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Capital Area Public Health Network
(603) 630-0705
<http://www.capitalareaprepares.com>

2012

**Regional
Public Health Emergency Annex
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



Regional Public Health Emergency Annex

Serving the communities of:

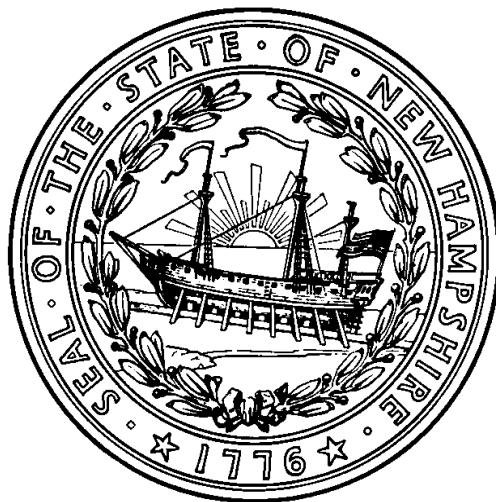
Concord, Allenstown, Barnstead, Boscowen, Bow, Bradford, Canterbury, Chichester, Deering, Dunbarton, Epsom, Henniker, Hillsborough, Hopkinton, Loudon, Northwood, Pembroke, Pittsfield, Warner, Washington, Weare, Webster, and Windsor

The Capital Area Public Health Network
% Concord Hospital
250 Pleasant Street, Concord, NH 03301
Phone: 603-230-6104
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Email: lacheney@crhc.org

Website: <http://www.capitalareaprepares.com>

Twitter: http://twitter.com/nh_caphn



Capital Area Regional Public Health Emergency Annex

MACE Team Activation Procedures and Emergency Call List

Instructions

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, ACS, NEHC
- Threat outside region likely to affect our region

How to Activate:

- Call Merrimack County Sheriff's Department @ 225-5584 or 225-5453
- Indicate that you are requesting the assistance of the Multi-Agency Coordination Entity (MACE)
- 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:
 - One representative from local Fire
 - One representative from local Police
 - The MRC Director
 - The CAPHN Coordinator

Any changes to this procedure will be provided by the Capital Area Public Health Network Coordinator.

Merrimack County Dispatch

225-5584

Leigh Cheney, CAPHN Coordinator

Work: 230-6104

Cell: 630-0705

Richard Wright, Acting Chief, Loudon Fire

Work: 225-8988

Cell: 568-5434

Craig Saltmarsh, Captain, Merrimack County Sheriff Office

Work: 796-6621

Home: 753-8355

Cell: 670-4795

Michael Pearl Concord Police Department

Work: 230-3737

Home: 715-5409

Cell: 731-5238

Capital Region MRC *

Diane Viger - 271-5300

Mary Frambach (H) 736-9295

or (C) 496-2926

* Backup Regional SNS Coordinator

TABLE OF CONTENTS

Cover Page	1
MACE Team Activation Procedures and Emergency Call List.....	2
TABLE OF CONTENTS	3
Executive Summary / Overview	5
Approval and Implementations	5
Record of Changes	5
Record of Distribution	7
I. INTRODUCTION	11
Purpose	11
Scope / Local Authority	11
Public Health Emergency Planning Team	13
Description of the Greater Monadnock Public Health Region	15
Transportation Assets in the Greater Monadnock Public Health Network.....	15
II. SITUATIONS AND PLANNING ASSUMPTIONS	18
Situation	18
Planning Assumptions	18
III. OPERATION PLAN	19
Roles and Responsibilities of the Greater Monadnock Public Health Network Regional Coordinating Committee (RCC)	19
Preparedness Phase	23
Vulnerability Assessment and Hazard Mitigation	23
Surveillance.....	24
Risk Communications and Public Education.....	24
Functional Needs and Fixed Populations.....	25
Response (Emergency) Phase	26
Command and Control.....	26
<i>Multi-Agency Coordinating Entity (MACE)</i>	26
<i>Communications</i>	26
<i>Tactical Communications</i>	27
<i>Communication Modes</i>	27
<i>Call Down Rosters</i>	28

<i>Communication Equipment Tests</i>	29
<i>Surveillance</i>	29
Laboratory Diagnosis and Specimen Submission.....	29
Mass Immunization, Prophylaxis and Pharmaceutical Dispensing	29
<i>Altered Standards of Care</i>	40
<i>Medical Surge Capacity</i>	42
<i>Patient Decontamination</i>	42
<i>Security and Crowd Control</i>	43
<i>Mass Care (Sheltering)</i>	43
<i>Mental Health Care</i>	44
<i>Protection of Public Health Staff and Other First Responders</i>	45
<i>Mass Fatality Management</i>	45
<i>Finance and Accounting</i>	46
Recovery Phase	46
IV. PLAN MAINTENANCE.....	46
Training and Exercises.....	47

Appendices

- a. Appendix 1: MACE Plan
- b. Appendix 2: Public Information and Warning Plan
- c. Appendix 3: Medical Surge Plan
- d. Appendix 4: Medication / Prophylaxis Distribution Plan: Public Points of Dispensing (PODs), Local Response Clinics, and Closed POD Facility Distribution Plan
- e. Appendix 5: Volunteer Management Plan
- f. Appendix 6: Isolation and Quarantine Plan
- g. Appendix 7: Fatality Management Plan

Attachments

- a. Attachment 1: State and Local Contacts List
- b. Attachment 2: Memoranda of Understanding (MOU) List
- c. Attachment 3: Supply Lists and Trailer Information
- d. Attachment 4: Regional Facilities, Services, and Resources Directory
- e. Attachment 5: Demographics
- f. Attachment 6: CAPHN Mass Shelters
- g. Attachment 7: Functional Needs/Special Populations Guidance

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 Capital Area Public Health Network (CAPHN) 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 Capital Area Public Health Network 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 Capital Area Public Health Network during a crisis to act with confidence and credibility.

Approval and Implementations

This Regional Public Health Emergency Annex, version 1.0 (updated January 27, 2012) supersedes all previous regional public health emergency plans (formerly called the Public Health Emergency Preparedness and Response Plan). This plan covers and is applicable to all the municipalities and organizations in the Capital Area Public Health Region. Modifications and updates to this plan will be approved by the CAPHN Regional Coordinating Committee (RCC), and implemented by the CAPHN Coordinator, Leigh A. Cheney. This annex is intended to become part of local emergency operational plans, ESF-8.

Record of Changes

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. All future changes will be documented in this section of the plan, as well as all appendices. The plan will be reviewed yearly and updated as needed.

Record of Revisions and Changes

Date	Subject Area	Change #	Initials
6/30/2011	Entire plan has been updated	1.0	LAC
1/27/2012	Revised Appendices 1, 2, and 4	1.0	LAC
1/27/2012	Revised Attachments 1, 3 4 and 7	1.0	LAC
1/27/2012	RPHE Annex Base Plan revised	1.0	LAC

Record of Distribution

The CAPHN Emergency Preparedness Coordinator maintains a list of all municipalities and organizations to which this plan has been distributed. It is the CAPHN's policy to 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.

Additionally, the plan is made available on the region's website:
<http://www.capitalareaprepares.com>.

Municipality	Name of Contact	Position	Date Distributed
Allenstown			
Barnstead			
Boscawen			
Bow			
Bradford			
Canterbury			
Chichester			
Concord			
Deering			
Dunbarton			
Epsom			
Henniker			
Hillsborough			
Hopkinton			
Loudon			
Northwood			
Pembroke			
Pittsfield			
Warner			
Washington			
Weare			
Webster			
Windsor			

ACRONYMS

ACC	Acute Care Center
ARC	American Red Cross
CAP	Civil Air Patrol
CBRNE	Chemical, Biological, Radiological, Nuclear and Explosive
CDC	Centers for Disease Control and Prevention
CERT	Community Emergency Response Team
CO	Community Outreach
COOP	Continuity of Operations
CRI	Cities Readiness Initiative
CST	Civil Support Team
CTS	Casualty Transportation System
DBHRT	Disaster Behavioral Health Response Team
DHHS	Department of Health and Human Services
DHS	Department of Homeland Security
DMAT	Disaster Medical Assistance Team
DMORT	Disaster Mortuary Operational Response Team
DOS	Department of Safety
DOT	Department of Transportation
DPHS	Division of Public Health Services
EAS	Emergency Alert System
EMAC	Emergency Management Assistance Compact
EMD	Emergency Management Director
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESAR-VHP	Emergency System for Advanced Registration of Volunteer Health Professionals
ESF	Emergency Support Function
ESF-8	Emergency Support Function 8 (Health and Medical Services)
ESF-13	Emergency Support Function 13 (Law Enforcement & Security)
FE	Functional Exercise
FEMA	Federal Emergency Management Agency
FOUO	For Official Use Only
HAN	Health Alert Network
HazMat	Hazardous Material
HHS	Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
HOC	Health Operation Center

HSEEP	Homeland Security Exercise and Evaluation Program
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
ICC	Incident Command Center
ICS	Incident Command System
ILI	Influenza-like Illness
IND	Investigational New Drug
JIC	Joint Information Center
JOC	Joint Operations Center
JTF	Joint Task Force
LEOP	Local Emergency Operations Plan
LO	Liaison Officer
MACE	Multi Agency Coordinating Entity
MCC	Medical Control Center
MI	Managed Inventory
MMRS	Metropolitan Medical Response System
MRC	Medical Reserve Corps
MOA/MOU	Memorandum of Agreement/Understanding
NAWAS	National Alert and Warning System
NECEP	New England Center for Emergency Preparedness
NEHC	Neighborhood Emergency Help Center
NESPAC	New England State Police Administrator Conference
NHDHHS	New Hampshire Department Health and Human Services
NHHA	NH Hospital Association
NHNG	NH National Guard
NIMS	National Incident Management System
OPS	Operations
PHL	Public Health Laboratory
PHN	Public Health Network
PHS	US Public Health Service
PIO	Public Information Officer
POC	Point of Contact
POD	Point of Dispensing
PPE	Personal Protective Equipment
RCC	Regional Coordinating Council
RRAM	Resource Requirements and Allocation Model
RSS	Receive, Stage, and Store Warehouse

SITMAN	Situational Manual
SITREP	Situation Report
SME	Subject Matter Expert
SNS	Strategic National Stockpile
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
TAR	Technical Assistance Review
TCL	Target Capabilities List
TTX	Tabletop Exercise
UTL	Universal Task List
VC	Vaccine Clinic
WHO	World Health Organization

I. INTRODUCTION

Purpose

The Capital Area Public Health Network (CAPHN) 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 Capital Area Public Health Network 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 Capital Area Public Health Region 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 Capital Area Public Health Network 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.

Scope / Local Authority

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 regional 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)

NH Statutory Authority:

Title I, The State and Its Government, RSA 21-P Department of Safety

Title III, Towns, Cities, Village Districts, and Unincorporated Places, RSA 41, Choice and Duties of Town Officers

Title VII, Sheriffs, Constables, and Police Officers, RSA 106-C, Emergency Police Assistance

Title X, Public Health, RSA 127, District Departments of Health

Title X, Public Health, RSA 128, Town Health Officers

Title X, Public Health, RSA 141- C, Communicable Disease (including law enforcement role in quarantine and isolation)

Title X, Public Health, RSA 141-C: 5, Duties of Health Officers

Title X, Public Health, RSA 141-G, Notification of Emergency Response/Public Safety Workers after Exposure to Infectious Disease

Title XXIII, Labor, RSA 281-A, Workers’ Compensation

Title LII, Actions Process and Service of Process, RSA 508, Limitation of Actions

Title LV, Proceedings in Special Cases, RSA 541-A, Administrative Procedure Act

Title LIX, Proceedings in Criminal Cases, RSA 594, Arrests in Criminal Cases

Title LXII, Criminal Code, RSA 627, Justification

“New Hampshire Statutes.” State of New Hampshire Revised Statutes Online. October 17th, 2006. Office of Legislative Services. 04/20/07.

<http://www.gencourt.state.nh.us/rsa/html/nhtoc.htm>

“Laws, Rules & Policies.” New Hampshire Department of Health and Human Services. New Hampshire Government. 04/20/07.
<http://www.dhhs.state.nh.us/DHHS/IMMUNIZATION/LAWS->

Public Health Emergency Planning Team

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 Capital Area Public Health Network and participate on the Capital Area Public Health Network’s Regional Coordinating Committee (RCC):

American Red Cross - Concord Chapter
Capital Area Amateur Radio Emergency Services
Capital Region Family Health Center
Community Action Program Belknap- Merrimack Counties, Inc.
Community Bridges
Community Health Institute
Community Provider Network of Central NH
Community Services Council of NH
Concord Area Transit
Concord Hospital
American Red Cross - Concord Chapter
Capital Area Amateur Radio Emergency Services
Capital Region Family Health Center
City of Concord
Community Action Program Belknap- Merrimack Counties, Inc.
Community Bridges
Community Health Institute
Community Provider Network of Central NH
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
Merrimack County Sheriff's Office
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
City of Concord
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

Description of the Capital Area Public Health Region

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 130,907 people reside in the 843 square mile jurisdiction, based on 2010 census data. During summer months the area population surges an additional 10,000 residents.

Concord Hospital is the primary health service provider for the region. It is a regional medical center, with 295 licensed beds and 170 staffed beds. CH provides traditional acute-care services in 50 medical specialties and subspecialties.

See Attachment 5 – Municipal Demographics.

Transportation Assets in the Capital Area Public Health Region

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.

Rural Transportation System

Serving: Seniors 60+ in Merrimack and Belknap Counties. See each senior center for service areas.

Accessible Demand Response Door-to-Door System

The RTS program is a demand response system offering door-to-door demand response transit services through our senior centers. The vehicles are primarily 18 passenger, wheelchair lift equipped buses and are routed through many communities, assuring service to residents of rural areas. To make reservation for service please call the Senior Center nearest you at least 24 hours prior to your ride.

Fares:

\$1.00 suggested donation for seniors aged 60+ for each one way ride

Hours of operation:

See below for hours of operation at each Senior Center

Closed on all major holidays

Contact information:

To make reservation for service please call the Senior Center nearest you at least 24 hours prior to your ride.

Pittsfield Senior Center
Monday-Friday
8:15 am – 12:45 pm
(603)435-8482
Barnstead-Chichester-Epsom-
Pittsfield-Alton

Mt View Senior Center, Bradford
Monday – Friday
8:30 am – 1:00 pm
(603) 938-2104
Bradford-Contoocook-Henniker-Hopkinton
Newbury-New London-Sutton-Warner-
Webster

All Vehicles are ADA accessible.

Central New Hampshire Transportation System

Agencies in Merrimack County have joined forces to provide a comprehensive transportation system for residents in **Central New Hampshire**.

Known as Central New Hampshire Transportation (CNHT), the program offers door to door non-emergency service for individuals who are unable to access existing fixed route transportation. CNHT is a shared ride system. This means that riders will likely share vehicles with other riders.

It is recommended that customers schedule rides at least 24 hours in advance. Rides are scheduled based on availability. For more information or to schedule a ride, call **225-3003**. This is a project of Concord Area Transit and the Community Providers Network of Central New Hampshire, funded in part by the Endowment for Health.

Concord Area Transit

Concord Area Transit (CAT) is one of the programs and transportation systems operated by Community Action Program Belknap-Merrimack Counties, Inc. (CAPBMCI). CAT has provided public transportation service in Concord since 1989. It operates fixed-route and demand-response service.

Accessible Fixed Route System

CAT provides fixed-route transportation to the City of Concord. There are three fixed-routes with transfer points at the State House and Eagle Square bus stops on Main Street Concord, the Franklin Street bus stop on North Main Street, the Post Office bus stop on Loudon Road and the Everett Arena bus stop on Loudon Road. All Vehicles are ADA accessible.

Hours of Operation:

Monday – Friday 6:00 am – 6:30 pm

Holidays:

Service is not provided on the following holidays: New Year’s Day, Presidents Day, Memorial Day, Independence Day, Labor Day, Veteran’s Day, Thanksgiving Day, and Christmas Day.

Fares:

Senior fare fixed-route	\$.50 cents
Single ride (one way)	\$1.25
10 ride pass	\$10.00
Monthly student pass	\$11.00
48 ride monthly pass	\$32.00
Children under age 5	FREE (up to 2 per adult)

ADA Paratransit Service

For riders who have a disability that prevents them from making some or all of their trips on the accessible fixed-route buses, CAT offers a shared-ride, door-to-door service called ADA paratransit service. ADA paratransit service operates up to ¾ of a mile on either side of CAT’s fixed-route bus service during the same days and hours as the fixed-route bus service. A one way fare on ADA paratransit service is \$2.50.

Individuals interested in using ADA paratransit service must first be determined eligible for the service. To receive information about the eligibility process, call Terri Paige at 603-225-3295 and ask to have the ADA paratransit service eligibility application packet mailed to you, or download the application here on the website. Once you have reviewed the eligibility application packet and feel you might be eligible for ADA paratransit service, complete the application and mail it to:

Terri Paige
 Mobility Manager
 Community Action Program Belknap-Merrimack Counties, Inc.
 PO Box 1016
 Concord NH 03302-1016

Concord Senior Transit

CAT senior transit is a door-to-door bus service for seniors 60 years old and older in Concord. The vehicles are 18 passenger, wheelchair lift equipped buses that run in Concord and a few surrounding communities. Seniors riding the bus can go shopping, get to medical appointments and social activities. To make a reservation for a ride please call the CAT office at 603-225-1989 at least 24 hours prior to your ride.

CAT senior transit operates Monday through Friday 8:00am to 3:00pm. There is a \$1.00 suggested donation for seniors for each one way ride.

Ticket and Pass Sale Outlets

Cat Office	2 Industrial Park Drive
City Clerks Office	41 Green Street

Concord Hospital Gift Shop	250 Pleasant Street
Greater Concord C of C	40 Commercial Streets
Hannaford Food & Drug	73 Fort Eddy Road
Goodwill Store	Loudon Rd
Fisherville Pharmacy	219 Fisherville Rd, Penacook

See Attachment 4: Regional Facilities and Services Directory

II. SITUATIONS AND PLANNING ASSUMPTIONS

Situation

Public health emergencies put the citizens of the Capital Area Public Health Region 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
- Train derailment

Planning Assumptions

1. The municipalities within the Capital Area Public Health Region are responsible for the protection of the health and welfare of the citizens within its jurisdiction.
2. The Capital Area Public Health Region 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 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 Capital Area Public Health Region have signed a formal Memorandum of Understanding (MOU) for planning with the communities of 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 regions.

III. CONCEPT OF OPERATIONS

Organization and Assignment of Responsibilities

1. 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 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. During the **response / emergency phase**, the RCC shall work with the State of NH Emergency Operations Center ESF-8 desk and/or 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 Capital Area Public Health Region residents and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being followed.
 - Protect health and safety of residents and volunteers by enforcing laws and regulations such as isolation and/or quarantine.
3. 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).

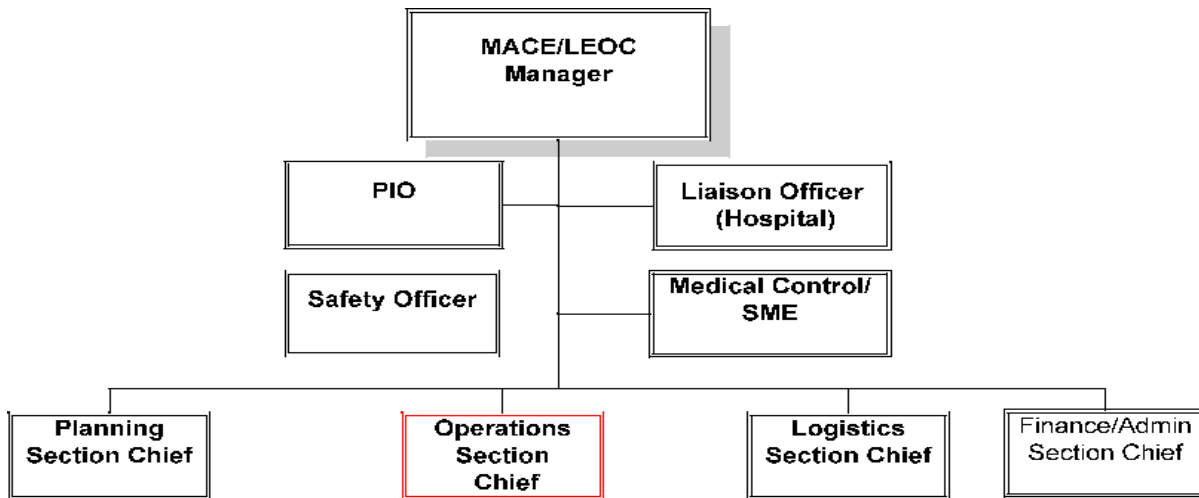
4. Chain of Command

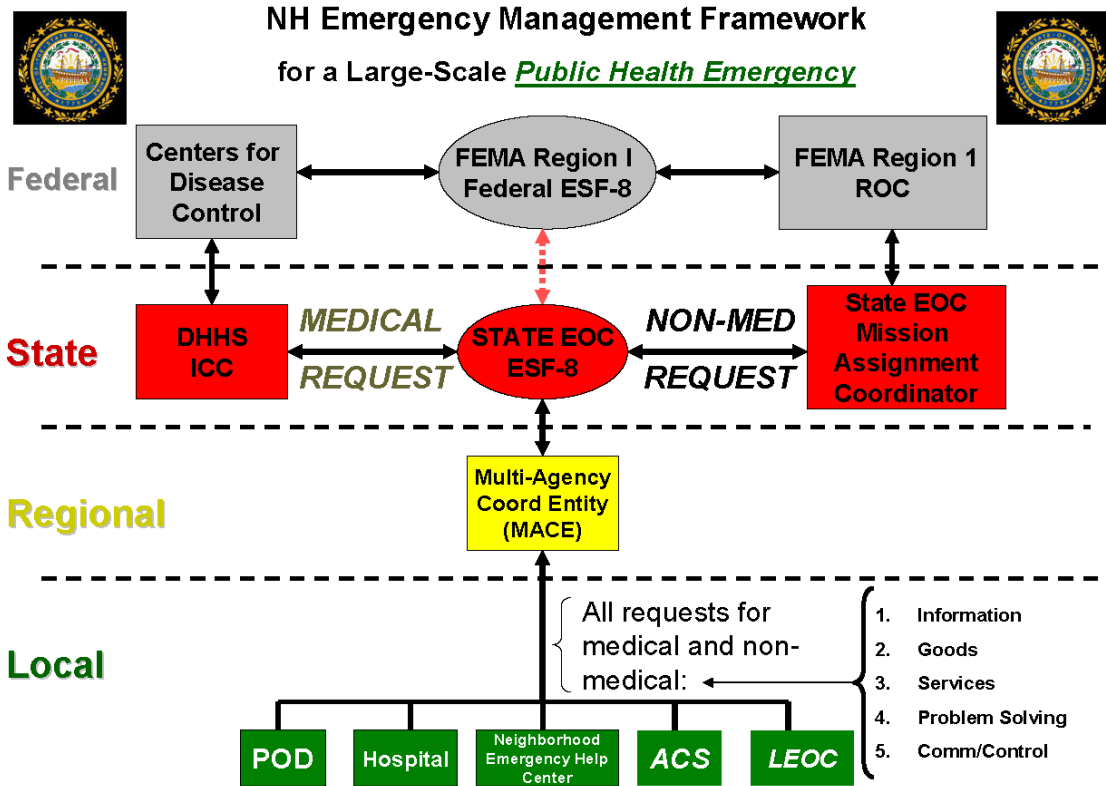
Chain of Command refers to the orderly line of authority within the ranks of the incident management organization. This principle clarifies reporting relationships and eliminates confusion caused by multiple, conflicting directives.

In order to ensure continuity in the operations of a public health-related emergency response in the Capital Region, the Incident Command System structure will be followed.

ICS is a standardized management tool for meeting the demands of small or large emergency or non-emergency situations. It represents “best practices” and has become the standard for managing emergencies across the US.

In Public Health Emergencies in NH we utilize a Multi Agency Coordinating Entity on a region wide level as depicted below:





Approved by DHHS & DOS 1/27/11

Preparedness Phase

Hazard Vulnerability Assessment and Hazard Mitigation

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 and other area healthcare facilities also conduct hazard vulnerability assessments. Local Emergency Operations Plans also include a Hazardous Mitigation Plan for each municipality. This information should be sought for up to date and municipal specific information. Additionally, there are hazard vulnerability assessments (HVA) for the following healthcare organizations in our region:

Concord Hospital	HealthSouth
NH Hospital	Dartmouth Hitchcock Medical Center

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

Identified Hazards in the Capital Area

Natural Hazards

Flooding
Dam Failure
Drought
Earthquake
Extreme Heat
Flood
Hurricane
Lightning
Severe Wind
Wild Fire/Conflagration
Snow/Ice

Human Caused Attacks

Armed Attack
Biological Terrorism
Civil Disorder
Haz Mat
Mass Casualty
Radiological Release
Terrorist Attack
Transport Incident
Urban Fire
Utility Interruption

Identified Areas of Vulnerability in the Capital Area

NH International Speedway	State Office Buildings
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

Surveillance

Successful surveillance will facilitate the detection, evaluation, and design of effective responses to public health emergencies. Surveillance in the Capital Area Public Health Region 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*. 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 Capital Area Public Health Network Emergency Preparedness Coordinator. In addition, health officers receive notifications via HANs.

Risk Communications and Public Information

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 Capital Area Public Health Network has designated Regional PIOs. 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 Capital Area Public Health Regional PIO will facilitate risk communications and public education activities. If the MACE Operational Level is increased beyond Level 1, a regional PIO will be designated and operate out of the MACE.

The Regional PIO will:

1. Gather and analyze all public information and instructions
2. Prepare news releases and pre-event messaging for elected officials, local PIO and public. **Templates can be found in Appendix 2.**
3. Arrange regular briefings for the MACE, 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, hotline, in conjunction with NH DHHS.

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.

The NH DHHS PIO will also be a resource for the Capital Area 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 Capital Area Public Health Region residents who do not speak English, people with sight or hearing deficiencies, or those with disabilities.

See Appendix 2: *Public Information and Warning Plan*, and Attachment 1: *State and Local Contacts*

Functional Needs and Fixed Populations

During a public health emergency, certain segments of the population may require special needs or services. The Capital Area Public Health Network 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.

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. For more information, see Attachment 7: Functional Needs

Response (Emergency) Phase

Command and 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 their 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 Attachment 1: State and Local Contacts List

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 and information 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.

See Appendix 1 for the MACE Plan.

Communications

In the event of a public health emergency in the Capital Area, NH DHHS will contact the Capital Area Public Health Network Coordinator or designated alternate to initiate regional communications of any level.

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.

Tactical Communications

Tactical Communication is the ability of responders in a city/town and their surrounding regions to exchange vital information in an emergency. For an effective execution of the SNS plan to distribute and dispense SNS assets, a robust and redundant communication system is essential. Communications is the key element in the continual and timely flow of assets to dispensing and treatment centers. Communication support enables oversight of the SNS distribution system and timely status reports to the Command Staff.

ESF-2, Communications and Warning, is responsible for ensuring communication capability for all responders during an emergency. ESF-2 will provide all direction and support of the communication systems used by the RSS Site. The communications function facilitates information sharing among SNS positions, ensuring efficient and effective movement of Materiel from the SNS/RSS Site to the site of the emergency. Local jurisdictions will coordinate communication and alerting requirements for their area utilizing their individual resources, as well as the activation of mutual aid agreements.

The RSS, SEOC, MACE's and PODs as well as other medical facilities must have reliable and well defined communication channels.

Communication Modes

On a normal day-to-day basis, local and regional personnel rely mainly on communications via telephone, cellular phone, internet, email, smart phones radio and fax communications. In the case of a Public Health emergency, these systems can be expected to function normally and continue to meet most of the communication needs. Nevertheless, in some disaster situations – earthquake, fire, flood, storm, or explosion – these communication systems are at risk of failure. The possibility of system failures makes it necessary to maintain alternative communication technologies.

Responsibilities exist at local and regional levels of government to carry out alert and warning as the situation warrants. All parts of the SNS communications system are redundant from the standpoint of media, equipment and in many cases personnel. Examples include, but are not limited to:

- Voice and FAX over telephone landline
- Voice over cellular
- Data (including email and www traffic) connectivity over dedicated landline
- High and low speed data over cellular modem
- Voice and high speed data over facility deployable satellite system
- Voice (radio and telephone) and low speed data over vehicle satellite systems

Telephones, Cell Phones, Pagers and Radios

Cell phones and pager numbers are also maintained for all CAPHN partners.

Capital Area Public Health Network has a GETS (Government Emergency Telecommunications Services) card for use in an emergency when telephone lines are tied up this gives our MACE

priority call access on overloaded telecommunication lines. The GETS card information and complete instructions are included in the MACE Manager's three-ring binder located in the CAPHN MACE. The MACE manager is the only person authorized to use this tool with the sole permission of the CAPHN Coordinator.

Additionally, The CAPHN has access to a conference call number for use on occasion when a conference call is the best way to communicate with our local partners. This access information is located in our MACE Management team three-ring binders as well as on the MACE page of our website; www.capitalareaprepares.com

Amateur Radio (HAM)

The New Hampshire State Amateur Radio Emergency Services (ARES) is a volunteer network of licensed amateur radio operators trained and prepared to deploy during an emergency. This resource is activated through the MACE and has a strong role in ESF-2 for emergencies throughout the state.

ARES operators are on call 24/7 and respond to provide ham radio communications in the absence of telephone or radio service. A mobile communications unit can be deployed to an emergency scene through the MACE by the SEOC, if necessary.

Internet/E-Mail

The CAPHN network will utilize its website, www.capitalareaprepares.com, as a means of communication with network partners and the general public during an emergency. Traditional email systems will also be utilized in association with CAPHN's Facebook and Twitter accounts.

Health Alert Network (HAN)

The purpose of the New Hampshire Health Alert Network (HAN) is to provide a comprehensive 24/7/365 system for public health emergency communication to a network of individuals involved in the creation, communication and response to public health emergencies.

The CAPHN Coordinator receives all HAN notices.

Disaster Management Software

The CAPHN utilizes disaster management software at the MACE. The CAPHN partners currently use webEOC for their software and this will be utilized to a large extent during an emergency from the MACE to communicate with state, as well as local and regional partners.

webEOC User Guides for MACE can be found in the MACE section at www.capitalareaprepares.com.

Call Down Rosters

Personnel rosters for the CAPHN MACE, local network points of contact and MRC are maintained and tested quarterly.

Communication Equipment Tests

All CAPHN communication resources are tested and used at least quarterly.

Surveillance

Throughout the response to a public health emergency, surveillance will continue to play an important role. NH DHHS may request that entities in the Capital Area Public Health Region 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.

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

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 NPHL. 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.

Mass Immunization, Prophylaxis and Pharmaceutical Dispensing

The Capital Area Public Health Network 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 Capital Area 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 five POD sites located throughout the region to be used in large-scale emergencies. CAPHN has identified 5 primary POD sites. In order to balance clinic load, reduce congestion and maximize facility operations, residents have been assigned to a specific POD by municipality. The POD Management team in coordination with the MACE may alter the dispensing model to improve delivery of services to the public.

Procurement of Private Property

RSA 4: 29 Acquisition and Disposal of Real Estate By Purchase – The Governor, with the advice and consent of the council, may acquire on behalf of the state, either by purchase or otherwise, as hereinafter provided, any real estate within the state which he may deem necessary for any military purpose, for public parks, public buildings, or for any other public improvement purposes.

Closed Points of Dispensing

For certain populations, access to emergency prophylaxis is improved by bringing vaccines or medication directly to them. Closed PODs are locations in the community that are designated to pick up medication to self-medicate a group of people that would otherwise have to make special arrangements to travel to a POD. Nursing facilities, retirement communities, college campuses, and correction facilities are examples of “Closed POD’s.” Pushing dispensing resources to these locations provides emergency prophylaxis in a familiar, comfortable, or required setting. It also reduces the logistical challenges of bringing the defined population to an announced dispensing site. Plans are being developed within the Capital Area Public Health Network to provide the push method to pre identified entities/locations.

Currently, the CAPHN is working with Capital Region Visiting Nurses and other home care agencies in the region to develop policy and procedure to coordinate dispensing in the community to their homebound clientele. This planning should be concluded for our region later in 2012.

Requesting SNS Assistance

The decision to deploy SNS resources is a collaborative effort between local, regional, state, and federal officials. The need for deployment is met if any of the following justification guidelines are present:

- Overt release of a chemical or biological weapon;
- Claim of release by intelligence or law enforcement;
- Indication from intelligence or law enforcement of a likely attack;
- Clinical or epidemiological indications;
- Laboratory results;
- Unexplainable increase in emergency medical service requests; or
- Unexplained increase in antibiotic prescriptions or over-the-counter medication use.

The request for SNS assistance shall come from the Governor of the State of New Hampshire (or his/her designee). The request is made to CDC or the Department of Homeland Security (DHS) by way of an *Action Request Form (FEMA Form 90-136)*, see form below. Federal officials will review the request and supporting evidence to determine if SNS deployment is recommended and needed.

A. Local and Regional requests SNS assistance

A town may request SNS assistance by contacting the Capital Area Public Health Network (PHN) Coordinator, who also serves as the regional; SNS coordinator. Outside of business hours, requests for assistance are made by calling the Merrimack County Sheriff (see page 2 of this annex) to request activation of the MACE. The PHN Coordinator or their backup (the backup is the MRC Coordinator, also listed on page 2) shall review the request for assistance; confer with state health officials to determine if regional and state resources are sufficient to support the incident response; and determine if activation of the MACE is necessary to support resource and information coordination. If SNS assistance is needed, state officials will initiate their plans to request, receive, and distribute SNS assets to the region to support POD operations.

Information that should be made available when requesting SNS assets should include:

- Description of the situation
- Have all mitigation measures been implemented
- What is the availability of local response assets, such as personnel, space and inventory
- Describe the assets required to support the response

The CAPHN coordinator and the designated backup are authorized to request assistance from the state or recommend other alternatives.

Requesting re-supply of SNS material from the State of NH

The POD Manager will go through the MACE to determine the re-order or re-supply of SNS materials from the state of NH. This decision is a collaborative one involving POD staff, Medical Liaison Staff and MACE Manager. The basic rule is medication and inventory will be re-ordered when it hits the 50% mark. The actual request will be made by the MACE.

B. Receive, Store & Stage (RSS)

Once SNS resources have been deployed, New Hampshire Department of Health & Human Services (DHHS) and Homeland Security & Emergency Management (HSEM) shall implement their RSS plan for redistribution of SNS resources to POD sites. RSS accepts custody of SNS resources from CDC and is responsible for storing it prior to redistribution to POD sites.

In addition to deployment of SNS resources, CDC may provide an on-site technical assistance team to assist with state RSS functions.

C. Distribution of SNS to Region

Once SNS resources have been repackaged for distribution, New Hampshire National Guard or an alternate state designee shall deliver the resources to the activated POD site(s). National Guard may be accompanied by a state police escort to the site(s). Local officials shall ensure that routes to the POD site(s) are clear and accessible for delivery of resources. Local law enforcement shall be available at the POD sites to oversee safety and security matters.

D. Regional SNS Coordinator

During an incident, the Multi-Agency Coordination Entity (MACE) is responsible for coordinating the deliver and resupply of SNS assets to POD sites in the region. For planning purposes, the Capital Area Public Health Network Coordinator serves as the Regional SNS Coordinator, with back-up personnel identified as the MRC Co-Coordinators. At POD sites, receipt and secured storage of SNS resources is the responsibility of the POD Security Officer and local law enforcement. Inventory control and staging of SNS resources for use in POD operations is the responsibility of the Inventory Management Unit. The POD Manager shall request resupply of resources from the MACE when supplies are at 50 percent. The Inventory Management Unit shall develop a plan for the recovery and return of all resources deployed to the POD site(s).

E. Inventory of SNS:

The inventory/medication staging area will work as an on-site pharmacy, and be managed by a licensed pharmacist or ARNP/MD. The pharmacist will coordinate the availability of all pharmaceuticals, vaccines and medical supplies during operation of the clinic.

A careful log of the vaccines/medications will be kept to ensure an adequate supply. A form will be provided by the state to track the following:

- The log will require counting of inventory by two staff members with signatures
- Beginning biological 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 biological inventory at end of each day

The current SNS inventory system will reconcile the amount of pharmaceuticals and medical supplies on hand and amount dispensed with the amount initially supplied to the POD.

The current system includes an excel spreadsheet with the Capital Area Public Health Region's current inventory. This spreadsheet is stored on the MACE computer in the MACE and is also available on the region's website in the MACE link. POD's will be instructed to use a resource request form for accessing inventory at our CAPHN storage facility. A MACE staff person will be assigned to the storage area to fulfill resource requests from our central storage area in Boscawen.

CAPHN Central Storage Location:

Merrimack County Nursing Home, Garrish Manor Building
Fifth floor
325 DW Highway
Boscawen, NH 03303

Access will only be permitted through the MACE

Two CAPHN supply trailers are located in the community. One is located in Northwood and another is located in Boscawen. These trailers have pre-loaded supplies on them. Among the inventory kept on these trailers are:

- Medical Supplies
- Office supplies
- Vests for POD staff as well as security personnel
- Lighted traffic wands
- Signage for exterior and interior of POD location
- Two way radio's will be delivered by MACE staff
- Regional PIO materials, i.e. fact sheets, drug fact sheets, & special notices are available at the MACE
- Items not readily will be prepared by the MACE

F. Chain of Custody

When SNS assets arrive at the POD site or Treatment Center the facility representative will sign the paperwork provided by the driver. The site shall retain a record copy. The POD staff will pay special attention to inventory lot numbers.

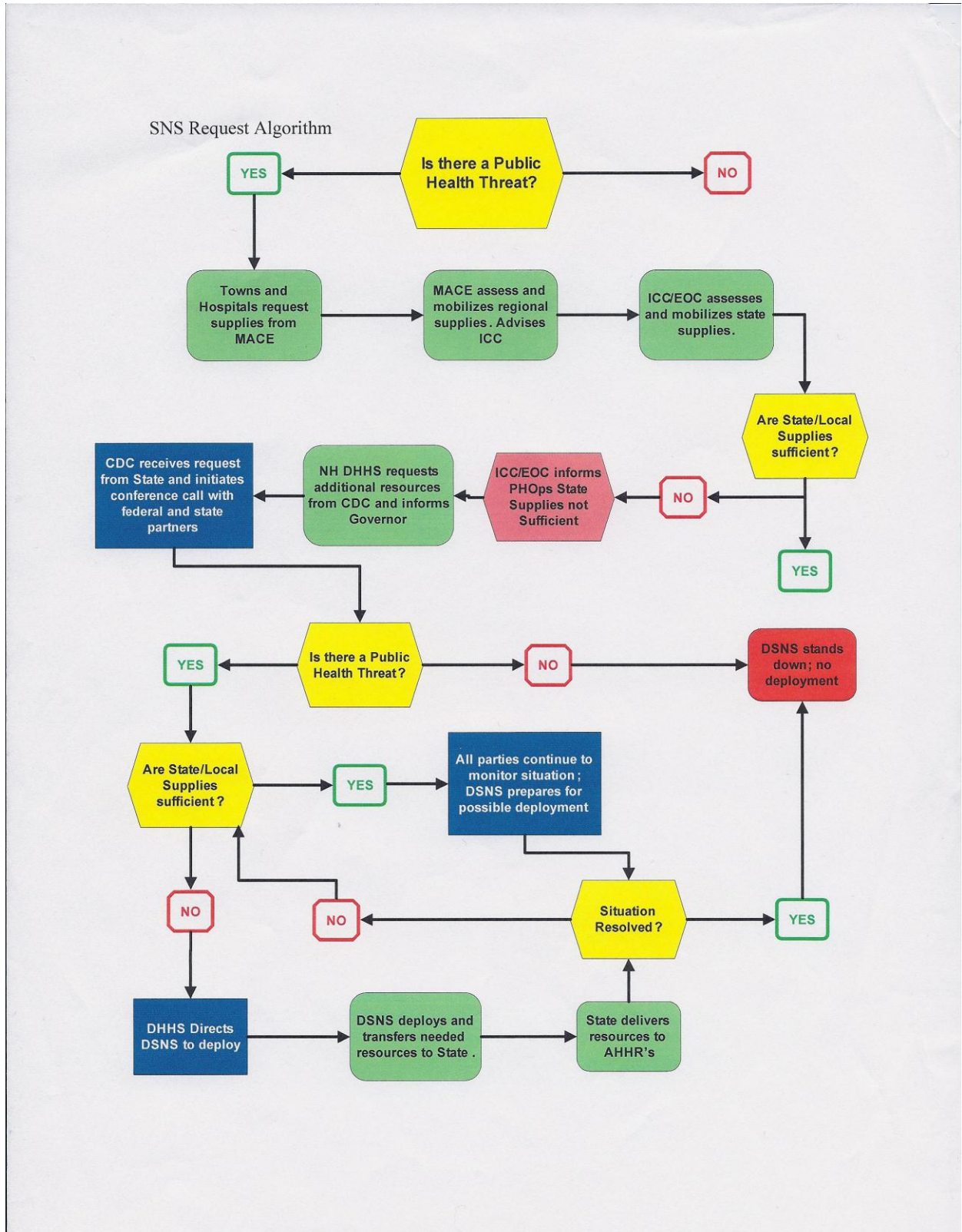
G. Inventory Management

CAPHN is transitioning to a commercial inventory management system called IRMS for SNS inventory management. The system provides inventory-asset, resource and patient management with bar coding extensible to RFID, including ordering, receipt, inventory handling, distribution and tracking of vaccines, anti-virals, pharmaceuticals, PPE and other medical supplies and equipment on a day-to-day basis and as part of emergency preparedness response.

Initial inventory management staff has been trained.

The PODs and Clinics will use a line list system that identifies the lot number distributed to each patient. Clinics will provide hourly, unless otherwise instructed, reports to the MACE regarding materiel used and remaining quantities.

The chart below describes the process by which local and regional requests for SNS assets:



DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY ACTION REQUEST FORM (CARF)		See Reverse for Paperwork Disclosure Notice	<i>O.M.B No. 1660-0047</i> <i>Expires January 31, 2011</i>
I. REQUESTING ASSISTANCE (To be completed by Requestor)			
1. Requestor's Name (Please print)		2. Title	3. Phone No.
4. Requestor's Organization		5. Fax No.	6. E-Mail Address
II. REQUESTING ASSISTANCE (To be completed by Requestor)			
1. Description of Requested Assistance:			
2. Quantity	3. Priority <input type="checkbox"/> Lifesaving <input type="checkbox"/> Lifesaving Sustaining <input type="checkbox"/> Normal <input type="checkbox"/> High		4. Date and Time Needed
5. Delivery Site Location		6. Site Point of Contact (POC)	
		7. 24 Hour Phone No.	8. Fax No.
9. State Approving Official Signature			10. Date and Time
III. SOURCING THE REQUEST - REVIEW/COORDINATION (Operations Section Only)			
1. <input type="checkbox"/> OPS Review by: _____ <input type="checkbox"/> Log Review by: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____ <input type="checkbox"/> Other Coordination: _____	2. Source: <input type="checkbox"/> Donations <input type="checkbox"/> Other (Explain) _____ <input type="checkbox"/> Requisitions <input type="checkbox"/> Procurement <input type="checkbox"/> Interagency Agreement <input type="checkbox"/> Mission Assignment	3. Assigned to: ESF/OFA _____ Other _____ Date/Time _____	
4. Immediate Action Required <input type="checkbox"/> Yes <input type="checkbox"/> No			
IV. STATEMENT OF WORK (Operations Section Only)			
1. OFA Action Officer		2. 24 Hour Phone No.	3. Fax No.
4. FEMA Project Manager		5. 24 Hour Phone No.	6. Fax No.
7. Statement of Work			<input type="checkbox"/> See Attached
8. Estimated Completion Date			9. Estimated Cost
V. ACTION TAKEN (Operations Section Only)			
<input type="checkbox"/> Accepted	<input type="checkbox"/> Rejected	<input type="checkbox"/> Requestor Notified	
Reason/Disposition			
TRACKING INFORMATION (FEMA Use Only)			
ECAPS/NEMIS Task ID:	Action Request No.	Program Code/Event No.	<input type="checkbox"/> Originated as verbal
Received by (Name and Organization)	State	Date/Time Received	

FEMA Form 90-136, JAN 08

PREVIOUS EDITION OBSOLETE

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 20 minutes per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing and submitting this form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, and Paperwork Reduction Project (1660-0047). **NOTE: Do not send your completed form to this address.**

INSTRUCTIONS

Items on the Action Request form that are not specifically listed are self-explanatory. Indicate "see attached" in any field for which additional space or more information is required.

- I. Who is requesting assistance? Completed by requestor.
- II. What needs to be done? Completed by requestor.

Description of Assistance Requested: Detail of resource shortfalls, statement of deliverable, or simply state problem/need.

Priority: The requestor's priority, which may differ from the priority in BOX III.

Site POC: The person at the delivery site coordinating reception and utilization of the requested resources. 24-hour contact information required.

If for DFA or TA, State Approving Official: Signature certifies that:

- (1) State and local governments cannot perform, nor contract for the performance of the requested work;
- (2) Work is required as a result of the event, not a pre-existing condition; and
- (3) The State is providing the required assurances found in 44 CFR, 206, 208.

- III. Action Review/Coordination (OPS Section Use Only): Completed by the Operations Section Chief.

Accept/Reject: Operations Section Chief accepts or rejects the request; provide reason if rejection. If request accepted, coordinates with others, i.e., Log EST's, begins to determine best means of fulfilling request. All involved in coordination should check appropriate box and initial or print their name.

Assigned to: Operations Section Chief Assigns tasks origination. Operations Section Chief may also indicate the Action Officer if known, or tasked organization may make this assignment. This may be Emergency Support Function, internal FEMA Organization (i.e.; Logistics), or other organization.

Date/Time Assigned: Operations Section Chief provides date and time

Priority: FEMA Operations Section Chief-assigned priority may be different than Section II.

FEMA P.O.: Provided by Operations Section Chief; a Region PFT; 24-hr phone/fax required. Information used in NEMIS.

OFA Action Officer: Ops Section Chief obtains from OFA if request fulfilled by a MA; 24-hr phone/fax required. Information used in NEMIS.

Statement of Work: Description of tasks to be performed. Could be to assess a problem and report back, or could be to proceed with a specific action. If 61-1, 40-1, or MA, this goes in "justification" tab in NEMIS.

- IV. Action Taken (OPS Section Use Only): Completed by Ops Section Chief, MAC, Logistics.

Action Request Results: Ops Section Chief, MAM, or LOG should note what type of document the action resulted in by "checking" the appropriate box i.e., Mutual Aid, Donations, Requisition, Procurement, IA, MA, Other. If "Other" is selected write in appropriate response or state "see below" and give detail description in "Disposition" field. "Disposition" field should note steps taken to complete the Action, and personnel, sub-tasked agencies, contracts and other resources utilized.

TRACKING INFORMATION: Completed by Action Tracker. Required for all request.

Unaccompanied Minor

POD Staff shall make every attempt to contact the legal guardian(s) of any unaccompanied minor seeking POD services. If the legal guardian(s) cannot be contacted the Clinical Group Supervisor shall determine a dispensing course of action based on the requirements of the specific event. Dispensing Staff shall document the minor's name, contact information, and vaccine or medication received for follow-up at a later time.

Multiple Regimen Dispensing

Multiple regimen dispensing decreases the number of clients who visit a POD. Multiple regimen dispensing allows one individual to pick-up medication for multiple people. POD operations for medication dispensing may use a multiple regimen dispensing model, such as Head of Household dispensing. Under this policy an adult may receive medication for other household members who are not physically present at the POD. NH DHHS shall establish the maximum number of regimens that one (1) adult can receive without further evaluation and questioning. Absent a state-established maximum, POD staff shall utilize the average household size for the effected town(s) or the region. Supply and demand are additional factors that may impact this policy.

Pediatric Dispensing

Designated dispensing stations for households with children shall be established to ensure that children remain with parents/guardians throughout the POD process. Dispensing providers at these stations should be able to dispense to both pediatric and adult clients. Scales may be necessary at the Children stations to insure proper dosage calculation. NH DHHS shall provide instructions on preparation of medication (pill crushing and dosing) for children if required. When utilizing the Head of Household dispensing model, pediatric doses shall be dispensed to a parent or guardian with instructions for preparation and administration of medication.

NOTE: No identification or proof of residency is required for POD services. Furthermore, drug fact sheets or descriptions about a particular event or hazard will be provided by NH DHHS.

Medical Standing Orders

NH DHHS shall issue medical standing orders for vaccine administration, medication dispensing, and treatment of post-prophylaxis anaphylactic shock during a declared public health emergency. Staff authorized to administer vaccine or dispense medication in the POD site(s) shall follow the medical standing orders issued by the state. See sample "standing order" below:



Nicholas A. Toumpas
Commissioner

José Thier Montero
Director

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4496 1-800-852-3345 Ext. 4496
Fax: 603-271-0545 TDD Access: 1-800-735-2964

Standing Orders for 10-days of Anthrax Prophylaxis

Recommended Therapy for Inhalational Anthrax in a Mass Casualty Setting or for Postexposure Prophylaxis^a			
Category	Initial oral therapy	Alternative therapy if strain is proved susceptible	Duration of treatment after exposure
Adults	Ciprofloxacin ^b 500 mg orally every 12 hours	Doxycycline ^c 100 mg orally every 12 hours OR Amoxicillin ^d 500 mg orally every 8 hours	60 days
Children	Ciprofloxacin ^{b, c} 20-30 mg/kg/d orally taken in 2 daily doses, not to exceed 1g/d	> 8 yrs old and Weight ≥ 101 lbs: Doxycycline ^c 100 mg orally every 12 hours > 8 yrs and Weight < 101 lbs: Doxycycline ^e 2.2mg/kg orally every 12 hours OR < 8 yrs old and Weight ≥ 80 lbs: Amoxicillin ^d 500 mg orally every 8 hours < 8 yrs old and Weight < 80 lbs: Amoxicillin ^d 40 mg/kg orally in 3 doses every 8 hours	60 days
Pregnant Women	Ciprofloxacin ^b 500 mg orally every 12 hours	Amoxicillin ^d 500 mg orally every 8 hours	60 days
Immunosuppressed persons: Same as for nonimmunosuppressed adults and children			
<p>^a Some of these recommendations are based on animal studies or in vitro studies and are not approved by the US Food and Drug Administration</p> <p>^b In vitro studies suggest ofloxacin (400 mg orally every 12 hours) or levofloxacin (500 mg orally every 24 hours) could be substituted for ciprofloxacin</p> <p>^c In vitro studies suggest that 500 mg of tetracycline orally every 6 hours could be substituted for doxycycline. In addition, 400 mg of gatifloxacin or monifloxacin, both fluorquinolones like ciprofloxacin, taken orally daily could be substituted.</p> <p>^d According to the Centers for Disease Control and Prevention recommendations, amoxicillin is suitable for post exposure prophylaxis only after 10 to 14 days of fluoroquinolone or doxycycline, and then only if there are contraindications to these 2 classes of medications (e.g., pregnancy, lactating mother, age <8 years or intolerance of other antibiotics).</p> <p>^e Doxycycline could also be used if antibiotic susceptibility testing, exhaustion of drug supplies, adverse reactions preclude the use of ciprofloxacin.</p> <p>^f See "Management of Special Groups" section of Inglesby, et. Al., for details</p>			

Reference:
Inglesby, T.V., O'Toole, T., Henderson, D.A., et al. Anthrax as a Biological Weapon, 2002: Updated Recommendations for Management. JAMA 2002; 287:2236-2252.
CDC.Update:Investigation of Bioterrorism-Related Anthrax and Interim Guidelines for Exposure Management and Antimicrobial Therapy, October 2001. MMWR 2001;50:909-919.

Purpose:

This order will be used for authorization to dispense 10 (ten) days of prophylaxis for persons who are suspected to have been exposed to *Bacillus anthracis* as determined by the New Hampshire Department of Health and Human Services.

Signature, AHHR Medical Director
Robert M. Gougelet, M.D.

Date

The Department of Health and Human Services' Mission is to join communities and families in providing opportunities for citizens to achieve health and independence.

September 2009

Altered Standards of Care

NH State laws define both a State of Emergency (RSA 21-P:35, VIII) and a Public Health or Public Safety Incident (RSA 508:17-a). During the time when either of these statutes is invoked, there may be shortages of healthcare resources that will necessitate altering the standards of medical care. Standards of health and medical care, broadly defined, address not only what care is given, but to whom, when, by whom, and under what circumstances or in what places. A comprehensive set of standards for health and medical care specifies the following:

- **What**—what types of interventions, clinical protocols, standing orders, and other specifications should be used in providing health and medical care.
- **To whom**—which individuals should receive health and medical care according to their condition or likelihood of response and recovery.
- **When**—with what urgency should health and medical care be provided.
- **By whom**—which individuals are certified and/or licensed to provide care within a defined scope of practice and other regulations.
- **Where**—what facility and system standards (pre-hospital, hospital, alternate care site, etc.) should be in place for the provision of health and medical care.

Process to request altered standards of care during an emergency or public health incident:

- The MACE contacts the NH DHHS Incident Command Center (ICC).
- The DHHS ICC transfers any available resources to the MACE requesting the resources.
- When available resources are no longer sufficient to maintain existing standards of medical care, the DHHS ICC requests the Commissioner of DHHS to alter the existing standards.
- The Commissioner of DHHS may convene the NH Ethics Committee for consultation.
- Recommendations for altering the standards of medical care will be issued by the Commissioner of DHHS to be instituted statewide.

medical practitioners authorized to issue standing orders and protocols for dispensing sites

NH DHHS shall issue medical standing orders for vaccine administration, medication dispensing, and treatment of post-prophylaxis anaphylactic shock during a declared public health emergency. Staff authorized to administer vaccine or dispense medication in the POD site(s) shall follow the medical standing orders issued by the state.

personnel authorized to dispense medications during a state of emergency

A pharmacist or physician will oversee medication/vaccine dispensing at the POD. This individual may be assigned to a specific POD site in the region or located at the MACE (to oversee multiple POD sites in the region).

Personnel who may be authorized to dispense prescription drugs during a local emergency include the following:

- Pharmacist
- Physician
- Advanced practice registered nurse
- Physician assistant
- Registered nurse
- Dentist
- Optometrist
- Podiatrist
- Veterinarian
- Naturopathic doctor
- Midwife

Roles and responsibilities as well as the list of authorized personnel above may be altered as determined by the Governor. NH DHHS shall provide guidance on medical professionals authorized to administer vaccines and dispense medication during a declared public health emergency.

Volunteerism

Volunteers play a critical role at the local level during the emergency and recovery phases of a public health emergency. The State has developed 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 Region MRC is coordinated within the CAPHN and recruits and trains medical and non-medical volunteers. These volunteers can be activated through the CAPHN MACE. A volunteer database is maintained by the Capital Region MRC. This database is accessed from the MRC computer at the MACE.

Liability Protection

During non-declared events immunity from liability for registered volunteers of nonprofit organization or government entities is derived from RSA 508:17 Limitation of Actions. During a declared Public Health Incident an agent of state, including volunteers acting as an agent of state, is protected from claims and civil action under RSA 508:17a.

Workers Compensation

Volunteers who are activated by an authorized political subdivisions are eligible for workers compensation under RSA 281-A:2 VII (6).

Staff Compensation

It is **not** assumed volunteers working during a public health emergency response in a POD or the CAPHN MACE will be eligible for reimbursement, the MACE Management Team shall track and monitor staff response hours and submit for reimbursement to the appropriate authority.

POD Shift Hours and Shift Change Procedures

Shift length will be determined by the POD Manager at the time of the event (it will vary depending on the situation). Most likely, shifts will last between eight and twelve hours. All shifts will overlap by a minimum of thirty minutes. Briefings will occur at the change of shift.

POD Break Schedules

POD section supervisors will determine work break schedules at the beginning of each shift. Additionally, meals and snacks will be available to volunteers during the scheduled break, whenever possible.

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

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 Mass Casualty Incident (MCI) Trailers. These MCI Trailers are a mid-sized tow behind trailer containing enough equipment and supplies to triage and initiate treatment of 150 patients. The MCI Trailer available to the Capital Area Public Health Network is managed by the Concord Fire Department Dispatch. The contact information is:

Concord Fire Department Dispatcher	225-3355
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The Capital Area Public Health Network has identified a location that could establish an Alternate Care Site (ACS) to provide medical care to 50 people. The ACS would provide supportive care to patients that would normally require admission to an acute care hospital. This alternate care site is located at Concord Hospital.

Please see Appendix 3.

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.

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 Capital Area Public Health Network 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 Merrimack County Sheriff, NH State Police 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 public 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. If a local law enforcement agency is unable to provide sworn personnel, Merrimack County Sheriff's Department will augment local law enforcement/security in escorting medication/supplies being *delivered* to a "closed POD location.

"Use of Force" policy and procedure is the jurisdiction of local law enforcement. Essentially, in a public health emergency, security and crowd control will be coordinated by local Law Enforcement and supplemented by the State Emergency Operations Center with ESF 13, Public Safety and Security.

A *POD Safety and Security Plan* has been developed for each facility and is located in **Attachment 3.1** of each plan. Security is responsible for crowd and traffic control, physical security of the SNS assets, as well protection of staff and clients. Securing SNS assets includes locking up and limiting access to the assets, while providing a safe work environment for the staff.

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 CAPHN serves as a resource to those entities that are responsible for running and managing shelters. The CAPHN does not activate, open, manage, run or oversee shelters.

Please see Attachment 6: CAPHN Shelter list.

Mental Health Care

The provision of mental health care is of critical importance. 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.

Protection 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). 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.

- **Priority Prophylaxis/Vaccination:** First responders, volunteers and staff essential to the opening and initial operation of the POD will receive immediate prophylaxis or vaccination at POD registration. Once first responders, volunteers and essential staff have completed set up and the POD is opened, their family members, if eligible for vaccination/medication, will receive their vaccine/medication at the same location. Staff at the PODs will be given a list of first responders, volunteers, essential staff and family who are eligible. Prophylaxis may be delivered to some first responders at their duty station.

A current list of each town and their respective critical personnel (+3 for their family) is kept at the MACE. This list is updated annually. The list breaks out the number of police, fire, ems, town government, DPW and any "other."

Ultimately, the State of New Hampshire will determine who is considered critical personnel based on the event.

- **Security:** The safety and well-being of the staff and volunteers at the POD is a priority. Adequate personnel will be assigned to the POD, staging area, and with vaccine transport to provide security and safety at all times. Any safety or security issues will be reported to the Safety Officer of the POD and to the MACE. More specific security information can be found in the regional POD plan.

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

Public Health Network has ensured the establishment of temporary/expanded morgue facilities to provide a rapid processing of remains by making arrangements to obtain refrigerated trailers. **See Appendix 7.**

Finance and 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.

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 Capital Area Public Health Network will follow NH DHHS and/or NH HSEM guidance as pertains to the recovery phase, conducting after-action reports / improvement plans, etc.

IV. 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.

As necessary, the Capital Area Public Health Network Emergency Preparedness Coordinator will conduct meetings, working groups, or workshops to complete the review and revision of this plan.

Training and Exercise Plan

The Capital Area Public Health Network Coordinator coordinates public health preparedness training, exercise, and evaluation in the CAPHN. Each POD manager will coordinate and participate in the training and exercise planning for their respective community.

Mass prophylaxis and other SNS-specific topics shall be incorporated into a regional training and exercise plan. The State of NH Department of Safety maintains a multi-year training and exercise plan, which is developed in accordance with Homeland Security Exercise and Evaluation (HSEEP) guidance. State-wide and Regional Public Health training and exercise plans are included in the State of NH T&EP.

The Capital Area PHN shall maintain exercise after-action report and corrective action plans for the region on E-Studio and on the CAPHN website. The Coordinator in coordination with the RCC will review corrective action progress as part of annual plan review and maintenance.

At minimum, the training and exercise plan shall address:

- Quarterly testing of communication networks (equipment/hardware between command and management locations and support agencies);
- Quarterly call-down or notification exercises to local officials;
- Annual call-down or notification exercises to volunteer organizations that support emergency response activities;
- Training for public information and communication personnel on responsibilities associated with mass prophylaxis campaign;
- Training for local law enforcement on SNS requirements for security measures and management at distribution locations; and
- A process for documenting training opportunities, training rosters, and supporting documentation for recommended trainings.

Recommended Skills

The Public Health Preparedness Capabilities for emergency mass dispensing recommends the following skills for POD staff:

- Knowledge of regional dispensing requirements, plans, and procedures;
- Knowledge of response framework and staff roles and responsibilities;
- Knowledge of regional POD operations and inventory management systems; and
- Knowledge of adverse event reporting system, process, and protocols.

The CAPHN Coordinator will strive to meet these training recommendations.

Recommended Trainings

The following trainings are recommended for emergency personnel and volunteers who may support POD operations.

Incident command system (ICS)

Introduction to Incident Command System, IS 100.a

Available online: <http://training.fema.gov/EMIWeb/IS/IS100a.asp>

ICS for Single Resources & Initial Action Incidents, IS 200.a

Available online: <http://training.fema.gov/EMIWeb/IS/IS200a.asp>

National Incident Management Systems (NIMS), An Introduction, IS 700

Available online: <http://training.fema.gov/EMIWeb/Is/is700.asp>

National Response Framework, An Introduction, IS 800

Available online: <http://training.fema.gov/EMIWeb/Is/is800b.asp>

webEOC - Available through New Hampshire Fire Academy

*Point of Dispensing (POD)**

Strategic National Stockpile 101 – Intro to SNS

Strategic National Stockpile 102 – Intro to POD

Strategic National Stockpile 201 – Working in a POD

Strategic National Stockpile 301 – POD Management

Mechanics of a POD

*Will be provided by CAPHN through assistance of NH HSEM, NHFA and NH DHHS

Below is the Training Exercise plan for the Capital Region in the upcoming year 2012:

- As resources permit, conduct at least one regional POD drill each year. This will be accomplished by conducting a set up drill at the Weare POD.
- The region is hosting a POD workshop in Concord at our NHTI POD on March 25. This will include a presentation and a walk through.
- The Region will be conducting Mass Care and Sheltering training as a regional effort.
- The region will be conducting training with our childcare provider partners (COOP and preparedness)
- The region will be conducting training with our regional mobile home parks (COOP and preparedness)
- The region will conduct a MACE training which will include Job Action Sheet review.
- Conduct regular workshops to familiarize regional planning partners with Incident Command Structure (ICS), POD operations and SNS/CRI planning. This is being accomplished with SNS 101 training, POD 101 training and regular notices of training opportunities in the state.

- All exercises are developed in accordance with the Department of Homeland Security Exercise and Evaluation (HSEEP) guidance.

The Region has conducted call tree drills, workshops and trainings. These are documented on E-Studio.

Exercise and Training completed

DATE	Subject	Type of Exercise/Training
July 17, 2011	IRMS (inventory management software)	Training
August 3, 2011	Call Tree Drill for personnel availability	Drill
August 27 & 28, 2011	Hurricane Irene	MACE Activation
August 26, 2011	MRC Call Down	Drill real event
October 30, 2011	MRC call Down	Drill real event
December 9, 2011	Call Tree drill for personnel and to drill communications (GETS card and conference call line)	Drill
December 19, 2011	Mass Care and Sheltering	Workshop
January 11, 2012	WebEOC	Training
January 25, 2012	SNS 101	Training