

# Hertford County Local Bioterrorism and Emerging Health Threats Preparedness and Response Plan

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Hertford County Public Health Authority  
Bioterrorism and Emerging Health Threats Task Force  
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Approved:

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Chairman, Hertford County Board of Commissioners      Date

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Director, Hertford County Emergency Services      Date

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Chairman, Public Health Authority Board      Date

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Health Director, Public Health Authority      Date

**Hertford County Public Health Authority  
Bioterrorism and Emerging Health Threats  
Preparedness and Response Plan**

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## 1. INTRODUCTION

**NORTH CAROLINA:** North Carolina's populations are multi-racial and multi-national in origin and belong to various faiths and political and group affiliations. Within its borders are organizations, industries and businesses – public and private, as well as local, state and federal governmental offices, and military installations that have historically been potential targets of terrorism. These constitute vulnerable and attractive targets for terrorist attacks.

**LOCAL:** Hertford County's population consists of predominantly African American and Caucasian residents. The area is sparsely populated and rural. The counties are relatively close in proximity to large military bases in North Carolina and Virginia and the largest United States Coast Guard base in the world. Both counties produce a high number of pork and poultry that can become a source for food contamination. Many of our residents leave the area for health care making it difficult to watch for emerging threats or diseases. Also, just being located on the Eastern Coast of the United States places us in a potential target zone.

Within Hertford County is a private federal-level prison that houses male prisoners of all races and nationalities, including inmates from Washington D.C.. Scrap metal being transported to the steel recycling mill can serve as a vehicle for hidden and discarded weapons of mass destruction.

**BIOTERRORISM:** This plan addresses a terrorist attack; one using a biologic agent, which may or may not be contagious (person-to-person) and may or may not be zoonotic (contagious between animals and people) in nature. Bioterrorism is only one form of terrorism. It is conceivable that a terrorist act involving explosives, incendiaries, radiological and/or chemical elements may also include a biologic agent. In such case, this plan would be in effect.

**TERRORISM:** For the purposes of this plan, Terrorism is defined as criminal acts and/or threats by individuals or groups designed to achieve social, religious, economic, or political objectives by fear, intimidations, coercion, or violence against local, state or federal governments, individuals, groups, private or public entities or any segment thereof.

## 2. PLAN GOALS

The goals of this plan are:

- to increase the local ability to detect a covert biological attack and other emerging health threats;
- to increase and improve the local response to an overt or a covert bioterrorist attack and other emerging health threats;
- to reduce response times of critical local and state agencies through increased collaboration and communication;
- to reduce injuries and illness caused by a bioterrorist attack or other emerging health threats;
- to reduce loss of life due to a bioterrorist attack or other emergency health threats;

- to reduce the psychological and social sequelae of a bioterrorism attack or pandemic event;
- to educate the response team and local citizens about bioterrorist events, emerging health threats and actions.

### **3. FUNCTIONAL RESPONSE PRIORITIES**

The functional priorities of Public Health in a bioterrorism attack or pandemic situation are:

1. To notify all critical local and state response entities;
2. to initiate the process of an epidemiological investigation to identify the source(s) of infection (attack site(s)) and identify the biologic agents used;
3. to support the medical community;
4. to reduce the spread of contagion or contamination;
5. to identify the mental health needs of responders, victims and the community and to utilize the available resources;
6. to maintain public confidence and avoid public panic through structured communication.

### **4. MISSION**

The mission of this plan is to prepare and respond to a real or potential bioterrorist attack involving a man-made biological attack or natural pandemic event, to protect public health and to coordinate the public health response.

### **5. PURPOSE OF THIS PLAN**

The purpose of this plan is to set forth the procedures and protocols that will be followed by the local response team in the event of a bioterrorist attack involving a biologic agent or communicable disease pandemic. The function of planning, preparing, equipping, training and exercising plans is to harden the local response team against terrorist attacks or communicable disease pandemic of any kind, consequently reducing the likelihood of attack or spread of infection, and to minimize the loss of persons and property should a bioterrorist attack or pandemic event occur. It is highly likely that a covert bioterrorist attack will not be discovered rapidly. It is anticipated that initially a covert attack will be treated as a health crisis. Elements of this plan may be used in the event of a rapidly emerging or spreading, naturally occurring health crisis such as a sudden outbreak of a new virulent, highly infectious and contagious form of communicable disease in a large population such as a pandemic influenza.

This plan assumes the collaboration of local public health, hospitals, local emergency management, local emergency medical services, local law enforcement, local government, local social services, local behavioral health, local schools and physicians.

This plan is designed to function alone and as an annex to the local Emergency Operations plan/All Hazards Plan.

## 6. SCOPE OF THIS PLAN

This plan addresses threats or actions by bioterrorists against the residents, organizations, agencies, entities and/or governments and pandemic communicable disease events.

This plan assumes the existence of terrorism and pandemic response planning by the critical state agencies necessary to respond to a pandemic, chemical, biological or radiological terrorist attack as well as those divisions and sections within the Department of Health and Human Services that are critical to response activities, including, but not limited to, the Division of Public Health; the State Laboratory of Public Health; Epidemiology and General Communicable Disease Control and the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. Preparedness planning and response by the state Office of Emergency Medical Services, Emergency Management, Division of Public Instruction and Bureau of Investigation are also assumed.

## 7. LEVELS OF ACTIVATION

The local health and human services agencies use the CDC (Centers for Disease Control and Prevention) activation system where 1 indicates situation normal and the numbers increase as the situation escalates. Local emergency services and law enforcement use the FEMA system where 4 is situation normal and counts down to 1 - full activation of all response entities. Because the response to bioterrorism and other emerging health threats will be a coordinated response, both activation numbers will be used, e.g. "FEMA Activation Level 4/HHS Activation Level 1".

### 7.1 ASSISTANCE REQUESTS

Assistance from state agencies may be requested through local Emergency Management:

- when local resources (government, response agencies and/or medical care communities) necessary to respond to a bioterrorist threat or attack are exhausted; or
- when local resources are not adequate, relative to the scope, scale of duration or an event; or
- when local resources necessary to deal with a specific event do not exist within local government or the local medical care communities.

The local public health director will contact the local Emergency Manager and state Public Health division for assistance in the event a potential bioterrorist attack or other emerging health threat that has been identified by or communicated to the health director.

### 7.2 ADDITIONAL RESPONSE

In addition to the response activities listed in 7.3 ACTIVATION LEVELS, the following may occur:

- County Commissioners may declare a local state of emergency and request state assistance. All requests for state assistance will go from the County Emergency Manager/Hertford County Emergency Operations Center to the State Emergency Operations Center (EOC).

- Upon recommendations from the state Emergency Management and Public Health divisions, the governor may declare a statewide disaster declaration and may request a federal disaster declaration from the President.
- The state Public Health division, Centers for Disease Control, or US Department of Health and Human Services through CDC may directly request the President for a federal declaration of emergency or federal disaster.

### 7.3 ACTIVATION LEVELS

The nature of public health emergencies makes difficult and unwise an arbitrary identification of what specifically triggers a given Activation Level response. Therefore, the local health director, local emergency manager, and the state Epidemiologist, when appropriate, will determine on a case-by-case basis the appropriate activation level. This determination will be based on known health risks and the anticipated response required to the event.

**7.3.1 The CDC/FEMA Activation Levels** will guide the local response team (see following page and the Pandemic Influenza Plan) until such time that the federal terror alert system is adopted for local and state use.

#### 7.3.2 The Federal Color-coded Terror Alert System

Green: Low risk of terrorist attacks.

- Refine and exercise planned protective measures.
- Ensure emergency personnel receive training.
- Assess facilities for vulnerabilities and take measures to reduce them.

Blue: Guarded condition. General risk of terrorist attack.

- Check communications with designated emergency response or command locations.
- Review and update emergency response procedures.
- Provide the public with necessary information.

Yellow: Elevated condition. Significant risk of terrorist attacks.

- Increase surveillance of critical locations.
- Coordinate emergency plans with nearby jurisdictions.
- Assess further refinement of protective measures within the context of the current threat information.
- Implement, as appropriate, contingency and emergency response plans.

Orange: High risk of terrorist attacks.

- Coordinate necessary security efforts with armed forces or law enforcement agencies.
- Take additional precautions at public events.
- Prepare to work at an alternate site or with a dispersed work force.
- Restrict access to essential personnel only.

Red: Severe risk of terrorist attacks.

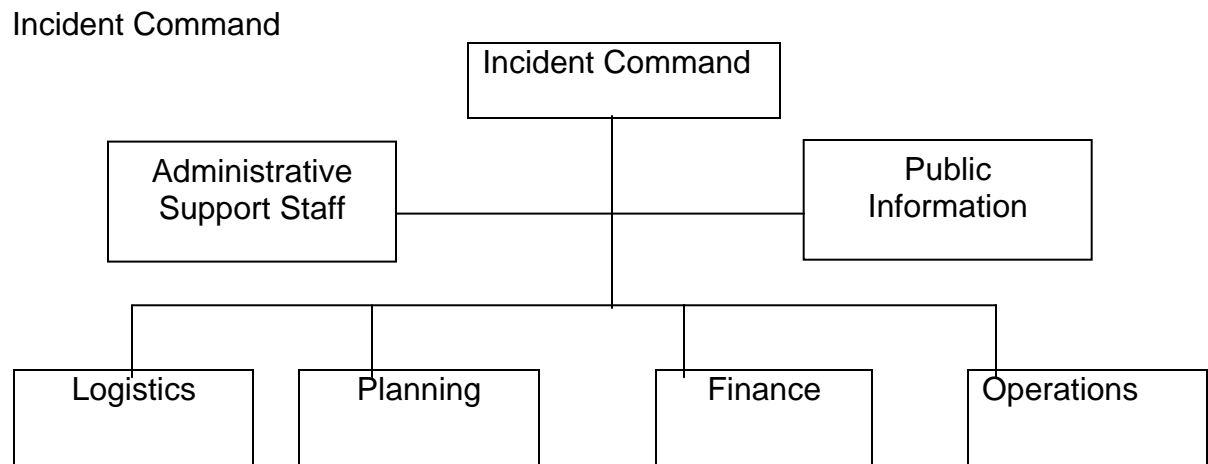
- Assign emergency response personnel and preposition specially trained teams.
- Monitor, redirect or constrain transportation systems.
- Close public and government facilities.
- Increase or redirect personnel to address critical emergency needs.

The Local Bioterrorism Response Plan is activated at the activation levels listed below, fully or partially, dependent on the level of the emergency as determined by the local health director in coordination with local law enforcement and local emergency services, as appropriate.

CDC Levels	ACTIVATION LEVELS: ACTIVITIES	FEMA Levels
<b>1</b>	<p>Any public health care event that is <u>likely to be within the capabilities of local response and result in only minimal needs for state Public Health and/or State Emergency Response Team (SERT) assistance.</u></p> <p>Local law enforcement, government, schools, hospitals, and/or Emergency Services will notify the local health official in the event of a potential covert or overt health threat.</p> <p>The local health official will notify the state's Epidemiologist and other local entities, as appropriate.</p>	<b>4</b>
<b>2/3</b>	<p>Any public health emergency that is <u>likely to require assistance from the state</u>, and possibly the CDC. Any public health emergency that is <u>likely to require large scale state and possibly federal assistance in recovery.</u> The local public health officer will notify the state's Epidemiologist and activate 24 hour staffing of local public health personnel. The state Epidemiologist will notify the CDC and the FBI.</p> <p>The local public health officer will notify local government, law enforcement, Emergency Services, hospitals, human and social services and school officials, as appropriate. Key decision makers from pertinent entities will go on 24 hour call/staffing. All public statements and press releases will be routed through the local health officer. The FBI and state Public Health will jointly decide on the information to be provided.</p> <p>The local public health officer will serve as the public health leader and as a senior representative on the local Emergency Control Group and an Emergency Operations Center will be established.</p>	<b>3/2</b>
<b>4</b>	<p><u>Any public health emergency that involves the state Public Health and the assistance of all or most state and federal response entities.</u></p> <p>The local health director will notify all local government, law enforcement, Emergency Services, hospitals, human and social services and school officials. 24 hour staffing of key decision makers for all entities will be established.</p> <p>All public statements and press releases will be routed through the local health director. The FBI and state Public Health will jointly decide on the information to be provided.</p> <p>The local public health director will serve as the public health leader and as a senior representative on the local Emergency Control Group and an Emergency Operations Center will be established.</p>	<b>1</b>

## 7.4 COMMON FUNCTIONS

Emergency operations will be managed using the Incident Command System. The system consists of procedures for controlling personnel, facilities, equipment, and communications in response to any emergency. It is designed to begin developing from the time an incident occurs until the requirement for management and operations no longer exists. Because the concepts are understood and used by all emergency response personnel, the Incident Command System provides a framework for managing all emergencies at the local, state, or national level.



The command function determines the flow of decision-making and communications in the emergency setting. During a level 2-4 bioterrorism event, the local public health director and emergency management director will lead the local response efforts and become the Incident Commanders using a unified command structure. Their major responsibilities will be:

- Protecting life and property;
- Controlling personnel and equipment resources;
- Maintaining accountability for responder and public safety;
- Ensuring task accomplishments; and
- Establishing and maintaining an effective liaison with outside agencies and organizations, including the EOC.

Within the Incident Command System, response efforts are grouped under common functions based on their areas of responsibility. Common function areas change with the situation and might include transportation, communication, hazardous materials, disaster medical services, mass care, mass medication administration, search, donations management, law enforcement, military support, mass fatality management and animal protection. The common functions are addressed in the local All Hazards/Emergency Operations Plan (EOP), which is maintained by the county Emergency Management office.

## **8. ORGANIZATION**

### **8.1 RESPONSE AGENCIES:**

Direction and control of normal day-to-day emergencies of single agency response are performed by the senior officer on-scene (i.e. law enforcement, fire, rescue, emergency management, emergency medical services). The County Emergency Operations Center serves as the Central direction and control point for countywide emergency response activities. The Chairman of the Board of County Commissioners or his designee from the Board, the County Manager or his designee, or the Emergency Management Director may activate the County EOC. Whenever the County EOC is activated or activation of an EOC appears to be imminent, the county Emergency Management Director will in turn notify the NC Division of Emergency Management. Response forces in Hertford County will utilize the Incident Command System (ICS). Presidential Declaration #39 establishes the FBI as lead for the crisis phase (when lives are in imminent danger) and FEMA as lead agency for consequence phase (recovery) of response to a terrorist event.

### **8.2 ORGANIZATIONAL STRUCTURE**

Just as with a natural disaster, response to a pandemic epidemic or terrorist attack usually expands with time and the need for additional resources. Depending on whether the attack is overt or covert, the initial structure of the response will differ but ultimately, once the County EOC (see county's Emergency Operations Plan) is activated and the County Emergency Control Group convenes, the county will utilize the Incident Command System (ICS).

#### **8.2.1 LOCAL RESPONSE:**

In an overt or rapidly identified attack or threat of attack, initial or first responders may include law enforcement, emergency services, mental health care providers, hospitals, and/or fire services. In the event of a covert attack or the early phase of a pandemic epidemic, the initial or first responders will include local public health staff; hospitals; medical personnel including, but not limited to physicians, nurses, emergency services, and infectious disease specialist; medical examiners/morticians; veterinarians; mental health care providers; primary care facilities, and/or medical testing laboratories. Secondary responders may include local pharmacies, or sources of pharmaceutical supplies, or medical supplies and/or health care providers outside the initial site. In either situation responders will operate under an Incident Command System. As the response increases and additional agencies (local, state or federal) are involved the organization will switch to a Unified Command System.

#### **8.2.2 STATE RESPONSE:**

Request for State Resources will be made through the County Emergency Management Director to the North Carolina Division of Emergency Management State Emergency Operations Center.

Public Health will assist local responders, as required. Additional epidemiological support personnel may be provided through the Health Agency. North Carolina Public Health epidemiological investigation through its Communicable Disease Control Branch will support the local public health general response and will cooperate within the limits of the law, as required, with the FBI investigation.

In the event the disease agent or toxin is zoonotic (contagious to humans and animals) the State Department of Agriculture and local veterinarians may participate in the investigation and response.

NCPH and DHHS may request additional support from the Centers For Disease Control and Prevention (CDC). DHHS will look to the State Emergency Response Team (SERT) to provide logistical and operational support for its response activities.

### **8.2.3 FEDERAL RESPONSE:**

At the request of DHHS through the CDC, the U.S. Department of Health and Human Services, all federal agencies' resources will be available. If the disease agent is zoonotic in nature, the United States Department of Agriculture may participate and provide additional federal resources. Requests for federal assistance may also be made through the FBI and FEMA.

### **8.3 LOCAL OPERATIONAL CONTROL:**

The senior officer (i.e. law enforcement, fire, rescue, emergency services, health director) assumes control of the situation (becomes the Incident Commander) until a higher authority arrives. Because it is potentially a crime scene, law enforcement may form a joint command structure with other agencies. As additional agencies become involved, representatives from these agencies should report to the Incident Commander. As time allows, the core responding agencies will create a unified command system (UCS) where decisions will be made jointly for ongoing and future operations. If the FBI defines the event as an act of terrorism, it may take control of the response. Initially or subsequently Public Health or Emergency Management may determine that location of initial or subsequent command posts should NOT be proximate to the area of contagion or exposure.

### **8.4 STATE AND/OR FEDERAL OPERATIONAL CONTROL:**

If the event is large enough in scale or duration to require support from State or Federal agencies, the UCS' Operational Command Center (OCC) will expand to include representatives from those agencies following the UCS. Control of an event may be joint or unified command with control shared with the SERT Leader and other state response agencies.

Once the SERT is activated NCEM's Emergency Operations Center (EOC) will become the initial command post for response to a bioterrorist event. If the FBI and/or FEMA are involved in the response, they will direct emergency response jointly with the SERT.

Once a situation has been identified as a potential terrorist attack, the FBI has authority during the crisis state (while human life is at risk) and over all aspects of the criminal investigation. FEMA assumes authority during the consequence (recovery) stage. In many situations the crisis and consequence stages overlap. During that period the FBI and FEMA will jointly share authority for the response.

## **9. NOTIFICATIONS**

In the event of a suspected or identified bioterrorist attack or pandemic disease event, a system of notifications will occur in Hertford County and the surrounding areas, hereafter referred to as “the community.” Hertford County Public Health Authority and Emergency Services for each county will maintain contact information to notify state (NCPH, NCEM) officials.

If the first identification is made locally by a physician, hospital, laboratory, school, Emergency Medical Services, veterinarian, pharmacy, or Medical Examiner, the Hertford County Public Health Authority will be notified. Key personnel at the Hertford County Public Health Authority will rotate “on-call” status to allow notification by phone or pager after normal business hours. The HCPHA health officer will notify local emergency management and NCPH, who will notify CDC.

If NCPH, NCEM, or CDC is notified directly by someone other than HCPHA, notification would travel backwards to HCPHA.

The local Medical Examiner may make the initial diagnosis in the case of unexplained deaths or unusual numbers of deaths, and may notify the State Medical Examiner’s office first. The State Medical Examiner’s office would then notify NCPH, who would in turn notify HCPHA, NCEM, and the CDC. NCEM and HCPHA will notify local Emergency Management.

In all cases, HCPHA would be responsible for notifying the community as outlined in the following charts.

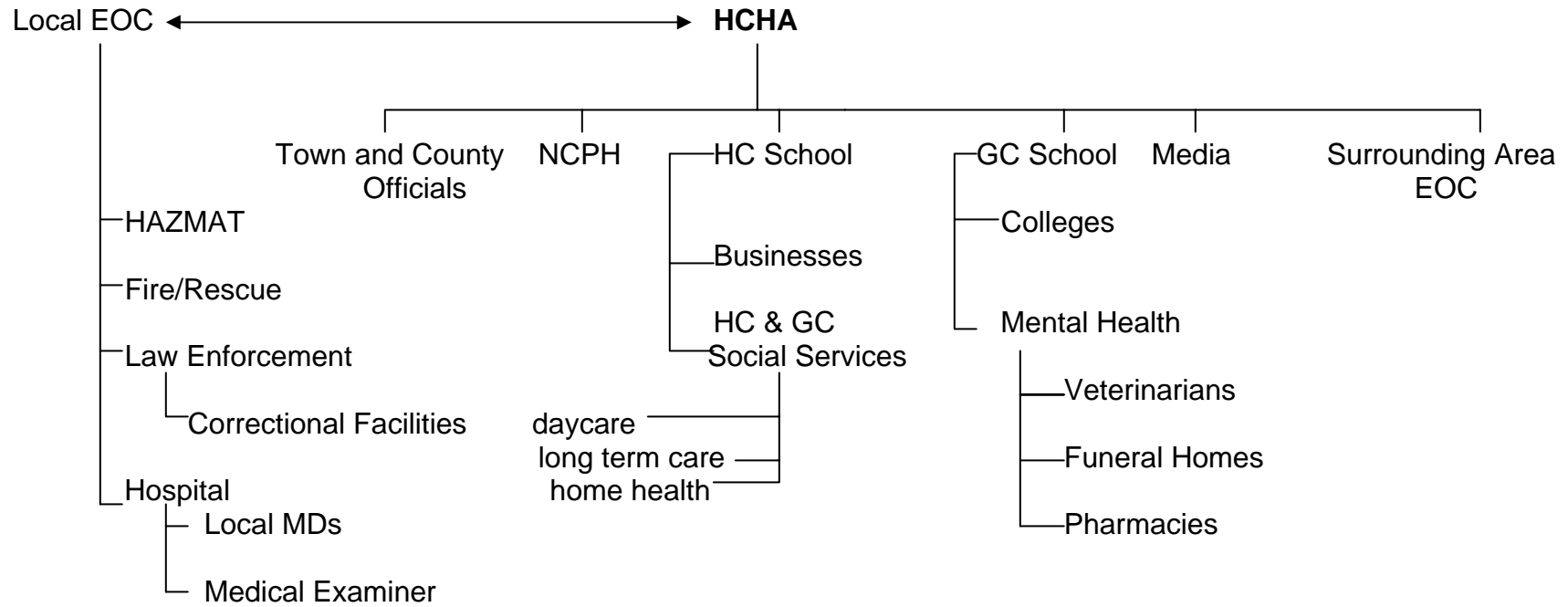
### **9.1 NOTIFICATION DURING A COVERT ATTACK:**

Ongoing surveillance efforts throughout the community will mean information will be fed into HCPHA by local agencies and facilities. If this information suggests a bioterrorist event has occurred, HCPHA will notify the community according to the Notification Tree chart below to shift to a focused surveillance. NCPH and surrounding area contacts will also be notified. Area labs and medical facilities will be instructed to send any relative specimens to the State Lab rather than their usual reference lab.

### **9.2 NOTIFICATION DURING AN OVERT EVENT:**

In the event of an overt attack, Emergency Services or HCPHA may be the first to be aware of the incident and notify the other. Emergency Services would then initiate the emergency operations plan for their county, including the notifications listed in that plan. In addition, the community and public agencies will be notified according to the Notification Tree chart below (will be revised October 2006):

## NOTIFICATION TREE \*



\* If the ICS is activated, notification will be directed by the Public Information Officer at the Command Post.

## **10. PLAN MAINTENANCE**

### **10.1 Plan Distribution**

The revised HCPHA Local Bioterrorism and Emerging Health Threats Preparation and Response Plan and revisions will be distributed by the HCPHA to the following agencies, organizations, or individuals and made available on the HCPHA web-site:

1. County Commissioners/County Manager
2. Public Health Authority Board
3. Emergency Medical Services
4. Emergency Management
5. Medical Examiner
6. Regional Human Services
7. Roanoke-Chowan Hospital
8. Primary Care Providers
9. Law Enforcement/Sheriff
10. Public School Systems
11. Departments of Social Services
12. Dispatch Centers
13. Fire Departments
14. Pharmacies
15. Veterinarians
16. Mayors/Town Managers
17. NC Division of Public Health
18. Regional Emergency Management

### **10.2 Plan Review and Revision**

HCPHA will convene the local Emergency Preparedness Council (LEPC) on a periodic basis, but not less than annually, to review and revise the Plan.