



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

Capital Area Public Health Network

Emergency Planning Updates

(INTERNAL USE ONLY)



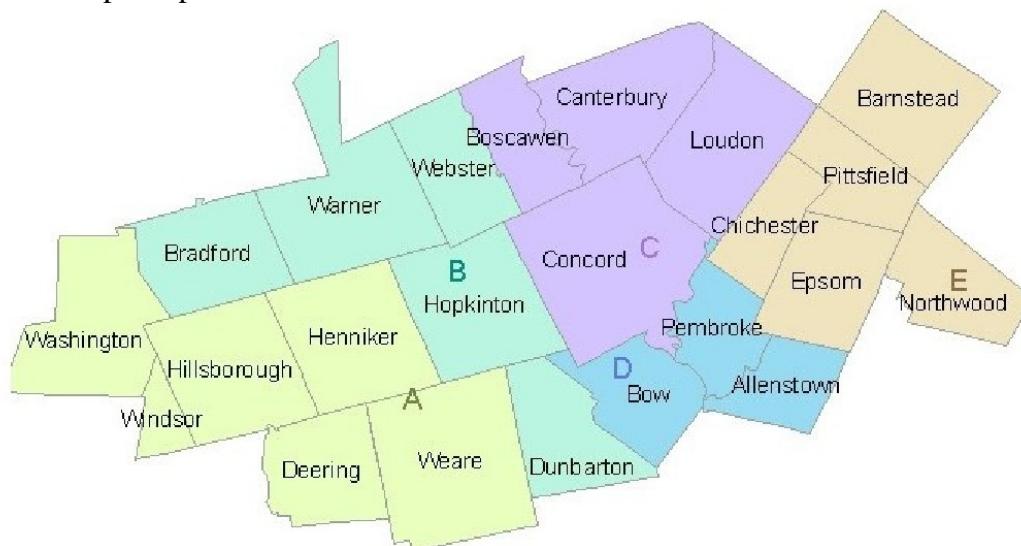
CAPHN Emergency Planning Update

May 2006

(Internal Use only)

POD Sites

Five sites have been chosen in the event mass vaccination or prophylaxis is required for the entire region. Site visits have been conducted at four of the sites, with the final site visit to be conducted this summer. Basic clinic flows have been worked out for each site. The next step is to conduct a meeting at each POD site with Police and Fire representatives from the municipalities to work out plan specifics.



A: John Stark Regional High School

B: Hopkinton High School

C: NH Technical Institute

D: Bow High School

E: Coe Brown Academy

Volunteer/Staffing Workgroup

The volunteer workgroup continues to focus on recruitment. To date we have 105 people interested in volunteering. The recruitment efforts will continue to focus on clinical volunteers. The group has decided that instead of creating a new pool of volunteers we will also be looking toward partnering with existing volunteer groups within civic and faith based organizations. We will train our own pool of volunteers on how to protect their families, intro to emergency response, incident command, and POD operations. This training will also be offered in advance of an event to the 'external' volunteer groups, but will not be mandatory. ID badges will be given to volunteers upon completion of training.

In the event of POD activation, a volunteer command center will be set up to coordinate staffing assignments. Pre-trained volunteers will be assigned to report directly to a POD. All spontaneous or 'external' volunteers will report to the volunteer command center to get training, staffing assignments, and ID badges.

Security

The security workgroup has made recommendations for minimum POD security staffing. The recommendations will be scaleable depending on numbers of people affected and the severity of the event. In a normal situation a reasonable ratio is one officer per 1000 people.

Based on POD Operations the following staffing is recommended:

- 1 for securing supplies/medications
- 1 posted at main entrance
- 1 floater inside POD
- 1 floater outside POD
- 1 Incident Commander

Local Police and Fire will develop detailed POD security plans at POD specific meetings.

The security workgroup has also made a recommendation that a MOU be developed between all municipalities to cover sharing of resources, including but not limited to: personnel, vehicles (buses, ambulances, trucks), and supplies (signage, traffic cones, barriers, etc.).

Clinic Manager

We are still looking to identify a clinic manager and backup for each POD site. The clinic manager will not be an employee of the town in which the POD is located due to other responsibilities. The ideal clinic manager will have a clinical background and have experience in a managerial role.

Special Populations

The Special Populations workgroup has developed a list of all fixed populations in the Capital Area. The list includes hospitals, nursing homes, assisted living facilities, group homes, correctional facilities, etc. The facilities will be invited to participate in a forum to determine the best way to get their populations' vaccine or prophylaxis. We will suggest that they each send a representative to the POD to pick up the necessary supplies to bring back to their facilities for staff and residents/patients.

An additional forum will be held for agencies that serve special populations that are not located in specific facilities. This forum will help determine special services (i.e.: interpreters) that may be required at POD sites.

Pandemic Funding

In July, the Capital Area will be receiving \$81,501 to support pandemic planning activities. The funding will be used for personnel, training, planning meetings, public educational and marketing materials, and to directly support municipalities' planning efforts.

Each municipality can receive up to \$2600 to reimburse for the following expenses:

- Meeting attendance for any meeting or training related to public health emergency planning (regional or local)
- Conducting community forums (including refreshments and advertising)
- Educating public on emergency planning

Resource Directory

An emergency resource directory is currently being compiled for the Capital Area. The directory will include emergency contact names and numbers for each municipality as well as health care resources such as hospitals and health care providers.

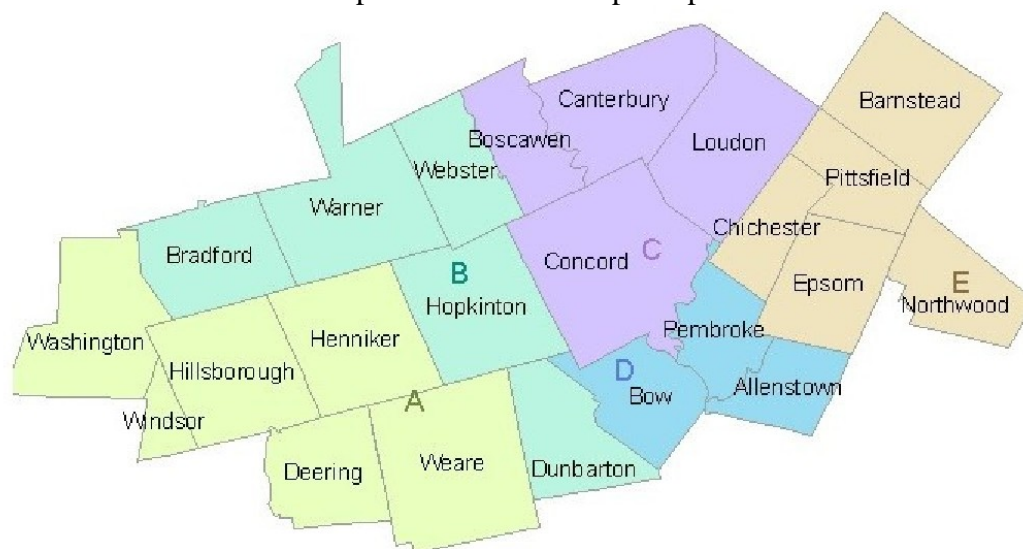
CAPHN Emergency Planning Update

June 2006

(Internal Use only)

Point of Distribution Planning

A new POD has been identified: Weare Middle School will replace John Stark Regional High School as the POD site for the towns of Deering, Henniker, Hillsborough, Washington, Weare, and Windsor. In August, meetings will be held at each POD site with Police and Fire representatives from the municipalities to work out plan specifics.



- A: Weare Middle School
- B: Hopkinton High School
- C: NH Technical Institute
- D: Bow High School
- E: Coe Brown Academy

Pandemic Funding

On May 22nd, the State Pandemic Planning Coordinating Committee approved CAPHN's budget and proposal for the pandemic funding. The contract was scheduled to go before the Governor and Council on June 21st for final approval, so that funding would be available July 1st.

Unfortunately, the Governor and Council did not get time to review the pandemic planning contracts on June 21st, so they have rescheduled the review for their next meeting on July 19th. If the Governor and Council approve the contract on July 19th, the funding will be available on August 1st.

WMUR Closing Updates

To report closings in your municipality to WMUR you will need a 6-digit administrator number. To obtain your own Administrator Number and Pass code contact WMUR directly by calling 641-9040. They will FAX you some paperwork verifying you are a municipality or Non-Profit then fax you back your numbers.

To report closings call 666-9550 or email: breakingnews@thewmurchannel.com

Volunteer Management Plan

A Volunteer management plan has been developed to outline the processes of recruitment, activation, training and orientation and retainment.

Clinic Manager

We are still looking to identify a clinic manager and backup for each POD site. The clinic manager will not be an employee of the town in which the POD is located due to other responsibilities. The ideal clinic manager will have a clinical background and have experience in a managerial role.

Special Populations

Two forums have been scheduled for Special Populations groups. The first forum will be held on July 13th from 11-1. This forum will include representatives from **facilities** that serve special 'fixed' populations. This includes: nursing homes, assisted living, elderly housing, boarding schools, adult day care centers, homeless shelters, and hospitals.

The second forum will be held on July 20th from 11-1. This forum will include representatives from **agencies** that serve special populations. This includes: mental health, deaf and hard of hearing, blind, poor, and minorities.

The forums will focus on identifying the special needs of each facility and agency and work to incorporate those needs into the emergency plan.

Resource Directory

An emergency resource directory is currently being compiled for the Capital Area. The directory will include emergency contact names and numbers for each municipality as well as health care resources such as hospitals and health care providers.

Regional All Hazards Template

The NH Dept of Health and Human Services has developed a regional template to guide regions in the All-Hazards planning process. We will use this template as an outline in our planning process.

CAPHN Emergency Planning Update

August 2006

(Internal Use only)

Point of Distribution Planning

In August, walk-through meetings were held at POD sites for municipal leaders. POD planning is almost complete. We just need to develop MOUs with transportation providers and suppliers and fine-tune some plan details.

Clinic Manager

We are still looking to identify a clinic manager and backup for each POD site. The clinic manager will not be an employee of the town in which the POD is located due to other responsibilities. The ideal clinic manager will have a clinical background and have experience in a managerial role.

Pandemic Funding

On July 19th the Governor and Council approved the CAPHN pandemic planning contract. Our contract period is from July 19, 2006 – January 19, 2007. Municipalities may submit invoices for any time spent on planning activities during that time period. Each municipality is eligible to receive up to \$2600 in reimbursement.

Within 6 months, CAPHN is responsible for completing the following:

- ❑ Conduct community-wide forums prior to the release of the plan
- ❑ Develop a regional pandemic preparedness plan that includes:
 - A special populations plan
 - Continuity of governmental operations within each city and town
 - A medical surge plan
 - An isolation and quarantine plan.
 - A mass vaccination plan
 - Volunteers
 - A risk communication and public education plan
 - Training for direct care workers, volunteers, and others identified in the plan
 - Education and training of the business community
 - Established coordination with local and state emergency operations centers
 - National Incident Management System training, including incident command, that includes training governmental employees and private citizens
- ❑ Conduct a tabletop exercise
- ❑ Conduct community-wide forums following the release of the plan

Special Populations

On July 13th a forum was held for **facilities** that serve special ‘fixed’ populations. This includes: nursing homes, assisted living, elderly housing, boarding schools, adult day care centers, homeless shelters, and hospitals. This forum provided facilities with guidance on developing a facility emergency operations plan. The group also discussed getting medications/vaccinations to their populations during an emergency. A workgroup was formed to develop a plan to allow facilities to administer medications to their residents, employees and household members. A *Facility Distribution Plan* has been developed and will be presented to all facilities in the Capital Area on September 15th.

A second forum was held on July 20th for representatives from **agencies** that serve special populations. This includes: mental health, deaf and hard of hearing, blind, poor, and minorities. This forum focused on identifying existing systems, barriers and resources and possible solutions to special populations receiving emergency care. A workgroup was formed and has started to develop recommendations to communities, agencies and individuals to help plan and respond to public health emergencies.

Regional Resource Coordination Center (RRCC)

A plan is being developed to coordinate resources during a public health emergency. In the event of activation of 5 PODs, there will be a need for all PODs to communicate with one 'center' to share resources and order needed supplies, etc. The center will be located at Concord Hospital. Each POD will be given the phone number to contact the RRCC for all needs that can't be fulfilled by the local EOC. There are still quite a few details to be worked out such as staffing and scope. In order for a RRCC to be successful, we need to know our regional resources. Each municipality will be asked to inventory their available resources to be used in a public health emergency.

Volunteer Training - CAPHN will begin holding volunteer training sessions in September. Each volunteer must attend one session. The sessions will be held in Conference Room C at Concord Hospital. Volunteers can register for a session by calling Wendy Dumais at 230-6162.

- ❑ September 25 1-3 pm
- ❑ October 4 5:30-7:30 pm
- ❑ October 18 10 am – 12 pm
- ❑ November 7 5:30-7:30 pm
- ❑ November 16 9-11 am

Volunteer Recruitment – CAPHN is looking to partner with existing volunteer and service organizations. Please contact service organizations in your community to see if they are interested in volunteering in an emergency.

Faith-based Organizations – A forum is being held for Capital Area faith-based organizations on September 13th from 2-4 pm in Conference Room A at Concord Hospital. The forum will introduce clergy to the CAPHN, our planning efforts, pandemic flu, and how they can educate and involve their parishioners.

Business Community – CAPHN is sponsoring a Greater Concord Chamber of Commerce Pandemic Flu Forum for area businesses on October 17th from 7:30-9 am at the Capital Center for the Arts. The forum will introduce area businesses to the CAPHN, pandemic flu, and how they can prepare their businesses and involve their employees.

Health Officers - A forum is being held for Capital Area health officers on October 18th from 6-8 pm in Conference Room A at Concord Hospital. Louise Hannan, state health officer liaison, will present the new health officer manuals and will talk about the roles and responsibilities of health officers in a public health emergency.

Community Forums – Please contact Wendy Dumais to schedule a community forum in your town for September or October. Multiple towns can get together to hold a joint community forum.

CAPHN Emergency Planning Update

September 2006

(Internal Use only)

Special Populations

Agencies: It was the conclusion of the agency special populations workgroup that individual preparedness was the most important element for the special populations. We will be developing a train the trainer to teach representatives of local agencies to work with individuals to develop their own individual/family preparedness plan. The Preparing for an Emergency Brochure and File of Life will be used as important tools. The first training will be held in November and will be open to all organizations in the Capital Area. Our initial goal is to train 1-2 individuals from each agency that serves special populations, but will make the training available to all.

Facilities: A facility medication distribution plan has been disseminated to all fixed facilities in the Capital Area. Facilities will sign MOUs by October 31, 2006 indicating their involvement. By December 31, 2006 they will complete their facility plan and return a facility registration form indicating numbers of residents, employees, and household members. By January 31, 2007, facilities will schedule a site visit to have their plan reviewed.

Surge Capacity: The surge capacity workgroup is working on:

- A location to house an Acute Care Center (ACC)
- Establish the level of care and types of patients we will be seeing in the ACC
- Develop a proposal to potential facilities in Concord

Mass Fatality Management: The mass fatality management workgroup is working on:

- Assessing current morgue capacity and body bag inventory
- Identifying possible refrigerator trucks that could be used for mass body storage
- Regionalizing a protocol of notification and body handling
- Learning from experiences of others

Isolation and Quarantine: The isolation and quarantine workgroup is working on:

- Identifying a location for a mass quarantine for 20 individuals
- Identifying ways to support Red Cross in their support of quarantined or isolated individuals in their homes

Tabletop Exercise: The exercise workgroup is working on:

- Developing objectives to be exercised
- Identifying scope of exercise and extent of play
- Identifying evaluators

Regional Resource Coordination Center (RRCC)

A plan is being developed to coordinate resources during a public health emergency. In the event of activation of 5 PODs, there will be a need for all PODs to communicate with one 'center' to share resources and order needed supplies, etc. The center will be located at Concord Hospital. Each POD will be given the phone number to contact the RRCC for all needs that can't be fulfilled by the local EOC. There are still quite a few details to be worked out such as staffing and scope. In order for a RRCC to be successful, we need to know our regional resources. Each

municipality will be asked to inventory their available resources to be used in a public health emergency.

Volunteer Training - CAPHN held its first volunteer training session and trained 12 volunteers on individual preparedness, basic overview of ICS, and POD operations. Each volunteer must attend one session. The sessions will be held in Conference Room C at Concord Hospital. Volunteers can register for a session by calling Wendy Dumais at 230-6162.

- ❑ October 4 5:30-7:30 pm
- ❑ October 18 10 am – 12 pm
- ❑ November 7 5:30-7:30 pm
- ❑ November 16 9-11 am

Volunteer Recruitment – CAPHN is looking to partner with existing volunteer and service organizations. Please contact service organizations in your community to see if they are interested in volunteering in an emergency.

Faith-based Organizations – A forum was held for Capital Area faith-based organizations on September 13th. We had a great discussion on how they can be involved in our planning efforts and educate their parishioners on preparedness.

Business Community – CAPHN is sponsoring a Greater Concord Chamber of Commerce Pandemic Flu Forum for area businesses on October 17th from 7:30-9 am at the Capital Center for the Arts. Commissioner Stephen and Director Pope will introduce area businesses to the CAPHN, pandemic flu, and how they can prepare their businesses and involve their employees.

Health Officers - A forum is being held for Capital Area Health Officers on October 18th from 6-8 pm in Conference Room A at Concord Hospital. Louise Hannan, state health officer liaison, will present the new health officer manuals and will talk about the roles and responsibilities of health officers in a public health emergency.

Community Forums – Please contact Wendy Dumais to schedule a community forum in your town for September or October. Multiple towns can get together to hold a joint community forum.

CAPHN Emergency Planning Update

October 2006

(Internal Use only)

Mass Fatality Management:

The mass fatality management workgroup met with Kim Fallon from the NH Medical Examiner's Office. She is working with a committee at the State level to develop a Mass Fatality Plan for a Pandemic. She indicated that the state would be establishing MOUs with transportation providers to supply the regions with refrigerator trucks.

At our level we should:

- Identify where to locate the trucks and develop protocols for security and tracking
- Assessing current morgue capacity and body bag inventory
- Identifying possible refrigerator trucks that could be used for mass body storage
- Regionalizing a protocol of notification and body handling

We have scheduled a meeting with local funeral directors for November 9th at 12:30 at the Community Health Institute to discuss how they would be involved.

Quarantine Centers:

The quarantine workgroup had identified two locations for a mass quarantine for 20 individuals:

- Philbrook Center
- Police Academy

We have spoken with each facility and they are reviewing our requests and will make a decision soon.

Pandemic Flu Annex:

The pandemic flu annex addresses the components of the all-hazards plan that would be implemented during a pandemic. It also describes additional activities that may need to be performed specific to a Pandemic flu. A statewide group of coordinators is working on adapting the State's pandemic flu plan to fit the regional structure.

Crisis and Emergency Risk Communication Plan:

The Risk Communication Plan addresses what messages the state will deliver and what messages the region will be expected to deliver during a public health emergency. It details specific principles of risk communication and how to deal with the media.

State POD Guidance Committee:

The committee is developing checklists for each section of POD operations to make it easier to activate and run a POD.

The committee is reviewing POD signage and will supply signs to each POD (to be paid by state)

The CDC will be coming to NH in January to conduct training on public information at a POD.

Upcoming Drills and Exercises:

- Hospital Drill – November – will test notification procedures
- Regional Tabletop – January – will test components of all-hazards plan
- State SNS Drill – April – will test NHTI's POD plan

Volunteer Training – Upcoming orientation sessions will be held in Conference Room C at Concord Hospital. Volunteers can register for a session by calling Wendy Dumais at 230-6162.

- ❑ November 7 5:30-7:30 pm
- ❑ November 16 9-11 am

Business Community – CAPHN sponsored a Greater Concord Chamber of Commerce Pandemic Flu Forum for area businesses on October 17th from 7:30-9 am at the Capital Center for the Arts. Commissioner Stephen and Director Pope addressed area businesses on how to prepare their businesses for an emergency and involve their employees in the planning process. Ninety-five representatives attended.

Health Officers - A forum was held for Capital Area Health Officers on October 18th from 6-8 pm in Conference Room A at Concord Hospital. Louise Hannan, state health officer liaison, presented the new health officer manuals and spoke about the roles and responsibilities of health officers in a public health emergency. The health officers agreed to hold meetings quarterly to learn about new topics and to share experiences.

CAPHN Emergency Planning Update

November 2006

(Internal Use only)

Behavioral Health Plan:

Riverbend Community Mental Health center has drafted a behavioral health plan for the region that identifies Riverbend as the primary mental health resource for the region. In an emergency involving a mental health component Riverbend would be contacted. They would assess the situation and call in additional resources as needed.

Mass Fatality Management:

The mass fatality management workgroup met with some local funeral directors about their involvement in mass fatalities.

Isolation & Quarantine:

The I&Q Workgroup identified a 3-tier approach to providing food, water, and supplies to individuals staying in their homes.

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

Statewide 211 – Once established, CAPHN will provide contact information and instructions to call center to pass information to residents.

Quarantine Center – The Philbrook Center on the NH Hospital campus will serve as the primary Quarantine Center. It has the capacity to quarantine up to 20 individuals.

Surge Capacity:

The state has released the Medical Surge Guidelines for regions to follow. It indicates the formation of two centers.

Acute Care Center (ACC): facility established to provide medical care in a community-based location. ACCs are community-based healthcare surge facilities that provide limited care to patients that would normally require admission to an acute care hospital. ACCs are ideally located in buildings of opportunity in close proximity to an acute care hospital. ACCs will not manage critical care patients, such as victims requiring artificial ventilation.

Neighborhood Emergency Help Center (NEHC): facility established to provide self-help information and instructions to community members and to triage large numbers of people seeking care, especially to those that require inpatient care and to ensure that they are stabilized for evacuation to either an ACC or hospital, depending on the patient's level of acuity. The NEHC can be attached to the ACC or in a separate location.

We need to identify a location for the Acute Care Center by the end of January.

Call tree:

We developed a call tree to be used in the event of a public health emergency. The order has been established for municipal contacts, but agency contacts still need to be determined. Primarily, the Neighborhood Emergency Help Center (NEHC) is defined by Edgewood Chemical and Biologic Command, and intended to

- Function as a high volume point of dispensing (POD) for prophylactic medication
- Self-help information
- Instruction (e.g., home care, medical follow-up)
- Triage large numbers of people seeking care, especially to identify those that require inpatient care and to ensure that they are stabilized for evacuation to either an ACC or hospital, depending on the patient's level of acuity.

Drills and Exercises:

- Hospital Drill – November 15th – All NH Hospitals participated in a statewide drill to test their communications, personal protective equipment, and antibiotic distribution. As part of the drill, we tested communications in two ways.

1. Communication to/from the hospital Incident Command when opening a POD
2. Municipal Emergency Contact Numbers were called.

The drill went very well. Communication with the hospital went smoothly and solidified CAPHN's position in the hospital. 21 of 23 towns were easily contacts. 2 towns need to submit updated numbers.

- Regional Tabletop – January 24th 9am-1pm Mandatory Meeting – We will be reviewing the all-hazards plan and will test several components.
- State SNS Drill – April 14th approx 8am-1pm - We will test NHTI's POD plan. Volunteers to participate or observe are welcome.

Same-Page Website:

All plans and CAPHN materials are located at www.same-page.com/login.html in the CAPHN folder. For access to the website contact Wendy Dumais.

Information available on same-page website:

- All-Hazards Plan including
 - Emergency Contact List
 - Appendices: Demographics, Special Populations, Transportation Assets
 - Annexes: Risk Communication, Regional Resource Coordination, POD, Volunteers, Acute Care Center, Quarantine Center, Decon, Mass Fatality, Pandemic Flu
- Background Information
 - Public Health Improvement Plan
 - Mailing List
- Public Health Information
 - Emergency Preparedness Brochure

- Public Health Fact Sheets and Forms
- Pandemic Planning Documents
- CAPHN Emergency Planning Update

CAPHN Emergency Planning Update

December 2006

(Internal Use only)

Surge Capacity:

The next phase of our planning will focus on medical surge.

Acute Care Center- The state has asked us to identify a site where we could operate a 150-bed Acute Care Center.

We visited the Edna McKenna Jail, the former Merrimack County Jail. The jail is currently unoccupied and is in the process of being renovated. It was built for a capacity of 76 inmates but had at times had 150 inmates. The County has been very cooperative and has offered us the use of the facility. They have also committed to assist with housekeeping, food, maintenance, and staffing if available.

The consensus of the group was that the jail would be able to serve as an Acute Care Center for our region.

As this point, the state is still looking into all aspects of an acute care center and is submitting legislation to support the centers both financially and statutorily. They have asked us to start compiling a list of questions for them to address.

NH Community Medical Surge Guidelines – The state has contracted with the New England Center for Emergency Preparedness at Dartmouth to give presentations to the region on the guidelines and developing acute care centers. It will give us an opportunity to gain a more in-depth understanding of planning issues related to medical surge. I will be scheduling them to present at our February or March meeting.

Drills and Exercises:

Regional Tabletop – January 24th 9am-1pm at the Common Man Restaurant

Please encourage all to attend.

Objectives:

1. Orient Capital Area participants to the Regional Public Health Emergency Preparedness and Response Plan
2. Assess accuracy of the Plan assumptions regarding respective roles and responsibilities of regional and local entities identified in the Plan.
3. Determine whether or not the Plan adequately describes the process for establishing and maintaining command, communications, and control.
4. Determine whether or not the Plan adequately describes the process for managing regional resources.
5. Identify strengths, gaps, and deficiencies in the Plan, and make recommendations for improvement
6. Promote collaboration and coordination between local government, non-governmental responders, and state government for the development and implementation of the plan.

State SNS Drill – April 14th approx 8am-1pm - We will test NHTI's POD plan. Volunteers to participate or observe are welcome.

Phase II Funding:

The State of NH will be awarding an additional \$617,525 in pandemic funding for Phase II. Each region will receive a base award of \$10,000. The six regions that are not part of a public health network will receive an additional base award of \$10,000. The remaining \$367,525 will be awarded on a competitive grant basis. The state will issue guidelines after the first of the year. It is likely that we will receive a far less amount this phase than last. The money is expected to be awarded in March.

NIMS/ICS Training:

CAPHN and the NH Division of Fire Standards and Training will be sponsoring a free course for the Capital Area. The 16-hour course will cover IS700 Introduction to NIMS, ICS100 Introduction to ICS, and ICS200 Basic ICS. The course will be held on four Thursdays in March. March 1, 8, 15, 22 from 12pm-4pm. Lunch will be provided. (Location TBA)

Any person with a position in the Emergency Operations Center or working in the field responding to an emergency needs to attend the training. This includes any person with a responsibility in the Local Emergency Operations Plan. Please encourage your municipal leaders to attend the course or access it online at <http://www.training.fema.gov/EMIWeb/IS/crslist.asp>

Same-Page Website:

All plans and CAPHN materials are located at www.same-page.com/login.html in the CAPHN folder. For access to the website contact Wendy Dumais.

Information available on same-page website:

- All-Hazards Plan including
 - Emergency Contact List
 - Appendices: Demographics, Special Populations, Transportation Assets
 - Annexes: Risk Communication, Regional Resource Coordination, POD, Volunteers, Acute Care Center, Quarantine Center, Decon, Mass Fatality, Pandemic Flu
- Background Information
 - Public Health Improvement Plan
 - Mailing List
- Public Health Information
 - Emergency Preparedness Brochure
 - Public Health Fact Sheets and Forms
- Pandemic Planning Documents
- Historical Material (Meeting Minutes)

CAPHN Emergency Planning Update

January-February 2007

(Internal Use only)

Phase II Pandemic Funding:

We submitted a proposal for \$34,500 for phase 2 funding. The budget is broken down as follows: \$10,000 for meeting and tabletop expenses, \$10,000 for reimbursement to municipalities, \$12,500 for regional medical supplies, \$2000 for office supplies and mileage. The money will be awarded in March and is to be used for activities in April-December 2007.

The Phase 2 work plan calls for the following activities to take place during the eight-month period

1. Continue to hold monthly meetings of the RCC as documented by minutes and monthly updates.
2. Continue to develop and refine the Regional Resource Coordination center model based on lessons learned from Jan 2007 tabletop exercise.
3. Use feedback from State Reviewers and Jan 2007 Tabletop Improvement Plan to make revisions to plan.
4. Develop a comprehensive community medical surge plan utilizing the Modular Emergency Management model
5. Develop a comprehensive mass fatality management plan
6. Hold Continuity of Operations training session for municipal and county officials.
7. Hold a Public Information Officer and Crisis and Emergency Risk Communication training for municipal and county officials.
8. Identify municipal resources and responsibilities to be used in an emergency and develop a regional MOU for sharing resources.

Proposed Legislation:

SB156: This bill requires the commissioner of the department of Health and Human Services to establish public health regions for the state. Under this bill, a public health region may establish a public health council to develop plans for a coordinated response to a public health emergency. The commissioner is granted rulemaking authority to establish the regions.

SB102: This bill authorizes the commissioner of the department of Health and Human Services, with the written approval of the governor, to ration and prioritize certain pharmaceutical agents in the event of a shortage during an incident or outbreak of communicable disease. Under this bill, the commissioner, with the written approval of the governor, has the power to close public places during an incident or outbreak of communicable disease. This bill also establishes a committee to advise the commissioner in addressing ethical issues under RSA 141-C

Medical Surge

Presentation – The state has contracted with the New England Center for Emergency Preparedness at Dartmouth to give presentations to the region on the guidelines and developing acute care centers. Our presentation will be held on March 2nd from 12-2pm in the Memorial Building Conference Room on the Concord Hospital campus.

Regional Responsibilities identified in NH Medical Surge Plan

- Expand local medical capacity in the event of an emergency

- Adopt the MEMS model for management and coordination of community based surge capacity
- Develop a plan to staff and support 150 community-based surge beds
 - Purchase supplies to support first 72 hours of operations
 - Identify clinical and non-clinical volunteers to staff ACC
 - Develop a memorandum of agreement with an oxygen supplier for use in ACC
- Develop a system to transport patients between hospital, ACC, physician practices and NEHC
- Identify a location that can serve as an information station for self help information and instruction
 - Set-up and staff a 24 hour hotline for the public to call and obtain information
- Identify triage criteria and protocols for admission to hospital, ACC, and home
- Manage and coordinate information and resources among operational areas
 - Report all needs that can't be met to the state EOC

Drills and Exercises:

Regional Tabletop – 80 participants attended the January 24th tabletop. Overall, participants felt that the exercise was very valuable and were able to increase their knowledge of the plan.

The recommendations for improvement focused on six areas:

1. Regional Resource Coordination Center
2. Local Education/Information Sharing
3. Resource Identification
4. Special Needs Identification
5. Public Awareness
6. State Guidance

A detailed workplan will be developed to address to recommendations.

State SNS Drill – April 14th approx 8am-1pm - We will test NHTI's POD plan. Volunteers to participate or observe are welcome.

NIMS/ICS Training:

CAPHN and the NH Division of Fire Standards and Training will be sponsoring a free course for the Capital Area. The 16-hour course will cover IS700 Introduction to NIMS, ICS100 Introduction to ICS, and ICS200 Basic ICS. The course will be held on four Thursdays in March. March 1, 8, 15, 22 from 12pm-4pm. Lunch will be provided. (Location: Bradford Town Hall 75 West Main St, Bradford)

Any person with a position in the Emergency Operations Center or working in the field responding to an emergency needs to attend the training. This includes any person with a responsibility in the Local Emergency Operations Plan. Please encourage your municipal leaders to attend the course or access it online at <http://www.training.fema.gov/EMIWeb/IS/crslist.asp>

Volunteer Training - CAPHN is continuing to hold volunteer training sessions. Each volunteer must attend one session. The sessions will be held in Conference Room B or C at Concord Hospital. Volunteers can register for a session by calling Wendy Dumais at 230-6162.

- March 14th 6:00-7:30 pm
- March 14th 10-11:30 am
- April 10th 6:00-7:30 pm
- April 10th 10-11:30 am

CAPHN Emergency Planning Update

March 2007

(Internal Use only)

Phase II Pandemic Funding:

We were approved for \$33,275 for phase 2 funding. The budget is broken down as follows: \$8,725 for meeting and tabletop expenses, \$10,000 for additional reimbursement to municipalities, \$12,500 for regional medical supplies, \$2050 for office supplies and mileage. The money will be awarded in April and is to be used for activities from April-December 2007.

The Phase 2 workplan calls for the following activities:

1. Continue to hold monthly meetings of the RCC as documented by minutes and monthly updates.
2. Continue to develop and refine the Regional Resource Coordination center model based on lessons learned from Jan 2007 tabletop exercise.
3. Use feedback from State Reviewers and Jan 2007 Tabletop Improvement Plan to make revisions to plan.
4. Develop a comprehensive community medical surge plan utilizing the Modular Emergency Management model
5. Develop a comprehensive mass fatality management plan
6. Hold Continuity of Operations training session for municipal and county officials.
7. Hold a Public Information Officer and Crisis and Emergency Risk Communication training for municipal and county officials.
8. Identify municipal resources and responsibilities to be used in an emergency and develop a regional MOU for sharing resources.

Phase I Pandemic Funding:

DHHS has asked that we spend 75% of our Phase 1 funding before we receive our Phase 2 funding. To date we have only spent approx 55%. We need all municipal invoices for meetings and trainings dating from August 2006 as soon as possible. We will also review supply lists to determine upcoming purchases.

Proposed Legislation Updates:

SB156: Relative to public health regions and regional public health councils

No update – still in Health and Human Services Committee

SB102: Relative to the powers of state government in the event of an incident or outbreak of communicable disease

3/13 Health and Human Services Committee filed a report suggesting that the bill be passed with amendment

Capital Area Coordination Center (CACC)

The CACC committee met to determine details of the plan. The plan will be submitted to the All Hazards Committee for approval on 3/28.

The plan identifies:

- Activation – triggers (when to activate), how to activate, activation levels and protocols, and activation team
- Communications

- Structure
- Staffing

Medical Surge Presentation – The state has contracted with the New England Center for Emergency Preparedness at Dartmouth to give presentations to the region on the medical surge guidelines and developing acute care centers. Our presentation will be held on March 30th from 12-2pm in the Memorial Building Conference Room on the Concord Hospital campus.

SNS Drill – April 14th approx 8am-1pm - We will test NHTI's POD plan.

Objectives:

1. Assess the POD site's ability to alert, activate, warehouse, distribute and manage the Strategic National Stockpile (SNS) supplies.
2. Assess the ability of the POD site to manage volunteers.
3. Assess the ability of the POD site to provide just-in-time training to POD site volunteers.
4. Determine the time required to provide prophylaxis to patients, including special needs populations (number of patients provided prophylaxis / hour).
5. Assess the management of patient flow through the POD.
6. Evaluate the capability to implement the Incident Command System within POD site.
7. Assess the ability of the POD site to establish and maintain communications with the NH Technical Institute campus and outside agencies.

Volunteer Training - CAPHN is continuing to hold volunteer training sessions. Each volunteer must attend one session. The sessions will be held in Conference Room B or C at Concord Hospital. Volunteers can register for a session by calling Wendy Dumais at 230-6162.

- ❑ April 10th 10-1130 am and 6:00-7:30 pm
- ❑ May 8th 10-1130 am and 6:00-7:30 pm
- ❑ June 11th 10-1130 am
- ❑ June 13th 6:00-7:30 pm

CAPHN Municipal Trainings

Purpose: To ensure that all department heads of municipalities and agencies are aware of their roles and responsibilities in the regional plan

Structure: 2-hour meeting

½ hour: Review of plans

1 hour: Discussion of roles and responsibilities

½ hour: Identification of resources and additional training needs

Objectives:

1. Increase awareness of Regional Public Health Emergency Preparedness and Response Plan (PHEPRP)
2. Determine relationship between Local Emergency Operations Plan and PHEPRP
3. Identify personnel to staff Capital Area Coordination Center (CACC)
4. Identify local resources and mutual aid agreements
5. Identify additional training needs

Required Action: Schedule time for all department heads to meet during Phase 2 (Apr-Dec 2007)

Meetings can be scheduled before, during or after business hours.
Municipalities can invoice for staff time and refreshments.

CAPHN Emergency Planning Update

April 2007

(Internal Use only)

Public Health Network Contract:

An amendment was issued to renew our Public Health Network contract funding for one more year.

DHHS has been exploring the possibility of having counties serve as fiscal agents for Public Health Network and pandemic contracts in the future. This year 4 counties (Cheshire, Coos, Hillsborough, and Sullivan) will be pilot sites serving as fiscal agents for their regions. DHHS hopes that next year (Beginning July 2008) all 10 counties would serve as fiscal agents. They also hope to reduce the number of regions from 19 to 13. It is unclear how this will affect our region this year and in future years. The Commissioner of DHHS is holding a meeting on April 30th to clarify the plan and its implications.

Proposed Legislation Updates:

SB156: Relative to public health regions and regional public health councils (**No update**)

SB102: Relative to the powers of state government in the event of an incident or outbreak of communicable disease (**Public Hearing Scheduled: 5/1/2007 10:30 AM LOB 205**)

Medical Surge Planning:

On March 30th, CAPHN members attended an informational session and were given a template on Medical Surge. The decision was made to move forward by establishing workgroups to focus on the following planning areas:

1. Acute Care Center (ACC) at Edna McKenna Jail
2. Neighborhood Emergency Help Centers (NEHC)
3. Concord Hospital's role as Medical Command
4. Identifying an alternate ACC location
5. Transportation between ACC, NEHC and hospital
6. Education and training for community providers

Continuity of Operations (COOP) Training:

The NH Institute for Local Public Health Practice will be delivering a COOP training ("Introduction to Continuity of Operations Planning") for our region on June 19th from 9-11:30am in Conference Room A at Concord Hospital. The COOP training is an awareness-level training for municipal officials. This training is a requirement of our Phase 2 Pandemic Funding.

FEMA Pandemic Reimbursement:

On March 31, 2007, FEMA issued guidelines for emergency financial assistance for Influenza Pandemics. The following may be eligible for reimbursement by state and local governments and private non-profit organizations:

1. Activation of emergency operations center to coordinate response to the event
2. Purchase and distribution of food, water, ice medicine and other consumable supplies
3. Management, control, and reduction of immediate threats to public health and safety
4. Movement of supplies and persons
5. Security forces, barricades and fencing, and warning devices
6. Emergency medical care

7. Temporary medical facilities
8. Congregate sheltering
9. Communicating health and safety information to the public
10. Mass mortuary services

CAPHN Municipal/Agency Trainings:

To ensure that all department heads are aware of their roles and responsibilities in the regional plan each municipality and agency must schedule a time from May – Dec 2007 to meet to discuss the Regional Public Health Emergency Preparedness and Response Plan and how it relates to the local plans already in existence. (2 hours)

Summary of POD Drill April 14, 2007

	Triage	Express Dispensing	Medical Evaluation	Total
Clients Seen	55	265	93	413
Family Members	3	100	44	147
Total Processed	58	365	137	560
Meds Given	0	363	107	470
Doxy	0	363	78	441
Cipro	0	0	29	29
No meds given	58	2	30	90
Refer to PCP	34	1	11	46
Sent to hospital	24	0	0	24
No Exposure	0	1	9	10
No reason given	0	0	10	10

On April 14th, the CAPHN tested its POD plan at NH Technical Institute – Concord Campus. Our goal was to process 500 individuals through the POD during the 2-hour exercise. The plan called for 58 volunteers to staff the positions in the POD; we had 63. 126 individuals volunteered as victim/actors and were each processed through the POD up to 4 times.

Overall, the exercise went well. We ran the POD for approx 1-½ hours and were able to process 413 individuals representing 147 additional family members totaling 560. 470 medications were dispensed.

Observers and evaluators will submit reports of their observations and the exercise contractors will compile these. On May 16, we will be given our After Action report that will highlight recommendations for improvement.

Some initial observations made by the participants (staff and actors) were:

1. The staff was very client focused, kind and courteous.
2. We have a very good base plan that just needs a little adjusting
3. We need more line monitors and runners in the gym to help direct patient flow.
4. We need to develop a system for dispensers and medical evaluators to signal when they are ready for the next client. (ie: deli numbering system)
5. We need more specific training on how to handle allergies and medical conditions.

6. We need simplified job sheets that lay out the protocols and procedures for the job and eliminate the 'fluff'.

Volunteer Training Dates:

May 8 th	10-11:30 am and 6:00-7:30 pm
June 11 th	10-11:30 am
June 13 th	6:00-7:30 pm

CAPHN Emergency Planning Update

May 2007

(Internal Use only)

Emergency Planning & Counties:

John Stephen (DHHS Commissioner) is convening a committee to make recommendations on how best to move forward with public health emergency planning and response. The Committee will be co-chaired by Mary Ann Cooney (Director of Public Health) and Jose Montero (State Epidemiologist). It is tasked with developing a regional approach to emergency response within a one-year period. The Committee will make a recommendation about a county-based structure or, if indicated, an alternative structure.

At this time, our region will not be changing. Two counties will be serving as Pilot sites: Sullivan and Cheshire. The towns from Sullivan County that are currently in our network will stay in our network.

Proposed Legislation Updates:

SB156: Relative to public health regions and regional public health councils
Rereferred in Committee – this bill won't be voted on this year

SB102: Relative to the powers of state government in the event of an incident or outbreak of communicable disease

Approved by Senate subcommittee, retained in House Subcommittee

Continuity of Operations (COOP) Training:

The NH Institute for Local Public Health Practice will be delivering a COOP training ("Introduction to Continuity of Operations Planning") for our region on June 19th from 9-11:30am in Conference Room A at Concord Hospital. The COOP training is an awareness-level training for municipal officials. This training is a requirement of our Phase 2 Pandemic Funding.

CDC Mask Guidance for Non-Occupational Settings during a Pandemic

On May 3, The CDC issued guidance on wearing facemasks and respirators in non-occupations settings.

1. Whenever possible, rather than relying on the use of masks or respirators, close contact and crowded conditions should be avoided during an influenza pandemic.
2. Facemasks should be considered for use by individuals who enter crowded settings, both to protect their nose and mouth from other people's coughs and to reduce the wearers' likelihood of coughing on others; the time spent in crowded settings should be as short as possible.
3. Respirators should be considered for use by individuals for whom close contact with an infectious person is unavoidable. This can include selected individuals who must care for a sick person (e.g., family member with a respiratory infection) at home.

Medical Surge Planning:

Education/Training Workgroup –

Determined who needs training and what training they would need. Identified levels.

Level 1: Emergency Dept/Horseshoe Pond, Physicians, EMS, etc

- Highest level of training – triage instructions, transportation protocols, etc

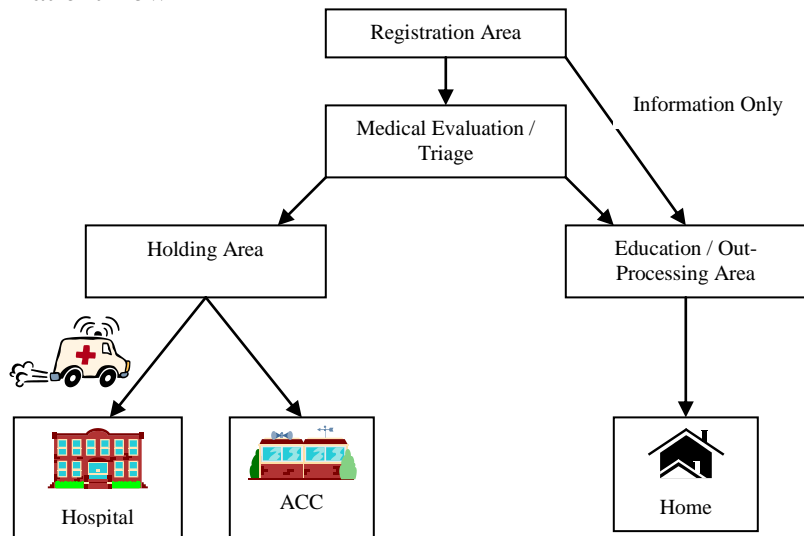
Level 2: Nursing Homes, Visiting Nurses, Private EMS, Town offices, etc

- Awareness training

Neighborhood Emergency Help Center Workgroup (NEHC)-

Developed draft plan to include:

- Purpose – point of entry into medical system during a public health emergency that overwhelms Concord Hospital. The NEHC will triage patients to determine what type of care is needed (Hospital, ACC or home)
- Patient flow



The next step is to determine a location for the NEHC.

Drills/Exercises:

During Phase 2 we need to hold 2 tabletop exercises.

1. Capital Area Coordination Center (CACC) Tabletop
2. To be determined – could cover a component of medical surge or mass fatality

Recommendations from POD Drill

1. The Concord POD should have larger and more carefully placed signs to help clinic flow and understanding.
2. The Concord POD should have at least two or four runners available for each area of the POD.
3. The Concord POD needs more line monitors in the dispensing areas
4. The Concord POD should provide additional ICS training for volunteers, and review the POD organization chart at training.
5. The Concord POD should have larger and more carefully placed signs to help clinic flow and understanding.

Mass Fatality Planning

NH DHHS is developing a mass fatality template for regions to use in planning. They have asked us to hold back on our planning until it has been released.

CAPHN Municipal/Agency Trainings:

To ensure that all department heads are aware of their roles and responsibilities in the regional plan each municipality and agency must schedule a time from May – Dec 2007 to meet to discuss the Regional Public Health Emergency Preparedness and Response Plan and how it relates to the local plans already in existence. (2 hours)

Volunteer Training Dates:

June 11th 10-11:30 am & June 13th 6:00-7:30 pm

CAPHN Emergency Planning Update

June 2007

(Internal Use only)

Summer Schedule:

The Emergency Planning Committee will not be meeting in June and July. The next EP Committee meeting will be on August 15th from 9-11am at Concord Hospital in Conference Room C.

The following workgroups will continue to meet during the summer:

- POD After Action Report
- ACC (Acute Care Center)
- NEHC (Neighborhood Emergency Help Center)
- CACC (Capital Area Coordination Center).

Continuity of Operations (COOP) Training:

On June 19th, the NH Institute for Local Public Health Practice delivered training on COOP (Continuity of Operations Planning). Participants learned the eight elements of successful COOP planning through a case study of the Manchester Health Department Fire of 2002. The presentation and helpful planning tools have been posted to the CAPHN folder on estudio.

Elements of a successful COOP plan:

1. Determine essential functions
2. Determine delegations of authority
3. Delineate orders of succession
4. Identify alternate facilities
5. Ensure interoperable and redundant communications
6. Secure vital records
7. Determine staff management protocols
8. Test, train and exercise

POD After Action Report Workgroup:

The NHTI POD Team met to discuss the recommendations from the April 14th SNS Drill. The following is a summary of corrections that have been made. To date, all recommendations have been corrected.

1. Streamlined job action sheets and staff packets.
2. Created a presentation to be sent to staff prior to arriving at the POD to review purpose of the POD, description of incident, POD command structure, POD flow, and reporting instructions.
3. Relocated the special services and behavioral health stations for more space, privacy, and accessibility
4. Reorganized the operations section to allow for better supervision.
5. Created a more detailed map for setup of POD including number and placement of tables, chairs, signs and vital equipment.

The Improvement Plan and updated POD plan have been posted on estudio in the CAPHN folder.

ACC (Acute Care Center) Workgroup

Merrimack County has been signed an MOU allowing the Edna McKenna Building (former county jail) to be used as the Acute Care Center. A MOU has also been developed between

CAPHN and Merrimack County for the purchase, storage and management of supplies to be used at the ACC.

The ACC workgroup is organizing a site visit at the facility to map out ACC operations.

CACC (Capital Area Coordination Center) Workgroup:

The CACC Workgroup met to revise job action sheets and forms and to determine the notification protocol. Merrimack County Sheriff's Department has agreed to allow us to use their 24/7 dispatch number as the number to request activation of the CACC.

Activation and Notification Procedure:

1. Anyone who needs assistance from the CACC can call 225-5451 or 225-5453.
2. The dispatchers will then activate the activation team call tree.
3. The activation team will come together to determine:
 - o If and when to open
 - o Appropriate activation level
 - o The mission of the operation and initial message
 - o Appropriate staffing levels
4. The Activation team will then activate the CAPHN call tree to inform members of the situation.

A tabletop exercise will be held in September 2007 to test the above procedures.

CAPHN Municipal/Agency Trainings:

To ensure that all department heads are aware of their roles and responsibilities in the regional plan each municipality and agency must schedule a time between July – Dec 2007 to meet to discuss the Regional Public Health Emergency Preparedness and Response Plan and how it relates to the local plans already in existence. (2 hours)

CAPHN Emergency Planning Update

July-August 2007

(Internal Use only)

ACC (Acute Care Center)

Location:

Merrimack County recommended that we consider using the Nursing Home as the Acute Care Center instead of the former jail. A new nursing home is currently under construction freeing up space in the older building. Floors 4 & 5 will no longer be utilized once construction is complete. The County estimates that we would be able to start using the space in March 2008. The rooms will be left as patient rooms including beds, furniture, etc. The ACC workgroup met and decided that this would be the best space for the ACC. A site visit is scheduled for August 17th.

Bed capacity:

After lengthy discussions with NH DHHS, it has been determined that based on Concord Hospital's internal surge capacity our region will only have to operate a 100 bed ACC.

Supplies:

A MOU has been developed between CAPHN and Merrimack County for the purchase, storage and management of supplies to be used at the ACC. NH DHHS has provided CAPHN with a list of approved supplies that will be purchased in sufficient quantity to operate for 30 days. The items include: bedpans, blankets, blood pressure cuffs, cots, IV supplies, needles, gloves, masks, stethoscopes, and syringes.

Plan Development:

A plan has been drafted to include all of the elements necessary for operation of the ACC. The workgroup now needs to apply the plan to the Nursing Home and determine where each function would take place. The workgroups also needs to determine responsibility for a few functions including: medical command, food services, facilities, etc.

Quarantine Center

Location: Anna Philbrook Center on NH Hospital Campus

Plan Development:

A walkthrough of the facility was conducted to determine the best locations for the Quarantine Center. We will be using the Finch & Robin dorms as well as the Recreation building. The facility can house up to 30 quarantined individuals.

An extensive list of facility responsibilities and CAPHN responsibilities was agreed upon and a draft plan has been written. Elements that still need to be developed are: transportation, security, and communications.

CACC (Capital Area Coordination Center) Functional Exercise:

Scheduled for September 13th 10am – 12pm

The goal of this exercise is to test procedures for activation of the Capital Area Coordination Center (CACC). The objectives of the exercise are to:

1. Test Merrimack County Dispatch's procedures for contacting the activation team
2. Test procedures for convening Activation Team
3. Determine if plan adequately describes procedures for CACC Activation by Activation Team
4. Determine interface between activation team and CACC
5. Test procedure for communicating initial message to network partners

CAPHN Emergency Planning Update

September 2007

(Internal Use only)

Regionalization Update:

The Public Health Regionalization Initiative Group has met two times to discuss the future of public health regions in the state. While they have not made any final decisions yet, they have outlined their approach.

- A tiered system of public health regionalization that recognizes varying resources, infrastructure, and capacity to carry our core public health functions and the 10 essential services at different levels.
- Regions will be organized in a way that recognizes geographic features, existing health care infrastructure and population.
- There will be one public health agency per region that must be or be associated with a governmental agency that coordinates or is responsible for the 10 essential services. The agency may subcontract or create MOUs for some essential services.

ACC (Acute Care Center)

The ACC workgroup visited the Merrimack County Nursing Home. The facility will serve as the Acute Care Center very well. Floors 4 & 5 will be used allowing space for up to 136 beds. The County estimates that we would be able to start using the space in March 2008. The rooms will be left as patient rooms including beds, furniture, etc. The Sheriff's Dept. has done a review of the facility and is drafting a Security Plan. The next step is to meet with the Nursing Home Administrator and County Commissioner to determine specific responsibilities including: food, housekeeping, medical direction etc.

A draft of the plan has been developed, but won't be finalized until the residents have moved out of the 4th & 5th floors and we are able to see exactly what has been left. (ETA: March 2008)

NEHC (Neighborhood Emergency Help Center)

The NEHC workgroup met with NHTI to discuss the possibility of using the campus for a NEHC. While Administration will need to make the final decision, the NHTI representatives at the meeting were optimistic that the request would be approved. Due to the similarity to POD setup, we could use the foundation of the POD plan with very few logistical changes to transition the POD plan to a functioning NEHC plan.

CACC (Capital Area Coordination Center) Functional Exercise: September 13th 10am – 12pm

The goal of this exercise was to test procedures for activation of the Capital Area Coordination Center (CACC). The objectives of the exercise were to:

1. Test Merrimack County Dispatch's procedures for contacting the activation team
2. Test procedures for convening Activation Team
3. Determine if plan adequately describes procedures for CACC Activation by Activation Team
4. Determine interface between activation team and CACC
5. Test procedure for communicating initial message to network partners

Summary: The exercise went very well. The activation of Dispatch, Activation Team, and Call Tree were successful. 22 out of 23 towns were reached and called back to confirm receipt of message within 40 minutes.

Recommendations/Decisions:

1. The Activation Team will staff the first shift of the CACC and call in replacements as needed.
2. Password for volunteer database will be shared with Activation Team Members and POD Command Staff
3. Public Health Nurse is not appropriate member for activation team. Need to identify a medical representative for the team.
4. Add template to activation team log for developing initial message to municipalities and agencies.
5. Consider changing name. CACC may be too confusing.

Highly Pathogenic Avian Influenza Rapid Response Team Training

The Dept of Public Health Services is holding regional trainings on response activities involved in an outbreak of avian flu in birds in the US. The training focuses on the planning that is being done in the event of an animal outbreak. It provides an opportunity for 'human' planners and 'animal' planners to meet and determine how best to work together.

Objectives of training:

- Define roles & responsibilities of state and local agencies
- Identify human and animal surveillance systems
- Recognize the epidemiological context of bird and human AI case response
- Understand the components of animal quarantine, depopulation, and disposal

Outcomes: The State Veterinarian would like our assistance in identifying bird populations in our region. How can we best accomplish this?

This session provides valuable information for Animal Control Officers and Veterinarians. Another session is being held at Manchester Health Department on Oct. 30th from 8:30-4:00. To register call Kathie Capron at 271-4477 or email at kcapron@dhhs.state.nh.us.

MOU/Public Health Mutual Aid

The NH Hospital Association's mutual aid network MOU was used to develop a draft for the Capital Area. It has been submitted to the Local Government Center (LGC) for review. The LGC is currently involved in redrafting Senate Bill 156, referring to developing public health regions. SB 156 will be reintroduced in the Senate as soon as they are back in session. The LGC will determine how our MOU interplays with the revised SB 156.

NIMS/ICS Training

CAPHN and the NH Division of Fire Standards and Training will be sponsoring a free course for the Capital Area. The 12-hour course will cover IS700 Introduction to NIMS, ICS100 Introduction to ICS, and ICS200 Basic ICS. The course will be held on four Tuesdays in October/November. October 16, 23, 30, and November 6 from 1pm-4pm. (Location: NH Technical Institute, 31 College Drive, Concord, Farnum Hall, Room 107)

Any person with a position in the Emergency Operations Center or working in the field responding to an emergency needs to complete the training. This includes any person with a responsibility in the Local Emergency Operations Plan. Please encourage your municipal leaders to attend the course or access it online at <http://www.training.fema.gov/EMIWeb/IS/crslist.asp>

2007 Emergency Planning Meetings

October 23rd 9-11am Concord Hospital, Conference Room A

November 14th 9-11am Location: TBD

December 19th 9-11am Concord Hospital, Conference Room A

Volunteer Training Sessions- 9/18, 10/30 6:00-7:30 pm & 10/30, 12/4 10-11:30 am

CAPHN Emergency Planning Update

January 2008

(Internal Use only)

2008 Goals

1. Develop deeper knowledge of plan at municipal level
2. Develop public awareness campaign to increase emergency preparedness
3. Identify Activation Teams/Command Staff for each site (i.e.: PODs, ACC, NEHC, etc.)
4. Complete Mass Fatality Plan

Phase III Pandemic Funding:

Each region (19) will be awarded \$10,000. The state has additional \$258,797 available to be allocated to the regions based on finishing Phase II deliverables, purchasing ACC supplies, and completing Phase III deliverables.

Phase III Deliverables: (Jan – Jun 2008)

1. Maintain Emergency Planning Committee
2. Complete regional PH Emergency Plan
-Mass Fatality Plan
3. Facilitate two exercises
4. Revise plans based on exercises, AAR, IP
5. Initiate development of a Medical Reserve Corps

Municipal Workshops

Please contact Wendy to schedule a workshop for your town if you have not already done so. The workshops take between 1.5 – 2 hours and focus on increasing awareness of Regional Public Health Emergency Preparedness and Response Plan (PHEPRP) and determining the relationship between Local Emergency Operations Plan and PHEPRP. Participants have found these workshops to be extremely valuable.

Medical Reserve Corps (MRC):

The State of NH has asked all regions to establish a Medical Reserve Corps in the region or in conjunction with another region. An MRC is a way to locally organize and utilize volunteers—medical professionals and others—who want to donate their time and expertise to prepare for and respond to emergencies. It is similar to a CERT, but specifically for public health & medical response.

Options:

1. An existing Citizen Corps in our region could develop MRC
2. Start a MRC in our region as independent entity (not part of hospital)
3. Join with another region to form a MRC (i.e.: Manchester, Franklin)

Supplies:

We have purchased state recommended priority ACC supplies to support 150 patients for 30 days. Supplies include: cots, linens, masks, gloves, IV supplies, syringes, etc. Additional supplies purchased include: 2-way radios, privacy screens, laptop computer, wire racks, delineator posts, etc. All supplies are being stored in the basement of the Merrimack County Nursing Home. A detailed inventory of the supplies will be added to the plan.

PR Campaign

We are working with Calypso Communications to develop a public awareness campaign to increase emergency preparedness in the region. The campaign will include development of a slogan, posters,

display boards for health fairs, postcards for direct mail campaign, and a website to be used for risk communication.

Regionalization Update:

Goal: A performance based public health delivery system, which provides all 10 essential public health services throughout NH.

Approach:

- A two-tiered system of public health (primary and comprehensive) regionalization that recognizes varying resources, infrastructure and capacity to carry out core public health functions and the 10 essential services at different levels
- Regions will be organized in a way that recognizes geographic features, existing health care infrastructure and population
- One public health agency per region that must be or be associated with a **governmental entity** that coordinates or is responsible for the 10 essential services. The entity may subcontract or create memoranda of understanding for some essential services.

Governmental Entity:

- Allows for the representation of every municipality and county
- Recognized in state statute as the responsible entity to plan for and improve the delivery of public health services
- Maintains a regional public health council

Next Steps:

- Determine the regions (8-14)
- Determine responsibilities and authorities of state vs. regional
- Draft a bill to amend RSA 127: District Depts. Of Health
- Next meeting @ Manchester Health Dept on Feb 6th 9:30am-12pm
- For more information go to: www.dhhs.nh.gov/dhhs/dphs/iphnh

Public Health Network:

An RFP was just released to extend the Public Health Network contract until June 30, 2009. This will most likely be the last year of the ‘Public Health Network’

Legislative Oversight Committee:

On December 7, 2007, Wendy presented our plan to the Legislative Oversight Committee for Emergency Preparedness chaired by Representative Mary Gorman. They were very complementary of our plan.

Emergency Assistance Survey

A survey was developed for residents to pre-identify themselves as needing extra assistance in the event of an emergency. All municipalities are encouraged to send these out to their residents, so they can begin to compile a list.

2008 Emergency Planning Meetings

March 26 th	9:30-11:30am	Concord Hospital Conference Room C
May 28 th	9:30-11:30am	Concord Hospital Conference Room B
July 23 rd	9:30-11:30am	Concord Hospital Conference Room A
September 24 th	9:30-11:30am	Concord Hospital Conference Room C
November 26 th	9:30-11:30am	Concord Hospital Conference Room C

CAPHN Emergency Planning Update

Feb-March 2008

(Internal Use only)

Proposed Legislation:

HB1201: Allowing communities to conduct point of dispensing exercises to test emergency management operations plans, allowing certain health professionals to administer actual medications during such exercises, and granting immunity to physicians who prescribe drugs to be administered during such exercises.

HB1583 AN ACT requiring the bureau of emergency communications to develop and maintain a statewide emergency notification system

Public Health Network:

Our Public Health Network contract for 2009 was approved. We will be funded through June 30, 2009.

Municipal Workshops

Fourteen workshops have been conducted/scheduled to date. Participants have found these workshops to be extremely valuable. The workshops take between 1- 1.5 hours and focus on increasing awareness of Regional Public Health Emergency Preparedness and Response Plan (PHEPRP) and determining the relationship between Local Emergency Operations Plan and PHEPRP. Please contact Wendy to schedule a workshop for your town if you have not already done so.

Public Awareness Campaign

We are working with Calypso Communications to develop a public awareness campaign to increase emergency preparedness in the region. The campaign will include development of a slogan, posters, display boards for health fairs, postcards for direct mail campaign, and a website to be used for risk communication.

The workgroup has decided on the slogan: **Be Aware, Be Prepared**. A logo has been selected and the website is currently being constructed.

Upcoming Exercises

Call Tree - We will be holding an unannounced call tree exercise in the beginning of April. Please update your contact information if necessary.

Isolation & Quarantine – We will be participating in an Isolation & Quarantine workshop on May 30th from 9 a.m. – 1 p.m. at the Police Academy on the NHTI campus. The goal of the exercise is to strengthen our ability to implement I & Q by increasing our awareness of our roles.

Jose Montero, State Epidemiologist and Nancy Smith, Attorney General's Office, will conduct a presentation and question & answer period for the first half of the exercise. The second half of the exercise will focus on our regions' plan.

Medical Reserve Corps (MRC):

The State of NH has asked all regions to establish a Medical Reserve Corps in the region or in conjunction with another region. An MRC is a way to locally organize and utilize volunteers—medical professionals and others—who want to donate their time and expertise to prepare for and respond to emergencies. It is similar to a CERT, but specifically for public health & medical response.

We did not get the information on starting a Medical Reserve Corps that we were expecting at the PHN Coordinator’s meeting in March. We have scheduled a meeting on April 25th with Jennifer Frenette, Regional Coordinator for the Office of the Civilian Volunteer Medical Reserve Corps to provide us with more information.

Medical Surge

In February, Wendy attended a national conference on Public Health Preparedness. She gathered some excellent resources on medical surge from the Santa Clara County Health Department. They provided templates for triage protocols, intake assessments, and instructions to care for the sick at home to be used at the NEHC, and consents, admitting orders, general standing orders, patient care logs and discharge orders to be used at the ACC. Wendy has adapted these templates to fit our region and has added them to the plan.

Wendy will be scheduling a tabletop in the fall to test the ACC plan.

Regionalization Update:

Overall Goal – A performance-based public health delivery system, which provides all 10 essential public health services throughout New Hampshire.

What We Know/Have General Consensus For	Questions Remaining
A tiered system with primary and comprehensive public health entities	Funding –how much, where will it come from
Core primary staff and shared regional staff (who may be contract staff)	
Public health regions which recognize existing infrastructure	Number of regions and their geographic composition
<i>A link to a governmental entity</i>	<i>Statutory issues related to precisely how that link will work</i>
Entities’ performance will be based on essential public health services and standards leading to accreditation	
Will be evolutionary – expand essential public health service assurance or delivery over time	
<i>The state will continue to provide some services to regions (disease investigation, restaurant inspection – though co-locate)</i>	
<i>Statutory changes are needed</i>	<i>Exact changes not known</i>
<i>Widespread input/feedback needed</i>	Process and authority for final decision making

Next steps:

Determine what the regions should look like. The state has asked all regions to propose what their region should look like going forward. We need to submit our proposed region to them by April 7th, so they can try to come to consensus at their next meeting on April 11th.

2008 Emergency Planning Meetings

April 30 th	12:00-2:00pm	Concord Hospital Conference Room A
May 30 th	9:00am – 1:00pm	NH Police Academy
September 24 th	9:30-11:30am	Concord Hospital Conference Room C
November 26 th	9:30-11:30am	Concord Hospital Conference Room C

CAPHN Emergency Planning Update

April 2008

(Internal Use only)

Proposed Legislation:

HB1201: Allowing communities to conduct point of dispensing exercises to test emergency management operations plans, allowing certain health professionals to administer actual medications during such exercises, and granting immunity to physicians who prescribe drugs to be administered during such exercises. **Passed in House, now in Senate**

HB1583 AN ACT requiring the bureau of emergency communications to develop and maintain a statewide emergency notification system **Passed in House, Senate referred to interim study committee**

Public Health Network:

Our Public Health Network contract for 2009 was approved. We will be funded through June 30, 2009.

Public Awareness Campaign

We are working with Calypso Communications to develop a public awareness campaign to increase emergency preparedness in the region. The campaign will include development of a slogan, posters, display boards for health fairs, postcards for direct mail campaign, and a website to be used for risk communication.

Slogan/Logo:



The website is currently being finalized and will be on line in May 2008.

Upcoming Exercises

Multistate Tabletop Exercise – The state is holding an exercise with representatives from the New England states to test their ability to coordinate with each other during a pandemic. We have no role in the exercise, but the state has asked us to send 2 representatives from our region to observe.

The exercise is being held at the Fire Academy on May 13th from 8:30 am – 3:00 pm.

Isolation & Quarantine – We will be participating in an Isolation & Quarantine workshop on May 30th from 9 a.m. – 1 p.m. at the Police Academy on the NHTI campus. The goal of the exercise is to strengthen our ability to implement I & Q by increasing our awareness of our roles.

Jose Montero, State Epidemiologist and Nancy Smith, Attorney General's Office, will conduct a presentation and question & answer period for the first half of the exercise. The second half of the exercise will focus on our regions' plan.

Medical Reserve Corps (MRC):

Wendy and Peter Buono (Weare CERT Coordinator) attended a meeting on establishing a Medical Reserve Corps. They both were in agreement that in order to establish a successful MRC in our region we would need a full-time dedicated staff member and the commitment of several individuals in the region to serve on a coordinating council and be advocates for the cause. At this time we have not been able to identify any individuals or agencies that would like to take on this

challenge. Concord Hospital has elected to only take half of the Public Health Network Contract for FY2009 in hopes that NH DHHS will be able to identify an agency to take on this challenge.

Regionalization Update:

Overall Goal – A performance-based public health delivery system, which provides all 10 essential public health services throughout New Hampshire.

Map Results – As is stands now, our region will remain the same with one possible exception. The Lakes Region has asked to have Barnstead join their region, so they may encompass all of Belknap County. The Lakes Region will be contacting Barnstead to see if they will be willing to change regions. It will be up to Barnstead to decide which region they would like to be part of.

Plan Updates –

Several updates have been made to the plan since our last meeting. The most up-to-date plan incorporating all of the changes is posted on www.same-page.com

Isolation & Quarantine – The I&Q information in the core plan has been taken out and incorporated into Annex F – Isolation & Quarantine. The Annex includes the regional I & Q plan, NH laws regarding I & Q, NH I & Q forms, and the Quarantine Center Plan.

Medical Surge – Information for pandemic flu was added to the plan including: triage protocols, admission orders, standing orders and discharge orders.

Crisis & Emergency Risk Communication - Checklists and a communication matrix were added to the plan.

Recovery – Recovery checklists were added to the core plan based on March’s workshop results.

Call Tree- The call tree has been updated.

Champions –

We are looking to identify ‘Champions’ for each of the major plan elements: Risk Communication, POD, Medical Surge, Isolation & Quarantine, Capital Area Coordination Center & Mass Fatality.

These Champions will serve as the main point of contact for their assigned annex. They will answer questions and review suggested changes related to their annex. They will submit all revisions to the Safety/EP Officer and work with him to implement the necessary changes. These Champions will also be responsible for coordinating exercises with the Safety/EP Officer to test components of their assigned annex.

New Coordinator –

Mike Melody, Safety/Emergency Preparedness Officer for Concord Hospital, will be filling the role of Public Health Network Coordinator. He will be hiring a Public Health/Emergency Preparedness Coordinator to assist with hospital and regional emergency planning.

Tel: 230-6151 Email: mmelody@crhc.org

2008 Emergency Planning Meetings

May 30 th	9:00am – 1:00pm	NH Police Academy
September 24 th	9:30-11:30am	Concord Hospital Conference Room C
January 28th	9:30-11:30am	Concord Hospital Conference Room A
April 22nd	9:30-11:30am	Concord Hospital Conference Room A

CAPHN Emergency Planning Update

September 2008

(Internal Use only)

Legislative update:

SB102: Refers to DHHS powers during communicable disease outbreak, **passed 6/5/08**. This bill authorizes the commissioner of DHHS, with the written approval of the governor, to ration and prioritize certain pharmaceutical agents in the event of a shortage during an incident or outbreak of communicable disease. Under this bill the commissioner, with the written approval of the governor, has the power to close public places during an incident or outbreak of communicable disease. This bill also establishes a committee to advise the commissioner in addressing ethical issues under RSA 141-C.

SB 449: Bill addresses volunteer coverage under Workman's Comp, signed by governor. **This bill becomes effective 1/1/09**. This bill adds certain emergency services volunteers (citizen's corps.) to the definition of "employee" with respect to public employment.

Public Health Network:

Our Public Health Network contract for 2009 was approved. We will be funded through June 30, 2009.

Public Awareness Campaign

The Capital Area Public Health Network website is up and running. Below is the slogan/logo for our website. Please go to www.capitalareaprepares.com to check it out. If there are any questions or areas that you think we need to update please feel free to give me a call or email and let me know.



Upcoming Exercises

There are no exercises planned in the near future however, we need to brainstorm ideas for our region. The state of NH is planning a large-scale exercise for next spring (June 2009) for all CRI regions and one non-CRI community. The planning for this should start this fall.

Medical Reserve Corps (MRC): The city of Concord and the Merrimack County Sheriff's Department have both expressed interest in coordinating a regional CERT. I have met with them both and expressed our need to have a region MRC and they both have agreed that they would include the MRC piece in their coordination. We haven't worked out any details at this point but we have a place to start. I will keep you all updated as we move in that direction.

Regionalization Update:

Overall Goal – A performance-based public health delivery system, which provides all 10 essential public health services throughout New Hampshire. The state is participating in a NACCHO (National Association of County and City Health Officials) assessment and will be looking at regions with different compositions. The assessment will begin in late fall.

Map Results – The last update mentioned that the town of Barnstead was up for consideration to move to the Lakes Region network. As of this date the Lakes Region has decided to stick with the region as it exists and wait to hear back from the NACCHO assessment before approaching them.

Plan Reviews-

The most up-to-date plan incorporating all of the changes is posted on www.same-page.com The state is in the process of reviewing our plans and will be getting back to me with areas that need to be addressed. I will let you know by the next meeting if there are areas we need to address.

Mass Fatality-The state has rolled out the Mass Fatality Plan template. As part of the process there needs to be an updated Funeral Home assessment of the region as well as the town/city clerks. Wendy conducted a survey of the region's funeral homes in 2006 so we will update it and institutionalize the process as the state plan requires it be done bi-annually.

Call Tree- The call tree **needs to be updated.**

Champions –

These Champions will serve as the main point of contact for their assigned annex. They will answer questions and review suggested changes related to their annex. They will submit all revisions to the Public Health/EP Coordinator and work with her to implement the necessary changes. These Champions will also be responsible for coordinating exercises in conjunction with the Public Health/EP Coordinator to test components of their assigned annex.

- ❑ Risk Communication: Joe Riley
- ❑ Points of Dispensing: Anne Breen
- ❑ Medical Surge: Craig Saltmarsh
- ❑ Quarantine Center: Diane Viger
- ❑ Mass Fatality: Bruce Edwards

2008 Emergency Planning Meetings

November	?	
January 28th	9:30-11:30am	Concord Hospital Conference Room A
April 22nd	9:30-11:30am	Concord Hospital Conference Room A