

Hertford County Public Health Authority: All Hazards Response Guide

Adopted from previous plans on August 4, 2014

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Executive Summary

Purpose & Scope

The North Carolina Department of Health and Human Services (NC DHHS) and the North Carolina Division of Public Health (NC DPH), through the Epidemiology Section, Public Health Preparedness and Response (PHP&R) Branch, support local planning efforts through the administration of funding for preparedness activities and the provision of technical resources. Public Health (PH) All Hazards planning and response takes place at the local level in North Carolina (NC). Decisions, partnerships, and resource acquisition relative to emergency response, take place primarily within the Hertford County Public Health Authority (HCPHA). Local preparedness planning builds on current infrastructure and seeks to bring consistency and coordination to local public health response, as well as establish relevant protocols and procedures (e.g. communication, forms usage, and epi response).

The purpose of this response guide is to set forth an operational framework for Local Health Department (LHD) response to all hazards emergencies that pose an imminent or potential threat to the public's health. The guide is also for use when an event requires, or has the potential to require, more resources than currently available, which may adversely affect the health of local residents or threaten normal health department operations. The plan provides flexible guidelines that can be modified according to the scope of the event. It also assigns responsibilities for emergency preparedness, planning, operational coordination, and resource allocation at all stages.

The scope of this guide is limited to the emergency activities necessary to ensure:

- Organizational viability
- Delivery of mission-critical Public Health services
- Provision of staff and resources to support the county's emergency management infrastructure

In situations that require coordination and/or support from external sources, HCPHA will rely on the established county emergency management system.

This response guide is an extension of the county emergency operations plan (EOP) and works to establish the Public Health response outlined in the EOP.

Legal Authorities & Emergency Declarations

NC has a strong decentralized Public Health system involving state agencies, regional teams, and local health departments that provide the foundation for responding to Public Health incidents and emergencies. NC has a core set of statutes dealing with communicable disease

control, remedies, terrorist incidents, Emergency Management and Public Health coordination, criminal acts, and criminal procedures. Relevant federal authorities are also listed below.

Authority	Statute	Description
Communicable Disease Control - Reporting	G.S. 130A-134 through 130A-142	Establishes requirements for physicians, laboratories and other designated entities to report listed communicable diseases and conditions to local health departments and for local health departments to report this information to HHS. Also provides immunity for making such reports. Gives rulemaking authority for listing communicable diseases and conditions and form, content and timing of reports to the Commission for Public Health. The rules found at 10A NCAC 41A .0100. G.S. 130A-141.1 allow the State Health Director to require temporary reporting of symptoms, trends or diseases that may indicate a danger to the public health without going through the rulemaking process first.
Communicable Disease Control - Confidentiality	G.S. 130A-143	Provides for strict confidentiality of communicable disease information unless one of eleven listed exceptions is met. The exceptions allow such information to be shared with other public health agencies and, under limited circumstances, with law enforcement, to prevent or control the spread of communicable diseases or conditions.
Communicable Disease Control – Investigation and Control	G.S. 130A-144	Sets out provisions requiring the investigation and control of communicable diseases and conditions. The Commission for Public Health adopts specific control measures for communicable diseases that must be followed to prevent the spread of disease. Local Health Directors are charged with enforcing control measures, and the statutes require persons to comply with control measures, including Paragraph (f) that states all persons shall comply with control measures, including submission to examinations and tests. The control measure rules are found at 10A NCAC 41A .0200. This statute also requires physicians, medical facilities and laboratories to provide public health officials access to medical or other records as part of the investigation of a known or suspected communicable disease outbreak or investigation of a known or suspected case.
Communicable Disease Control – Isolation and Quarantine	G.S. 130A-145	Establishes the authority of the State Health Director and of a local health director to issue isolation or quarantine orders. The isolation or quarantine order initially lasts up to 30 days but can be extended by court order. (Isolation authority is defined in G.S. 130A-2(3a) and Quarantine authority is defined in G.S. 130A-2(7a)).
Communicable Disease Control – Deceased Body Transport	G.S. 130A-146	Sets out special requirements for transportation of dead bodies for persons who have died from highly communicable diseases.
Communicable Disease Control – Detection/ Control/ Prevention	G.S. 130A-147	Gives the Commission for Public Health authority to adopt rules for the detection, control and prevention of communicable diseases.

Authority	Statute	Description
Communicable Disease Control - Syndromic Surveillance	G.S. 130A-48	Establishes mandatory syndromic surveillance program to review electronic hospital emergency department data to detect and investigate public health threats that may be related to a terrorist incident using Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) agents or an epidemic or infectious, communicable or other disease.
Remedies - Enforcement	G.S. 130A-17	Provides the Secretary of HHS or local health director with authority to enter premises when necessary to enforce provisions of Chapter 130A or rules adopted by the Commission for Public Health or local board of health.
Remedies - Injunctions	G.S. 130A-18	Allows Secretary of HHS or local health director to pursue injunctive relief in superior court for violation of Chapter 130A or rules adopted by the Commission for Public Health or local board of health.
Remedies – Nuisance Abatement	G.S. 130A-19	Allows Secretary or local health director to issue order to abate a public health nuisance. If the person does not comply, the secretary or local health director can pursue court action to order abatement.
Remedies – Imminent Hazard Abatement	G.S. 130A-20	Allows Secretary or local health director to order abatement of an imminent hazard or to enter property and abate the imminent hazard. Imminent Hazard is defined in G.S. 130A-2(3).
Remedies & Criminal Acts - Violations	G.S. 130A-25	Makes a violation of any of the laws in Chapter 130A or rules adopted pursuant to Chapter 130A a misdemeanor. Paragraph (b) is particularly important because it provides for specific sentencing outside of the Structured Sentencing Act for persons violating control measures (G.S. 130A-144(f)) or isolation or quarantine orders (G.S. 130A-145). Persons convicted under this section can be sentenced for up to two years in designated prisons with the ability to properly manage prisoners with communicable diseases.
Terrorist Incidents	G.S. 130A- 475 -479	Sets out State Health Director’s powers if he or she reasonably suspects that a public health threat may exist and may have been caused by a terrorist incident using Chemical, Biological, Radiological, Nuclear and Explosive (CBRNE) agents.
Isolation & Quarantine – Arrest by Law Enforcement Officer	G.S. 15A-401	Grants the local health director the authority to have an individual in violation of isolation or quarantine orders issued under NCGS130A-145 arrested.
Isolation & Quarantine – Detention to Protect Public Health	G.S. 15A-534.5	Grants the local health director the authority to have an individual in violation of isolation or quarantine orders issued under NCGS130A-145 held in detention.
Emergency Management and Public Health Coordination - SNS	G.S. 166A-5(3)b1	Requires a special component of the Emergency Operations Plan to be prepared in coordination with the State Health Director that includes specific provisions regarding public health matters, including guidelines for prophylaxis and treatment of exposed and affected persons, allocation of the Strategic National Stockpile (SNS) and appropriate conditions for quarantine and isolation to prevent further transmission of disease.

Authority	Statute	Description
Emergency Management and Public Health Coordination - Proclamations	G.S. 166A-6	Provides for the Governor's authority to make a Disaster Proclamation and sets out the Governor's powers once a Disaster has been declared.
Emergency Management and Public Health Coordination - EMAC	G.S. 166A-40 - 53	Establishes the Emergency Management Assistance Compact (EMAC) in conjunction with other states to provide mutual aid and support in managing declared emergencies or disasters.
Criminal Procedure – Restriction of Movement	G.S. 15A-401(b)(4)	Allows a law enforcement officer to detain a person violating an order restricting the freedom of movement of a person or access to a person issued by the state or local health director at a place designated by the health director until the person's initial appearance before a magistrate or judge. This provision is intended to prevent the spread of the disease to others in the courts or jails as part of the normal processing of someone on criminal charges.
Criminal Procedure – Restriction of Movement	G.S. 15A-534.5	Allows the judge or magistrate at an initial appearance to deny bail if the judge or magistrate determines that a person arrested for violation of the state or local health directors order restricting their freedom of movement or access to them poses a threat to others. It also allows the judge or magistrate to confine the person to a designated area that will prevent the threat to others.
Federal Authorities – Federal Aid	<i>The Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended</i>	The Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) (Pub.L. 100-707) is a United States federal law designed to bring an orderly and systemic means of federal natural disaster assistance for state and local governments in carrying out their responsibilities to aid citizens. The Stafford Act is a 1988 amended version of the Disaster Relief Act of 1974 (Pub.L. 93-288) . It created the system in place today by which a presidential disaster declaration of an emergency triggers financial and physical assistance through the Federal Emergency Management Agency (FEMA) . The Act gives FEMA the responsibility for coordinating government-wide relief efforts. The Federal Response Plan it implements includes the contributions of 28 federal agencies and non-governmental organizations, such as the American Red Cross . It is named for Robert Stafford , who helped pass the law.
Federal Authorities – Federal Assistance	Federal Response Plan, Public Law 93-288	Establishes the basis for the provision of the Federal assistance to a State and its affected local governments impacted by a catastrophic or significant disaster or emergency which results in a requirement for Federal response assistance. It is based on the fundamental assumption that a significant disaster or emergency will overwhelm the capability of State and local governments to carry out the extensive emergency operations necessary to save lives and protect property. Consequently, resources of Federal departments and agencies, grouped into Emergency Support Functions, will be used to provide Federal response assistance to the State. Departments and agencies have been assigned primary and support agency responsibilities for each of these functions.

Authority	Statute	Description
Federal Authorities – Public Health Emergencies	The Public Health Service Act 42 U.S.C. § 201 et seq.	Provides for the Secretary of HHS to declare a public health emergency under certain circumstances (42 U.S.C. § 247d). The secretary is authorized to develop and take such action as may be necessary to implement a plan under which the personnel, equipment, medical supplies, and other resources of the Department may be effectively used to control epidemics of any disease or condition and to meet other health emergencies and problems. The Secretary is also empowered to extend temporary assistance to States or localities to meet health emergencies.
Federal Authorities – International Quarantine	42 U.S.C. § 264	The Secretary of HHS is authorized to make and enforce quarantine regulations “necessary to prevent the introduction, transmission, or spread of communicable disease” from foreign countries into the United States or possessions, or from one state or possession to another. The disease for which a person may be subject to quarantine must be specified by the President through an Executive order.
Federal Authorities – Quarantinable Diseases	Executive Order 13295 68 Fed	Revised list of Quarantinable Diseases, specifies certain communicable diseases for regulations providing for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases.

The UNC School of Government also outlines NC EM Laws and Authorities, including local declarations at this site:

<http://www.sog.unc.edu/node/1655>

Incident Command

Command and Control is often referred to as the Incident Command System (ICS). It is designed to coordinate the activities of responding agencies and to ensure responder health and safety. In addition, it is structured around goals and objectives to maintain an organized and efficient response. ICS is a part of the National Incident Management System (NIMS). Every responder agency is required to maintain compliance with NIMS as it is the primary response mechanism in the U.S.

Should an incident exceed local response capabilities, requests for assistance should be made through appropriate local/state Emergency Management, State Public Health, and/or Federal authorities.

HCPHA will work with local response partners to delineate their role in a single county or multi-county/ multi-agency response. Similarly, cross jurisdictional partnerships must be encouraged and developed to allow for an organized public health response across county lines.

Incident Management

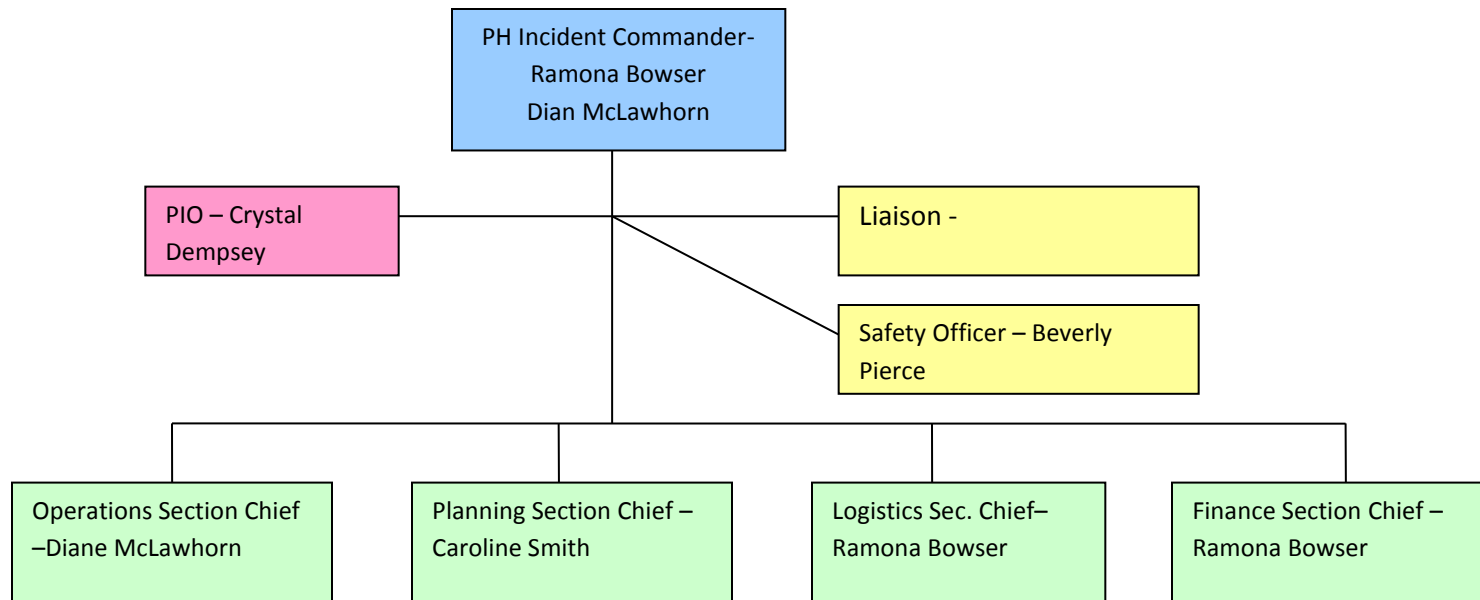
The Incident Management System will be utilized and the operational format scaled to incident scope. When PH operations are integrated into a multi-agency response, decisions on size and composition of the incident management structure are made by the Incident Commander and based on an initial and ongoing assessment of the incident. For every incident the following positions and initial activities should be considered.

Position(s)	Responsibility	Hazard Use Examples	Recommended Training (In addition to ICS training listed below)
Incident Commander	Responsible for directing the response, identifying roles and responsibilities and determining response objectives.	All	E/L 950
Public Information Officer	Responsible for coordination of information with other responding agency Public Information Officers and the public, as well as participating in the JIC when activated.	All	E/L 952
Safety Officer	Monitor worker safety and provide guidelines for protective actions.	All	E/L 954
Liaison Officer	Interface with external agencies. Coordinate contacts and updates with local partners	All	E/L 956
Operations	Responsible for tactical response activities.	SNS – Point of Dispensing Operations; Hurricane – Clinical Operations; Pandemic – Vaccine Management; Isolation & Quarantine Management; Outbreak Investigation	E/L 958
Logistics	Responsible for providing personnel and logistical support to the response including resource requests and dispatch.	SNS – Local Receiving Site; Staff well-being/ care	E/L 967
Planning	Responsible for incident briefings, the incident action plan, data processing, analysis, and information management, and resources tracking.	All	E/L 962

Position(s)	Responsibility	Hazard Use Examples	Recommended Training (In addition to ICS training listed below)
Finance and Administration	Monitor all expenses related to the response, regulatory compliance and business continuity.	All	E/L 973

ICS Chart

The ICS Chart outlines the base response structure. Not all positions may be needed, depending on the response – ICS is scalable based on need. In addition, one person may hold multiple positions; however, positions cannot be combined and must follow this structure.



Documentation

Incident documentation is required for all events. In every situation, effort should be made to utilize ICS forms. Forms can be found at: <http://training.fema.gov/EMIWeb/is/ICSResource/icsforms.htm>

ICS Training Requirements

Local Health Departments and the NCDPH will determine the anticipated roles of individuals on their respective staffs. The following outlines the training requirements based on anticipated roles that individuals will fill in a public health emergency.

Tier One: Personnel who, in the event of a public health emergency, will not be working within the county or public health emergency operations center/multiagency coordination system or will not be sent out to the field as responders. Applicable training courses are:

- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Tier Two: Personnel who, in a public health emergency, will be assigned to fill one of the functional seats in the county or public health emergency operations center during the response operation. Applicable training courses are listed below:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- National Incident Management System: An Introduction (IS-700a)
- National Response Framework: An Introduction (IS-800.b)

Tier Three: Personnel who, in a public health emergency, have the potential to be deployed to the field to participate in the response, including personnel who are already assigned to a field location. Applicable training courses are listed below:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- National Incident Management System, An Introduction (IS-700a)
- National Response Framework, An Introduction (IS-800.b)

Tier Four: Personnel who, in a public health emergency, are activated to Incident Management System leadership and liaison roles and/or are deployed to the field in leadership positions. Applicable training courses are listed below:

- Introduction to Incident Command System (IS-100.b)
- Incident Command System for Single Resources and Initial Action Incidents (IS-200.b)
- Intermediate Incident Command System (ICS-300)
- Advanced Incident Command System (ICS-400)
- National Incident Management System, An Introduction (IS-700a)

- National Response Framework, An Introduction (IS-800.b)

ICS and NIMS training programs are available through DHS and developed by FEMA, the Emergency Management Institute (EMI), and the National Fire Academy (NFA) and provide the knowledge and skills for responders at all jurisdictional levels and across all disciplines to work together more effectively and efficiently. This is a nationwide approach to prepare for, prevent, respond to and recover from domestic incidents, regardless of cause, size or complexity. Courses are tailored for the anticipated level of response of the individual using a stair-step approach. There are no guidelines for re-certification after a period of time.

A description of all courses and access to independent online training may be obtained at the following:

<http://training.fema.gov/IS/NIMS.asp> . A schedule for in class training programs can be obtained through NC Emergency Management Agency's Training and Exercise Registration Management System (TERMS) (<http://terms.ncem.org/TRS/>)

Roles & Responsibilities

Overview of HCPHA Responsibilities

Clinical/ Health Department Related Issues:

Topic Area	Description	Potential Event Type	HCPHA Contacts
Shelter/ Mass Care Nursing Support	<p>HCPHA provides nursing support at Red Cross Approved shelters and mass care facilities through an agreement with the Greater Albemarle Area Chapter of the American Red Cross.</p> <p>Nurses operate under the Public Health/ Health Department Scope of Practice. Behavioral Health Services are coordinated with East Carolina Behavioral Health.</p> <p>Mass care could also be required in events related to reunification and evacuation. In this situation the facility may or may not be an official Red Cross site. This situation may also require additional surveillance from Public Health.</p>	Natural Disaster, Bioterrorist, Radiological, Active Shooter/ Lockdown, Hazardous Material, Nuclear	Director of Nursing; Clinic Supervisor; Preparedness Coordinator
Disaster Communicable Disease Surveillance	<p>HCPHA monitors hospital, EMS, and poison control data to see rates of illness and injury on a daily basis, and following disaster events. This information lets us know whether additional public information messages and education is needed.</p> <p>Additional events may also require heightened and active surveillance.</p>	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Hazardous Material, Mass Fatality, Nuclear	Preparedness Coordinator
Disaster Communicable Disease Education	Through the HCPHA PIO and Health Education team, along with clinical staff, educational information is distributed to the media, partners, and community members concerning safety, clean up, hazards, and health information. Coordination with the state will be helpful in this situation.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Hazardous Material, Mass Fatality, Nuclear	PIO/ Health Education Director
Mass Vaccination	<p>Following a natural disaster, it is common to see a need in tetanus vaccine in the area as individuals are cleaning up. This service is provided by HCPHA in each health department, along with other vaccines. Mobile clinics or community clinics can also be established if county and HCPHA management determines the need is present.</p> <p>In an outbreak or mass medical situation, mass vaccination clinics may be established to mitigate the hazard or disaster situation. Examples may include flu outbreak, novel viruses, hepatitis.</p>	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic	County Health Department
Injury Prevention	As noted previously, HCPHA conducts surveillance following disasters. This surveillance for disasters can be related to injury rates surrounding event impact and clean up efforts. Education is provided to prevent injury in the community, and is focused based on activity seen within the community. This also includes carbon monoxide (CO) poisoning prevention.	Natural Disaster	PIO/ Health Education Director

Topic Area	Description	Potential Event Type	HCPHA Contacts
Medications/ Mass Dispensing	<p>HCPHA does not provide prescription medications post storm. HCPHA does educate and encourage the public to get emergency supplies of prescription medications that can be kept on hand in case of an emergency. Many insurance companies will work with your for emergency supplies. Check with your local pharmacy.</p> <p>In large scale emergencies, HCPHA could work to request SNS assets or other state resources for dispensing purposes. This would be event dependent. In this situation, HCPHA would establish Mass Dispensing Sites or Points of Dispensing to mass dispense medication. This could be for prescription medication or for a bioterrorist mass dispensing event.</p>	Natural Disaster, Bioterrorist, Radiological, Suspicious Substance, Outbreak, Epidemic/Pandemic, Nuclear	Preparedness Coordinator
Behavioral Health Coordination	As a component of Mass Care, Red Cross and HCPHA will be responsible for requesting Behavioral Health Assistance in disaster events.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Hazardous Material, Mass Fatality, Nuclear	Preparedness Coordinator
Morgue Operations	<p>HCPHA does not provide morgue operations or body recovery during, after, or post disaster. This is not a function of public health, even though the medical examiner's office falls within the public health division at the state level. This is coordinated through County Emergency Management.</p>		Preparedness Coordinator Health Director

Environmental Health Related Issues:

Topic Area	Description	Potential Event Type	HCPHA Contacts
Inspections	HCPHA Environmental Health provides inspection services for food, lodging, and other establishments. If there is any disruption in service due to power outages, water outages, etc., the establishment must be re-inspected before it can operate. Contamination of a facility may also warrant inspections.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Facility Damage, Hazardous Material, Mass Fatality, Nuclear	Environmental Health County Health Departments
Septic Issues	Environmental Health Specialists can assist businesses and individuals if septic tanks are damaged during an event and need to be replaced or repaired by issuing the proper permits and providing contacts.	Natural Disaster	Environmental Health County Health Departments
Well Water Issues	Environmental Health Specialists can assist if wells are damaged during an event and need to be replaced or repaired by issuing the proper permits and providing contacts. Contamination of a facility may also warrant inspections.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Facility Damage, Hazardous Material, Mass Fatality, Nuclear	Environmental Health County Health Departments
Vectors	Vector management is a major issue during spring and summer months, as well as following natural disaster events. While the vector program is no longer in existence, HCPHA provides education information to the community and community leaders.	Natural Disaster	Environmental Health County Health Departments
Mold	HCPHA does not provide mold inspections, however can assist residents and businesses with contractor contacts and educational information on mold removal and safety.	Natural Disaster	Environmental Health County Health Departments
Standing Water	Following a natural disaster, flooding and standing water issues could become the cause for health related problems. Such problems may include mold, mildew, animal waste, and human waste, which in turn could lead to illness and contaminated areas. Personal protective equipment, proper handling, and sanitation steps can prevent illness and should be used in every situation. HCPHA can provide guidance on these steps and will also provide surveillance to ensure individuals are not presenting with illness.	Natural Disaster	Environmental Health County Health Departments PIO/ Health Education
Hazardous Materials	In addition to the hazardous material listed in relation to standing water concerns, hazardous materials such as gas leaks, oil leaks, and others could cause human health concern. While county emergency management officials are responsible for monitoring those situations and ensuring there are no safety issues, public health may assist in monitoring health effects and providing health related guidance.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Facility Damage, Hazardous Material, Mass Fatality, Nuclear	Environmental Health County Health Departments PIO/ Health Education

Topic Area	Description	Potential Event Type	HCPHA Contacts
Food/ Water Safety	HCPHA provides guidance and educational information on how to properly store and protect food during and after power outages. Information is also provided on how to dispose of food that has not been maintained properly. Food/ water may also be contaminated in an event; therefore public health would assist in proper disposal and health concerns.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Facility Damage, Hazardous Material, Mass Fatality, Nuclear	Environmental Health County Health Departments
Debris Management	HCPHA does not provide debris management services for the county.	Natural Disaster	PCG Landfill
Farm Animal Issues	Public Health does not provide assistance in the removal and disposal of deceased animals due to disaster. Guidance is provided by the Department of Agriculture and Consumer Services. HCPHA and public health do assist in the assessment and provision of human health issues that may result from water or food contamination issues that may arise from deceased animals.	Natural Disaster, Bioterrorist, Radiological, Chemical/ Nerve, Suspicious Substance, Outbreak, Epidemic/ Pandemic, Recall, Facility Damage, Hazardous Material, Mass Fatality, Nuclear	Environmental Health County Health Departments Health Director Preparedness Coordinator

Other:

Topic Area	Description	Potential Event Type	HCPHA Contacts
<ul style="list-style-type: none"> - NENC Public Information Comm. Committee 	<p>The Public Information & Communications Committee brings together Public Information Officers (PIOs) from partner agencies (County, Public Health, Hospitals, Schools, Mental Health, etc.). This group meets quarterly to plan and train. Information is shared regularly amongst participants, and PIOs are able to assist one another in times of disaster through Joint Information Center Coordination.</p>		<p>PIO/ Health Education Director</p> <p>Preparedness Coordinator</p>
<ul style="list-style-type: none"> - Regional Preparedness Committee 	<p>The Regional Preparedness Committee meets quarterly to plan for and coordinate regional disaster response plans and response efforts. All hazards are addressed, and participants (County EM, Hospitals, Schools, Red Cross, Public Health, Coast Guard, Law Enforcement, EMS, Fire, etc.) work to ensure regional plans address community and resource needs.</p>		<p>Preparedness Coordinator</p>

HCPHA Department Contacts

****FOR PUBLIC USE****

Department	Phone	Address
Hertford County Public Health Authority	252-358-7833	801 N. King St, Winton
Hertford County Public Health Authority (Clinic)	252-862-4054	828 South Academy St, Ahoskie

HCPHA Management/ Leadership Contacts

****FOR OFFICIAL USE ONLY****

Name	Position/ Title	Email	Office Phone	Cell Phone
Diane McLawhorn	Interim Health Director/Director of Nursing	diane.mclawhorn@hcpha.net	252-862-4054	252-287-6381
Ramona Bowser	Interim Health Director/CFO	ramona.bowser@hcpha.net	252-358-7833	252-396-1905
Crystal Dempsey	PIO/Health Educator	crystal.dempsey@hcpha.net	252-358-7833	252-287-9748
Caroline Smith	Preparedness Coordinator	caroline.smith@hcpha.net	252-358-7833	252-287-5533
Ed Evans	Environmental Health Director	edwin.evans@hcpha.net	252-358-7833	252-252-642-2464

Demobilization

Demobilization refers to activities that focus on disengaging response resources as the incident objectives are met, transitioning remaining incident responsibilities to ongoing assets, and promoting rapid return of demobilized response resources to their normal function. Plans for demobilization should begin at the start of any event. There are several important considerations:

- Demobilization across assets: The timing of resource demobilization is a complex and difficult decision, with potentially competing priorities between incident managers and managers of individual assets. The managers of individual assets and agencies should always coordinate any decision with the overall incident command. Demobilization of individual assets may occur at widely varying times, with some taking place early in a response if objectives have been met.
- Representing demobilization to the media and public: Management of the public's perception of asset demobilization may be very important, depending on the incident and the asset (e.g., the public believing the event is not over, thus being dismayed that an

asset is disengaging). This should be considered carefully and addressed through incident management processes, including public information action that demonstrates that the asset's objectives have been accomplished and it is no longer needed.

- Continued use of ICS during demobilization: The continued use of ICS processes may be beneficial in addressing continuity of operations and should be considered during planning for both individual asset and overall incident demobilization.

Demobilization Checklist

- **Decision to demobilize**: Guidelines for how the decision would be made and what factors should be considered (e.g., completion of response objectives) can be helpful.
- **Announcement of demobilization**: As HCPHA demobilizes elements from its response organization, it is important to formally notify staff and partners.
- **Transition to baseline operations**: As HCPHA is demobilized, consultation and decision-making authority is transferred to daily operations status.
- **Resources**: HCPHA demobilization procedures can initiate the rehabilitation of HCPHA resources used during the emergency.
- **Document preservation**: Relevant incident-related documents for HCPHA should be archived, including ICS forms and documentation collected from external sources. These can be helpful for the HCPHA After Action Report (AAR) process and also serve as historical references.
- **Debriefings**: Debriefings will likely be needed for staff impacted by the event. This should be coordinated through local behavioral health officials and offered as soon as possible.

Recovery

Recovery refers to longer-term activities that extend beyond demobilization and other response activities. It includes the rehabilitation of personnel and equipment, resupply, and actions related to physical and financial restoration. Returning the overall system to its pre-incident state—the goal of the recovery stage—is addressed by developing and implementing strategic plans for full restoration and system improvement. Long term recovery efforts will be event dependent but should be considered in every situation.

Post Incident Organizational Learning

Post-incident "organizational learning" is achieved through a timely and objective after-action report process that is designed to capture the positive aspects and the shortcomings of the response system. Findings should be documented in an outline format that can be organized on a spreadsheet and tracked. One basic format that has been widely successful is designed to capture, for each issue, a brief description of the issue, background information, recommendations, and follow-up actions. Improvements should focus on the EOP organization, processes, and training or equipment/supply issues, rather than on individual personnel actions. The review should also examine how effectively each asset integrated into the overall system, as well as how the response tiers coordinated with each other. Indicated changes should be accomplished based on priority and incorporated into the appropriate documentation. All documentation must be Homeland Security Exercise and Evaluation Program (HSEEP) Compliant.

Operational Guides

The following operational guides are in place to assist with Public Health Responses. These are held as annexes to this HCPHA All Hazards Response Guide.

Operational Guide	Status
Public Information and Communications	Complete - need contact info/ lists for other regions
Tactical Communications	Complete
Shelter/ Mass Care	Under revision - Shelter Guide Complete - Determine additional needs
Behavioral Health Request Process	In final stages of completion - waiting for feedback
Environmental Health Response	Under development
Debris Management	Complete
Epi Response Plan	Needed - Review CD Policy - Write to Complement
Isolation and Quarantine	Complete
Mass Vaccination	Underdevelopment with new Medical Countermeasure Tool
Mass Dispensing	SNS current/ complete, Revision needed based on future guidance
Suspicious Substance Response Guide	Complete
CHEMPACK	Complete
Responder Health and Safety	Needed
Facility Safety and Security	Complete
Continuity of Operations	Updates needed - under review