's 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 within the Central NH PHR have signed a formal Memorandum of Understanding (MOU) for planning with the following 17 neighboring communities: Alexandria, Ashland, Bridgewater, Bristol, Campton, Ellsworth, Hebron, Groton, Holderness, Lincoln, Plymouth, Rumney Thornton, Waterville Valley, Wentworth, Warren, and Woodstock.
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 regions.

2.7 OPERATION PLAN

Roles & Responsibilities of the Central NH PHR Regional Coordinating Committee (RCC)

2.7.1 Preparedness Phase

During the preparedness phase, the RCC shall:

- Develop strong community partnerships that will enable public health emergency planning to integrate with the State Emergency Operations Plan (SEOP).
- Ensure that an emergency public health risk communications 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, and chain of command, as well as a detention plan for 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 functional needs populations.
- Ensure opportunities for staff training, volunteer training, and other forms of workforce development that will ensure a qualified workforce.
- Provide guidance and recommendations for 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.).
- Develop a regional annex, appendices, and attachments, and provide on-going review and adaptation of plans as needed.
- Participate in evaluation and maintenance activities:
- 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.

2.7.2 Response / Emergency Phase

During the response / emergency phase, the RCC shall work with the NH DHHS Incident Command Center (ICC) to:

- Elevate the MACE Operational Level as needed, as identified in the MACE Plan in Appendix 1 of this plan.
- Ensure a system for the rapid distribution of public information and warning materials during a public health emergency.
- Activate risk communications and public information and warning plan(s) and 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 services, social services, and other necessary services for populations affected by a crisis.
- Promote health and ensure safety of the Central NH PHR residents and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being followed.
- Promote health and safety of residents and volunteers by enforcing laws and regulations such as isolation and/or quarantine.

2.7.3 Recovery Phase

During the recovery phase, the RCC shall work in consultation with NH DHHS, as needed, to:

- Continue with response phase activities, as required.
- Correct deficiencies in emergency response operations as may be determined during the recovery phase.
- Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.
- Assist staff, as needed, with completing required documentation of expenditures for state and federal reimbursement purposes, as applicable.
- Participate in after-action report(s).

2.8 Chain of Command

In order to ensure continuity in the operations of a public health-related emergency response in the Central NH Public Health Region, the Incident Command System (ICS) structure will be followed. The Central NH PHN will maintain a current resource and personnel directory (see Central NH Resource Directory) to ensure 24-7 accessibility to personnel resources.

2.9 Preparedness Phase

2.9.1 Hazard Vulnerability Assessment & Hazard Mitigation

Areas of vulnerability and hazard mitigation activities can be found in each municipality's LEOP. The Regional Coordinating Committee worked to identify areas of vulnerability in the Central NH Public Health Region. See Attachment 3.1.

2.10 Surveillance

Successful surveillance will facilitate the detection, evaluation, and design of effective responses to public health emergencies. Surveillance in the Central NH PHR is primarily a passive reporting system in which health care providers, hospitals, schools, and other entities report confirmed or suspected cases and/or clusters to the State CDCS, according to RSA141-C:7 *Reporting of Communicable Disease*. Should a public health emergency occur, this surveillance will be crucial in monitoring the extent of the emergency. Information to local RCC members is made available via communication from CDC to the State to the Central NH PHR Emergency Preparedness Coordinator. In addition, health officers receive notifications via HANs.

Throughout the response to a public health emergency, surveillance will continue to play an important role. NH DHHS may request that entities in the Central NH PHR 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. Local health officers should maintain communication with NH DHHS for consultation on the appropriate level of surveillance.

1. Laboratory Diagnosis & Specimen Submission

2. 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 (NHPHL) to make definitive identification. The NHPHL may send the specimen to another lab in the Laboratory Response Network or to the CDC in Atlanta, GA.

2.10.1 Suspected Bioterrorism

When a bioterrorism event is suspected (i.e. a person receives a white powder in an envelope in the mail), the police should immediately be notified. The local or state police or FBI will take the environmental sample(s) and submit it to the NHPHL. Hospital or commercial laboratories should not test environmental samples suspected of being a bioterrorism agent. 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.

Speare Memorial Hospital and Mid-State Health Center have procedures for submitting specimens to the NHPHL, transferring suspected bioterrorism samples to the police/FBI, and establishing chain of custody.

2.10.2 Risk Communications & Public Education

The purpose of risk communication and public information and warning 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 Division of Public Health Services (DPHS) will notify the NH DHHS Public Information Office (PIO). When notification occurs, the NH DHHS PIO will prepare press releases, set up press conferences, provide fact sheets, prepare information for the NH DHHS website, answer media calls and arrange interviews, and 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 as possible.

The Central NH PHR will designate a Regional PIO. If the Multi-Agency Coordinating Entity (MACE) is at Operational Level 1 (Monitoring or Normal Operations) (see MACE Operational Levels in Appendix 1: MACE Plan), the Central NH PHR will act as the Regional PIO to facilitate risk communications and public education activities. If the MACE Operational Level is increased beyond Level 1, a regional PIO will be designated. In addition, there may be a PIO designated for each temporary medical facility that may be instituted. The Regional PIO will work jointly with the temporary medical facility PIOs and will collaborate closely with NH DHHS PIO.

The NH DHHS PIO will also be a resource for the Central NH Public Health Network, local health officers, local emergency management directors, town officials, hospital PIOs, and other local officials as needed. The NH DHHS PIO will work in concert with the NH DHHS Minority Health Office and the NH HSEM Special Populations Coordinator to help address issues surrounding special populations (see below), such as Central NH PHR residents who do not speak English, people with sight or hearing deficiencies, or those with disabilities.

See Appendix 2: Public Information & Warning Plan, and Appendix 1: MACE Activation; Attachment 5.3: Central NH Resource

2.10.3 Functional Needs & Fixed Populations

During a public health emergency, certain segments of the population may require special needs or services. The Central NH PHR has identified special populations currently within the region's area of responsibility and those resources needed to assist these populations during a public health emergency.

See Attachment 4: Regional Facilities, Services, and Resources Directory, Section 1: Functional Needs and Fixed Populations.

The Central NH PHN advises the following recommendations for functional needs / special populations be followed for individuals, agencies and communities.

2.10.4 Recommendations for Individuals

- Develop a plan for yourself following all recommendations from the Preparing for an Emergency brochure
- Identify your functional needs
- Register with your local fire department and 911 to tell them about your functional 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
- Develop a plan for your pets
- Wear medical alert tags or bracelets to help identify your disability.
- If you are dependent on dialysis or other life sustaining treatment, know the location and availability of more than one facility.
- Know the size and weight of your wheelchair, in addition to whether or not it is collapsible, in case it has to be transported.
- *Additional Supplies for People with Disabilities:*
    - Prescription medicines, list of medications including dosage, list of any allergies.
    - Extra eyeglasses and hearing-aid batteries.
    - Extra wheelchair batteries, oxygen.
    - Keep a list of the model and serial number of medical devices.
    - Medical insurance and Medicare cards.
    - List of doctors, relatives or friends who should be notified if you are hurt.
- Create a support network to help in an emergency.
    - 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.
    - Give one member of your support network a key to your house or apartment.
    - Arrange with your network to check on you immediately if local officials give an evacuation order or if a disaster occurs.
    - Make sure your pets know the people in your network
    - 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.

2.10.5 Recommendations for Agencies

- Encourage clients to get a picture ID
- Develop a release for information
- Encourage clients to complete File of Life
- Help individuals prepare response plans
- Develop an 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 functional 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

2.10.6 Recommendations for Municipalities

- Develop a robust shelter plan to be included in the local emergency operations plan (EOP), including provisions for functional needs populations.
- Look for sponsorship to help individuals complete emergency kits
- Create standardized forms and messages
- Ensure alerting systems will reach all populations
- Register all functional needs populations in the municipality
- Encourage global preparedness
- Provide ongoing training and education on special populations and emergency preparedness
- Create a resource handbook with agencies' contact information
- Ensure translation services are available
- Shelter sites – notify agencies in advance where they are

2.11 RESPONSE (EMERGENCY) PHASE

2.11.1 Command & Control

In the event of a public health emergency, the Incident Command System/Unified Command System (ICS/UCS) will be utilized. Each town will refer to their local Emergency Operation Plan (LEOP) for procedures.

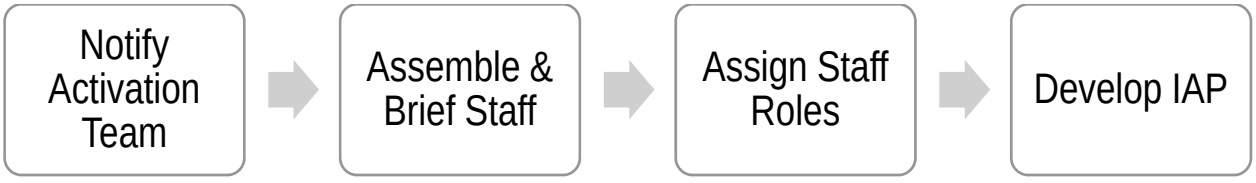
- Each town will open their EOC in accordance with the LEOP and identify the person responsible for initiating all tasks.
- The public health official who may play the role as the local town Incident Commander or as a member of the Unified Command System is designated in each municipality's LEOP.
- A 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.

See Appendix 1: MACE Activation; Attachment 5.3: Central NH Resource

2.12 MULTI-AGENCY COORDINATING ENTITY (MACE)

In the event of a public health incident/emergency requiring a coordinated response, the regional Multi-Agency Coordinating Entity (MACE) Operational Level will be increased to coordinate the sharing of resources across the region. All RCC members and regional partners will be notified of the increase in MACE Operational Levels. The MACE will utilize a regional ICS/UCS structure.

MACE ACTIVATION PLAN



See *MACE Activation Task List* for IMMEDIATE implementation

2.12.1 MACE Team Emergency Call-down list

The Multi-Agency Coordination Entity (MACE) coordinates information, staff, and resources during a public health incident that effects the region. Once a health threat has been identified and characterized, appropriate control measures will be recommended by federal

and state health authorities. The MACE coordinates with local officials and partner agencies to implement the public health control measures.

Note: State Agency Program Area contact numbers are available at: http://www.dhhs.nh.gov/contactus/index.htm. See Appendix 1; Attachment 5.2: *State & Local Contacts List* and Appendix 1: MACE Plan.

2.13 COMMUNICATIONS

During a public health emergency, there is much greater likelihood that the news media will have a very intense and direct interest in the activities being conducted within the Central NH Public Health Region. The state will provide media updates and specific public health emergency details from the State Emergency Operations Center. And while the state EOC and local EOCs are likely to have established media procedures for emergencies, there is little doubt that the news media will want to focus on local communities and what they are doing, how they are doing it, and specific catastrophes a community is dealing with.

Depending upon the nature and scope of the public health emergency and its perceived public threat, the news media will go to hospitals, clinics, nursing homes, shelters, schools and POD sites to assess public response and response procedures. Many of these facilities will already have in place a designated PIO/public relations staff to manage news media activities. It is important that any temporary facilities (POD sites, Alternate Care Sites, Isolation or Quarantine Centers or other mass care shelters) have established procedures to ensure the continuity of information that is related to news media outlets.

The Central NH PHR will designate a Regional PIO and additional PIOs at each temporary public health facility established. The Central NH Public Health Network's RCC also will maintain a contact list that includes phone, cell phone and pager numbers. This contact list will be updated annually. See Appendix 1: MACE Activation; Attachment 5.3: Central NH Resource.

2.14 MASS IMMUNIZATION, PROPHYLAXIS & PHARMACEUTICAL DISPENSING

The Central NH PHR has planned for the immunization or prophylaxis of the entire population within the region. This plan will serve as a guide for a regional response to a local or regional event in the Central NH Public Health Region. The plan is flexible enough to adjust to the scope of the event. POD response time and target numbers needed are specific to a particular event. Therefore, many variables will dictate how many POD sites will be activated. This plan prepares for the worst-case scenario by identifying 3 POD sites located throughout the region to be used in large-scale emergencies. In addition to the 2 primary POD sites, the Central NH PHN has identified 1 back-up, secondary site. In order to balance clinic load, reduce congestion and maximize facility operations, residents have been assigned to a specific POD by municipality.

There are additional sites identified where smaller POD centers could be activated to respond to a localized public health event or to relieve congestion from the larger primary and secondary PODs.

Plans are also being developed within the Central NH PHR to provide vaccines / medications to pre-designated residential facilities/populations for administration to residents, patients and staff.

See Appendix 4 for the region's Medication / Prophylaxis Distribution Plan: Public Points of Dispensing (PODs), Local Response Clinics and Closed POD Facility Distribution Plan.

2.15 VOLUNTEERISM

Volunteers play a critical role at the local level during the emergency and recovery phases of a public health emergency. The State utilizes NH Responds which is intended to provide pre-credentialed healthcare volunteers from a variety of professions for intra-state and inter-state public health emergencies. The Central NH PHN Emergency Preparedness Coordinator will coordinate with the NH HSEM to identify and register volunteers.

Local communities within the Central NH PHR have developed Citizen Corps Councils to bring together the leaders from the local communities to coordinate volunteer efforts. From these councils, Community Emergency Response Teams (CERTs) are formulated. The goal is to train members of the local communities in basic response skills. CERT members provide immediate assistance to victims in their area, organize spontaneous volunteers, and assist professional responders with prioritization and allocation of resources when they arrive. At time of a public health emergency, CERT members can assist with the med-surge capacity needs such as staffing PODs and ACS sites. In addition to the local resources, Volunteer NH (www.volunternh.org) oversees the state Citizen Corps program and can be reached at (603) 271-7202. The Central NH Medical Reserve Corps (MRC) is another key resource during an emergency.

For further information about volunteer management and resources see Appendix 5 Volunteer Management Plan.

2.16 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 NH Department of Safety Commissioner's Office of Homeland Security Grants has made available Homeland Security Funding for Regional Response Trailers (RRTs). These RRTs are a mid-sized tow behind trailer containing enough equipment and supplies to triage and initiate treatment.

The Central NH PHR has one Alternate Care Site (ACS). The ACS would provide supportive care to patients that would normally require admission to an acute care hospital. Depending on the nature of the event, there is the possibility that an ACSs would be activated at PSU's Pemigewasset Hall. See Appendix 3 Medical Surge Plan.

2.17 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 hospitals will dictate when and how to conduct patient decontamination.

2.18 Security & 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 Central NH PHR has planned 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. In the event of a health emergency, the MACE Operational Level may be increased to assist in the coordination of law enforcement personnel. If the MACE Operational Level is increased beyond Level 1 (Monitoring or Normal Operations), all requests for additional security shall be routed through the MACE.

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

2.19 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 Emergency Management Director (EMD) for each municipality has the authority to open shelters within his or her community. The American Red Cross – NH Granite Chapter may be consulted for assistance when activating a mass care shelter.

The Central NH PHN serves as a resource to those entities that are responsible for running and managing shelters. The Central NH PHN does not activate, open, manage, run or oversee shelters, whether they are general needs shelters, functional needs shelters, pet shelters, supportive care shelters, medical needs shelters or any combination thereof.

The *Functional Needs Guidance – State Emergency Operations Plan Support Annex (version 3.0, March 2010)* states the following: "The management, operation, and staffing of shelters is a shared responsibility of the local government, NH Red Cross, and other community organizations. Local/regional shelter plans should include the co-location of a shelter for pets."

Therefore the state guidance does not include a role for the public health networks in terms of activating, opening, managing, running or overseeing shelters. The Central NH PHN will maintain situational awareness about shelter openings via WebEOC and any information provided by the state.

The Central NH PHN serves as a resource during emergencies that necessitate the opening of a shelter. This may include:

- Coordinating supplies, personnel and equipment through activation of the MACE (see Appendix 1).
- Offering use of the Central NH PHN's cots and the Central NH PHN cache of ACS supplies.
- Requesting Medical Reserve Corps (MRC) personnel or other volunteers groups to volunteer at a shelter(s).
- Offering support for activities as defined in other appendices of this plan.

In the state of New Hampshire, the following entities run shelters during an emergency:

- Local towns/cities
- American Red Cross
- Churches/other groups

All responses are local responses first. Every local community in NH should have a shelter plan in the local EOP. The shelter plan in the local EOP should also include provisions and guidance for functional needs populations, as well a pet sheltering. If a local shelter is opened, the local emergency management director (EMD) or designee is responsible for relaying this information to the state EOC, preferably via WebEOC.

Municipalities should reference the state of NH *Functional Needs Guidance – State Emergency Operations Plan Support Annex (version 3.0, March 2010)* for information and guidance on functional needs planning. Municipalities should reference the state guidance NH Animals in Emergency Response Plan for information and guidance about pet sheltering. Municipalities should reference *NH State Supportive Care Sheltering Plan* for guidance and information on supportive care and medical needs sheltering.

The New Hampshire Department of Health and Human Services (NH DHHS) may open area/regional shelters, via Emergency Support Function (ESF) #6: Mass Care, Emergency Assistance, Housing, and Human Services. NH DHHS has provided the following information on the steps involved in opening shelters:

- Prior to an event, the state EOC maintains situational awareness; NH DHHS is notified of developments.
- The American Red Cross is notified by the state that a potential need for sheltering exists.
- As an event develops and occurs, the state EOC raises its operational level.

- NH DHHS, ESF #6 and ESF #8 respond to the state EOC.
- The NH DHHS Incident Command Center (ICC) is activated.
- State EOC personnel maintain communication with the local level, and situational awareness is shared via WebEOC.
- Based on localized information, the need for shelters are identified and areas that need coverage are determined based upon information-gathering.
- The American Red Cross will work with NH DHHS, NH HSEM (Homeland Security and Emergency Management), and the local EMDs to determine the best location for an area/regional shelter. If possible this determination of a location will be made in advance of a predicted event.
- The state's goal and vision in opening area/regional shelters for large-scale disasters is to accommodate the general population, functional/medical needs populations and pets, and to shelter everyone (including pets) under one roof.
- In an area/regional shelter, the American Red Cross manages the general population component, facility and feeding. Other agencies manage to their specialty, such as functional/medical needs and pets.

NH DHHS has stated that American Red Cross human and material resources will be committed first to area/regional shelters and may be temporarily exhausted. NH DHHS states that it is therefore critical that the local EOP includes where a municipality will get supplies and resources to operate a community shelter. If a municipality's resources are exhausted they may call the local American Red Cross Chapter to see if they have any mass care supplies i.e. cots, blankets, food. If they do not, then the municipality should make a request for assistance to the ESF #6 desk at the state EOC.

2.20 Mental Health Care

The State of New Hampshire has charged the NH Department of Homeland Security and Emergency Management (NH HSEM) with the responsibility to coordinate behavioral health preparedness and response activities, integrating these efforts with state and local emergency management operations. NH HSEM provides leadership in addressing the behavioral health needs of disaster survivors including those with mental health, developmental disabilities and substance abuse disorders. HSEM has developed a statewide Disaster Behavioral Health Response Plan to respond to the behavioral health needs of the State of New Hampshire that arise as the result of a disaster.

The response may include immediate crisis intervention, short term and long-term support for emotional needs, community networking, assessment of the scope of disaster and support of first responders. Since a disaster is an unplanned, disruptive event, behavioral health response and interventions will emphasize the utilization of local community mental health services, regional Disaster Behavioral Health Response teams (DBHRTs) and other human service agencies within the affected area.

DBHRTs are comprised of public/private mental health counselors, substance abuse providers, human service professionals, clergy, employee assistance program professionals, student assistance program professionals, psychologists, social workers and others who have specific skills and/or experience in emergency services, trauma or disaster response. The DBHRT receives training as a team and participates in drills/simulations as a team. People who complete this training receive an identification card identifying them as a "Disaster Behavioral Health Responder." This identification card is recognized by law enforcement personnel and provides access to the specific sites where behavioral health services will be delivered. Each team's activities will be coordinated by the DBHRT Leader.

The following behavioral health services can be rapidly made available to victims of disaster, their families, the general public and first responders. Specific services include: 24-hour response capacity, crisis intervention, outreach, assessment, screening and referral, CISD (Critical Incident Stress Debriefing)/CISM (Critical Incident Stress Management) debriefings, psychological first aid, crisis counseling, community education, stress management, brief supportive counseling, case management/advocacy, training, and support groups. Services will be appropriate to the phases and needs of each specific disaster.

To Activate Disaster Behavioral Health Services, NH HSEM must receive notification of an actual/potential disaster and the request for behavioral health services. The following phone number should be used for this request: 1(800)852-3792. The essential information to

be obtained from the notification source includes: the type and cause of the disaster incident, the approximate time and place the disaster occurred or is expected to occur, the number and condition of the person(s) involved, the current response plan (if any), the locations of the EOCs (if established), the location of the MACE, the source for obtaining continued information, and the name/title of caller and return phone number to verify information. This information must be given immediately to the NH HSEM Director. Only the NH HSEM Director is authorized to activate the Disaster Behavioral Health Response Plan.

2.21 Protection of Public Health Staff & 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). 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.

2.22 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 Central NH PHR has ensured the establishment of temporary/expanded morgue facilities to provide a rapid processing of remains by making arrangements to obtain refrigerated trailers from a local vendor (i.e. C & S Wholesalers). The Central NH PHR RCC has expressed the desire to have each municipality manage fatalities locally when feasible. Further planning in this area is in progress. See Central NH *Resources Directory*

2.23 Finance & Accounting

Finance and accounting is a multi-level action with tracking of expenses performed at both the state and 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. In following ICS structure, each component of the regional health care planning services (i.e. LEOC, MACE, etc.) that is open will have a finance chief that will be responsible for managing a financial tracking system. Refer to Local Emergency Operation Plans (LEOPs) for procedural response and financial tracking forms.

2.24 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. When the MACE Operational Level is decreased and/or reduced to Level 1 (Monitoring or Normal Operations), all RCC members and regional partners will be notified of the change in operational levels.

Some basic principles that will be followed in deciding to decrease MACE Operational Levels are:

- Ensure that all health and safety issues are resolved, or in the process of returning to normal.
- Essential services and facilities are re-established and operational.

The Central NH PHR will follow NH DHHS and/or NH HSEM guidance as pertains to the recovery phase, conducting after-action reports / improvement plans, etc.

2.25 Plan Maintenance

The development of a written Regional Public Health Emergency Annex is the first step in the overall planning process. This plan is a living, dynamic document that grows to meet the needs of the region and can be adapted to meet the changing needs of the region.

Successful plan maintenance will be achieved through regular review, updating, training, drills, and exercises. See Attachment 3.5: Training & Exercise List (Fiscal Year 2016).

It is the responsibility of Central NH PHR Emergency Preparedness Coordinator to coordinate the review and update of this plan. At a minimum, the plan will be reviewed and updated on an annual basis. In conducting the plan review and update, this individual will seek input and support from the agencies and municipalities that play a role in the execution of this plan. These agencies and municipalities include those listed earlier in section 2.2: Public Health Emergency Planning Team.

As necessary, Central NH PHR Emergency Preparedness Coordinator will conduct meetings, working groups, or workshops to complete the review and revision of this plan.

3 ATTACHMENTS

3.1 2011 HAZARD & VULNERABILITY ASSESSMENT

HAZARD AND VULNERABILITY ASSESSMENT TOOL
NATURALLY OCCURRING EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Hurricane	3	2	2	2	2	2	1	61%
Tornado	2	1	2	1	3	1	1	33%
Severe Thunderstorm	2	1	1	1	1	1	2	26%
Winter Weather	*3*	*2*	*2*	*2*	*1*	*1*	*1*	*50%*
Earthquake	2	1	2	2	2	1	2	37%
Flooding, Winchester Clinic	2	2	3	3	1	0	1	37%
Extreme Heat	2	2	1	2	1	1	1	30%
Drought	2	1	1	1	1	1	1	22%
Flood, External	3	1	1	2	1	1	0	33%
Wild Fire	2	1	1	1	1	0	0	15%
Landslide	0	0	0	0	0	0	0	0%
Dam Failure	1	1	1	1	0	0	0	6%
Wind & Downbursts--produce heavy rains, saturates ground and knocks down trees.	2	1	2	1	1	0	1	22%
Epidemic/Pandemic Respiratory Illnes	3	3	1	2	1	1	1	50%
AVERAGE SCORE	**1.81**	**1.19**	**1.25**	**1.31**	**1.00**	**0.63**	**0.75**	**21%**

**Threat increases with percentage.*

RISK =	PROBABILITY *	SEVERITY
0.21	0.60	0.34

HAZARD AND VULNERABILITY ASSESSMENT TOOL
TECHNOLOGIC EVENTS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Electrical Failure	2	2	2	2	1	1	1	33%
Generator Failure	1	2	2	3	1	1	2	20%
Transportation Failure	0	0	0	0	0	0	1	0%
Fuel Shortage	1	0	2	2	1	1	1	13%
Natural Gas Failure	0	0	0	0	0	0	0	0%
Water Failure	1	1	1	1	2	1	1	13%
Sewer Failure	2	3	3	3	2	2	2	56%
Steam Failure	1	1	1	2	1	1	3	17%
Fire Alarm Failure	1	2	2	1	1	1	1	15%
Communications Failure	3	1	1	2	1	1	1	39%
Medical Gas Failure	1	2	1	1	1	1	1	13%
Medical Vacuum Failure	1	2	1	1	1	1	1	13%
HVAC Failure	2	1	1	2	1	1	1	26%
Information Systems Failure	***2***	***1***	***1***	***3***	***2***	***2***	***2***	***41%***
Fire, Internal	1	2	2	2	1	1	1	17%
Flood, Internal	2	1	3	2	1	1	1	33%
	0	0	0	0	0	0	0	0%
Supply Shortage	1	2	0	1	1	1	1	11%
Structural Damage	1	1	2	2	1	1	1	15%
AVERAGE SCORE	**1.21**	**1.26**	**1.32**	**1.58**	**1.00**	**0.95**	**1.16**	**16%**

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.16	0.40	0.40

HAZARD AND VULNERABILITY ASSESSMENT TOOL
EVENTS INVOLVING HAZARDOUS MATERIALS

EVENT	PROBABILITY	SEVERITY = (MAGNITUDE - MITIGATION)						RISK
		HUMAN IMPACT	PROPERTY IMPACT	BUSINESS IMPACT	PREPARED-NESS	INTERNAL RESPONSE	EXTERNAL RESPONSE	
	Likelihood this will occur	*Possibility of death or injury*	*Physical losses and damages*	*Interuption of services*	*Preplanning*	*Time, effectivness, resouces*	*Community/ Mutual Aid staff and supplies*	*Relative threat**
SCORE	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = Low 2 = Moderate 3 = High*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 = N/A 1 = High 2 = Moderate 3 = Low or none*	*0 - 100%*
Mass Casualty Hazmat Incident *(From historic events at our MC with >= 5 victims)*	1	2	0	3	2	2	1	19%
Small Casualty Hazmat Incident *(From historic events at our MC with < 5 victims)*	2	2	0	2	1	1	1	26%
Small-Medium Sized Internal Spill	1	1	1	1	1	1	0	9%
Large Internal Spill	1	2	1	2	1	1	1	15%
Terrorism, Chemical	1	3	0	3	1	1	1	17%
Radiologic Exposure, Internal	1	1	1	1	1	1	0	9%
Radiologic Exposure, External	1	1	0	1	1	1	1	9%
Terrorism, Radiologic	1	1	0	1	1	1	1	9%
AVERAGE	1.00	1.44	0.33	1.56	1.00	1.00	0.67	11%

**Threat increases with percentage.*

RISK = PROBABILITY * SEVERITY		
0.11	0.33	0.33

3.2 MOU LIST

Site	Function	Date Signed
Plymouth State University	Primary POD (AllWell North), Closed POD (Hartman Union or AllWell North) in development, NEHC & ACS (Pemi Hall), Isolation & Quarantine (Belknap Hall) Mass Care / Sheltering (Hartman Union Building), use of staff & supply storage	3/28/2016
SAU 4	Back-up POD (Newfound HS), use of staff & supply storage	7/19/2016
Mid-State Health Center	Closed POD, NEHC, use of staff & supply storage	7/25/2016
Newfound Area Nursing Association	Closed POD, NEHC, use of staff & storage	7/8/2016
Pemi-Baker Community Health	Closed POD, NEHC, use of staff & supply storage	7/19/2016
Speare Memorial Hospital	Closed POD, use of staff & supply storage, PHEP Regional Coordinator office space	3/21/2017
Holderness School to be developed	Closed POD, NEHC, use of staff & supply storage	
Becket Family Services	Closed POD use of staff & supply storage	1/19/2017

Trailer MOUs:

- Town of Hebron
- Town of Lincoln & Town of Rumney
- Town of Ashland
- Town of TBA with Volunteer NH (CERT/MRC) (to be developed)

3.3 SUPPLY & TRAILER INFORMATION

There are four trailers in the Integrated Resource Management System (IRMS) that can be utilized by the Central NH PHR.

Trailer Type	Trailer Location	Point of Contact	Phone #
Mass Casualty Incident (MCI)	El Packo Building Winter St. Ashland, NH	Ashland Fire Department	(603) 968-7772
Mass Casualty Incident (MCI)	Hebron Fire 37 Groton Rd. Hebron, NH	Hebron Fire Department	(603) 744-9468
CERT/MRC	Bristol Fire Department 85 Lake Street	Bristol Fire Department	(603) 744-2632

	Bristol, NH		
Mass Casualty Incident (MCI)	Lincoln Police Department 148 Main St. Lincoln, NH	Lincoln Police Department	(603) 348-8001

See IRMS for supply lists

Other trailers located in the region that may be made available to the PHR are:

Trailer Type	Trailer Location	Point of Contact	Phone #
Command Trailer	Bristol Fire Station	Bristol Fire Department	(603) 744-2632
Clean-Up Trailer (4' x 10') Rakes, shovels, gloves for 30 responders	Campton Town Office	American Red Cross	American Red Cross: Dispatch (800) 464-6692 o NH/VT back-up - Concord (603) 393-6127 o Northern Regional Disaster Program Manager (Frank Grima) (603) 812-1874 Frank.grima@redcross.org is restocking supplies
CERT (Shelter) Trailer Cots, blankets, pillows, sheets, etc…	Thornton Town Hall / Fire Station	Fire Dept. (Chief Defosses)	(603) 726-3300

3.4 Training & Exercise List

3.4.1 Fiscal Year 2016

Training	Date
MACE 101	11/12/2015
MACE 101 / WebEOC	4/20/2016
Regional Trailers	5/3/2015
WebEOC	5/20/2016
AllWell POD set-up Training	6/7/2016

Exercise	Date
Personnel Call-Down/ Staff Notification (MACE)	9/14/2015
Personnel Call-Down/ Staff Notification (MACE)	11/17/2016
Personnel Call-Down/ Staff Notification (CORE & CERT/MRC Volunteers)	3/29/2016
Personnel Call-Down/ Staff Notification (MACE)	4/5/2016
Site Activation	4/5/2016
Facility Set-Up	4/6/2016
Personnel Call-Down/ Staff Notification (CORE Staff Volunteers)	6/22/2016

3.4.2 Fiscal Year 2017

Training	Date
TEPW	9/16/2016
Build-a-Kit (by FEMA)	11/3/2016
Shelter Fundamentals	12/15/2016
NH DBHRT	12/20/2016
WebEOC	
MACE 101	

Exercise	Date
Personnel Call-Down/ Staff Notification (MACE)	8/4/2016
Site Activation (AllWell POD set-up & operations)	8/5/2016
Personnel Call-Down/ Staff Notification (CORE & CERT/MRC Volunteers)	8/5/2016
Facility Set Up (AllWell North POD)	8/5/2016
Dispensing Throughput	8/6/2016
Personnel Call-Down/ Staff Notification (CORE & CERT/MRC Volunteers)	10/24/2016
Facility Set Up (NRHS POD)	10/25/2016
Dispensing Throughput	10/25/2016
Personnel Call-Down/ Staff Notification (CORE Volunteers)	2/14/2017
2017 Nat'l Public Health Week Functional Exercise	3/30-4/9/2017