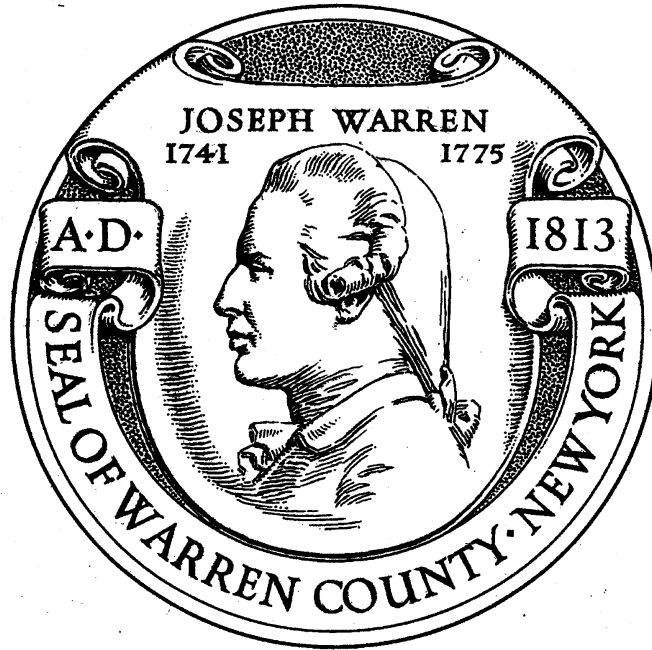


DRAFT

WARREN COUNTY
PUBLIC HEALTH



PANDEMIC INFLUENZA PLAN
ANNEX

AUGUST, 2006

DRAFT

WARREN COUNTY PUBLIC HEALTH PANDEMIC INFLUENZA PLAN ANNEX AUGUST, 2006

ACRONYMS

APIC	Association for Professionals in Infection Control	LHD LHU	Local Health Department Local Health Unit
CDC	Center for Disease Control and Prevention	MD	Medical Doctor
CDESS	Communicable Electronic Surveillance System	NIMS	National Incident Command System
CHHA	Certified Home Health Agency	NYSDOH	New York State Department of Health
DEC	Department of Environmental Conservation	NYSNA	New York State Nurses Association
DOT	Department of Transportation		
DPW	Department of Public Works	OFA	Office for the Aging
ECC	Emergency Care Center	PAC	Professional Advisory Committee
ECLRS	Electronic Laboratory Reporting System	PHL PIO	Public Health Law Public Information Officer
EMO	Emergency Management Office	POD	Points of Distribution
EMS	Emergency Management Services	PPE	Personal Protective Equipment
EOC	Emergency Operations Center	PSA	Public Service Announcement
EUA	Emergency Use Authorization		
FDA	Food & Drug Administration	RN RODS	Registered Nurse Real-Time Outbreak and Surveillance System
HAN	Health Alert Network		
HERDS	Hospital Emergency Response Data System	RRC RSVP	Regional Resource Center Retired Senior Volunteer Program
HIN	Health Information Network		
HPAI	Highly Pathogenic Avian Influenza	SNS	Strategic National Stockpile
HCP	Health Care Provider	SPN	Sentinel Provider Network
HPN	Health Provider Network		
IATA	International Air Transport Association	USDA	US Department of Agriculture
ICS	Incident Command System	VAERS	Vaccine Adverse Event Reporting System
IND	Investigational New Drug		
ID	Identification	VIS	Vaccine Information Sheet
I/Q	Isolation/Quarantine	WCPH	Warren County Public Health
JIC	Joint Information Center	WHO	World Health Organization

DRAFT

Table of Contents

World Health Organization Pandemic Periods/Phases	Page 4
---	-----------

Interpandemic Period /Pandemic Alert Period / Pandemic Period

Section 1 Command and Control.....	5/8/8
Section 2 Surveillance and Laboratory Testing	9/12/13
Section 3 Health Care Planning	14/16/16
Section 4 Infection Control.....	19/21/21
Section 5 Clinical Guidelines.....	24/24/25
Section 6 Vaccine Procurement, Distribution and Use.....	26/28/28
Section 7 Antiviral Medication Procurement, Distribution And Use	31/33/33
Section 8 Travel-Related Disease Control and Community Prevention	36/37/37
Section 9 Communications	38/39/39
Section 10 Training and Education.....	41/41/43
Section 11 Workforce Support.....	44/44/45
Section 12 Highly Pathogenic H5N1 Avian Influenza in Non-Human Animals ..	47/47/47
Section 13 Public Health Preparedness and Informatics	48/48/48

Appendices

Appendix 1-A	NYSDOH and Health Care Incident Management System
Appendix 1-B	Quarantine Powers of Local Health Officers and Local Boards of Health
Appendix 1-C	School Closures during an Emergency
Appendix 1-D	Business Closures during an Emergency
Appendix 1-E	Suspension of Public Meetings during an Emergency
Appendix 1-F	Use of Unlicensed Volunteers to Administer Influenza Vaccine
Appendix 1-G	A Guide to New York State Laws Governing Public Health Emergency Preparedness and Response
Appendix 1-H	Summary of Public Officers Law Coverage Regarding Volunteers
Appendix 2	State of New York Jurisdictional Outline for Highly Pathogenic Avian Influenza in Animals

DRAFT

Introduction

Pandemic influenza occurs when a novel influenza virus appears that causes readily transmissible human illness against which most population lacks immunity. Several features set pandemic influenza apart from other public health emergencies or community disasters:

- Influenza pandemics are expected but arrive with very little warning.
- Outbreaks can be expected to occur simultaneously throughout much of the U.S., preventing sharing of human and material resources that usually occur in the response to other disasters. Localities should be prepared to rely on their own resources to respond. The effect of pandemic influenza on individual communities will be relatively prolonged (weeks to months) in comparison to disasters of shorter duration.
- Because of widespread susceptibility to a pandemic influenza strain, the number of persons affected will be high.
- Health care workers and other first responders will be at a higher risk of exposure and illness than the general population, further straining the health care system.
- Effective preventive and therapeutic measures, including vaccine and antiviral agents, are likely to be delayed and in short supply.
- Widespread illness in the community could result in sudden and potentially significant shortages of personnel in other sectors that provide critical public safety services.

Organizational Structure and Command

Local and State agencies will be organized under the framework of the National Incident Command System (NIMS) which is a comprehensive, national approach to incident management. This annex endorses the development of one response organizational structure that will include all responding agencies.

- This plan is an annex to the Warren County Public Health Emergency Response and Preparedness Plan.
- Command and Control issues will be handled in accordance with established disaster response protocols utilizing the NIMS framework. Key personnel, response protocols and duties have been identified and are addressed in the comprehensive plan.
- Decision-making will be conducted in accordance with the ICS.
- Information monitoring will be a function of the Emergency Operations Center (EOC). All pertinent incident data will be processed through the EOC, documented and disseminated accordingly.
- Public information and communication will be facilitated through the EOC and the County Public Information Officer (PIO).
- All key staff involved in a Pandemic Influenza operation will be required to maintain an activity log of all major duties carried out during the emergency. Documentation of such duties or activities will be made on the SNS ICS Form 214 - Activity Log.
- The Director of Warren County Public Health will make requests for all security needs through the EOC in accordance with ICS procedures. Resources will be allocated as per the ICS.

Scope

The Warren County Public Health Department's Pandemic Influenza Plan is divided into 13 sections:

DRAFT

1. Command and Control,
2. Surveillance and Laboratory Testing,
3. Health care Planning,
4. Infection Control,
5. Clinical Guidelines,
6. Vaccine Procurement, Distribution and Use,
7. Antiviral Medication Procurement, Distribution and Use,
8. Travel-Related Disease Control and Community Prevention,
9. Communications,
10. Training and Education,
11. Workforce Support,
12. Highly Pathogenic H5N1 Avian Influenza in Non-Human Animals, and
13. Public Health Preparedness and Informatics.

Each section includes a description of the activities to be undertaken by pandemic period, using the World Health Organization's classification system (table below). Activities are designed as to whether they are the role of the state health department, local health department and/or providers and public health partners. The roles, responsibilities and implementation activities of the Local Health Departments (LHDs) are included in this planning template.

World Health Organization Pandemic Periods/Phases

Interpandemic Period	Phase 1	No new influenza virus subtypes in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
	Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
Pandemic Alert Period	Phase 3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to a close contact.
	Phase 4	Small clusters(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
	Phase 5	Larger cluster(s) but human-to-human spread is still localized, suggesting that the virus is becoming increasingly better adapted to humans, but may not yet be fully transmissible (substantial pandemic risk).
Pandemic Period	Phase 6	Pandemic phase: increased and sustained transmission in general population.

DRAFT

Section 1: Command and Control

This section describes the Warren County Public Health's Pandemic Influenza Command and Control structure and process. Because the response to pandemic influenza will use the same command and control system developed for other public health emergencies, this section highlights activities specific to pandemic influenza.

The objectives of Command and Control are:

- The command structure and decision making process.
- The legal issues associated with a pandemic outbreak
- Roles and responsibilities by pandemic period.

Interpandemic Period Activities

A. Local Infrastructure

1. Community Advisory Groups on Influenza Preparedness

Before a pandemic occurs, the Warren County Public Health Emergency Response and Preparedness Committee (WCPH ERPC) will meet to advise Warren County Public Health on agency roles and responsibilities to implement the County and State's Pandemic Influenza Plans and assist in the development of a comprehensive plan during a pandemic.

The WCPH ERPC serves as the local health department Pandemic Preparedness Coordinating Committee accountable for establishing priorities and overseeing the development and execution of the Warren County Public Health pandemic plan.

2. Command Structure and Process

During emergencies, Warren County Public Health coordinates response activities by using an incident management system, superimposed over the normal programmatic chain of command (see Appendix 1-A in WCPH Emergency Response and Preparedness Plan). In emergencies, the WCPH ERPC manages the traditional functions of incident command (Command, Planning, Operations, Logistics, Finance and Administration) within Warren County Public Health existing systems to facilitate and integrated and comprehensive response. Several staff may be identified for each incident command role to accommodate the length of the pandemic period.

3. Legal Authorities

When a novel influenza virus or pandemic occurs, there are several steps that may be taken by the State and County to prevent or contain the spread of illness.

- a. The State Health Commissioner, pursuant to 10 NYCRR § 2.1, may designate influenza (both cases and suspected cases) as a communicable disease because it is a significant

DRAFT

threat to public health. Currently, *laboratory-confirmed* influenza is designated as a communicable disease.

- b. Once the State Health Commissioner designates influenza as a communicable disease, the Warren County Public Health Director may exercise authority under Public Health Law Article (PHL) 21 and 10 NYCRR Part 2 to isolate and/or quarantine individuals to prevent further spread of the virus (see Appendix 1-B, Quarantine Powers of Local Health Officers and Local Boards of Health).
 - c. In the event that health care facilities exceed their capacity, the Warren County Board of Supervisors and Public Health Director may establish temporary facilities to care for large numbers of individuals who are ill (see PHL Section 2100). The State Public Health Council may establish hospitals for communicable diseases and may establish standards for both types of facilities (see PHL Article 28 and Section 2109). If a state disaster emergency is declared, the Governor can suspend statutory and regulatory requirements to permit the establishment of necessary facilities (see Executive Law Section 29-a).
 - d. Canceling public gatherings and closing businesses and schools may be effective in slowing the spread of influenza (see Appendix 1-C: School Closures during an Emergency, Appendix 1-D: Business Closure during an Emergency, and Appendix 1-E: Suspension of Public Meetings during an Emergency). In rare circumstances, mandatory vaccination may be the most effective means to protect the population. Public Health Law §613(1) obligates the State Health Commissioner to "develop and supervise the execution of a program of immunization, surveillance and testing to raise the immunity of adults in the state against diseases identified by the Commissioner, including influenza." Public Health Law §206 (1)(1), authorizes the Commissioner to "establish and operate such adult and child immunization programs as are necessary to prevent or minimize the spread of disease and to protect the public health. Mandatory immunization can only be authorized by the Governor pursuant to the authority given to him in Executive Law §29-a (see Appendix 1-G: A Guide to New York State Laws Governing Public Health Emergency Preparedness and Response).
 - e. Mass vaccination efforts will most likely require use of volunteer staff that can be expected to inquire into the liability and/or workers compensation coverage that will be available to them if they participate (see Appendix 1-H: Summary of Public Officers Law Coverage Regarding Volunteers). Use of trained but unlicensed personnel may also be needed to accomplish a mass vaccination in a timely fashion (see Appendix 1-F: Use of Unlicensed Volunteers to Administer Influenza Vaccine).
4. Security resources to maintain public order and assist with the implementation of control measures include, but are not limited to, local law enforcement agencies, Sheriff's Office, and New York State Police. A "law enforcement" emergency will be determined by the Warren County Board of Supervisors in consultation with the Warren County Sheriff's Office (including Warren County Emergency Manager). In coordination with the Warren County

DRAFT

Emergency Manager, law enforcement personnel will be provided with resources including just-in-time training.

B. Demographic Profile

Warren County Public Health regularly reviews demographic profile of its community including identification of special needs populations and language minorities.

1. Warren County Emergency Management maintains the Warren County Special Needs Registry.
2. Warren County Public Health will secure a translation service agency to supplement use of Warren County employees with foreign language skills (Language Line).
3. Community relations/outreach to persons who may have special needs is addressed in the Warren County Public Health Emergency Response and Preparedness Plan (Appendix G).

C. Partner Organizations

Contact information for county leaders and other response organizations are available in Appendix A of the Warren County Public Health Emergency Response and Preparedness Plan.

1. Contact lists are also available through the New York State Health Alert Network Communications Directory.
2. Warren County Public Health will maintain a list of Public Information Officers for partner organizations and inform them of opportunities available for risk communications training. Contact Information for key communications partners is available in the Warren County Public Health Emergency Response and Preparedness Plan (Appendix A). In conjunction with implementation of New York State Department of Health Alert Network Notification System, Warren County Public Health will facilitate access to E-Commerce accounts for staff of key partner organizations.
3. Warren County Public Health participates in regular meetings of Bioterrorism Coordinators of Northeastern New York to discuss issues of common concern.
4. Periodic exercises and drills of the draft Warren County Pandemic Influenza Plan will be conducted to evaluate and improve local response capabilities.

Additional information regarding command and control is available in the Warren County Public Health Emergency Response and Preparedness Plan and the Warren County Comprehensive Emergency Management Plan.

DRAFT

Pandemic Alert Period

A. Notification and Planning During Pandemic Alert Period

1. Warren County Public Health will meet with appropriate partners and stakeholders including, but not limited to, the WCPH ERPC and Pandemic Flu Preparedness Committee, to review major elements of the Pandemic Influenza Plan, evaluate the level of preparedness, and make modifications as necessary. Warren County Public Health will activate command and control system and prepare members to fully engage the pandemic response plan.
2. Warren County Public Health will employ the NYSDOH Commerce Notification Tool, NYSDOH Health Alert Network (HAN) and blast fax resources for critical communications and notifications with key partners, as required.
3. Warren County Public Health, in conjunction with the Warren County Emergency Management Office, will confirm the availability of facilities for mass vaccination, mass casualty, etc. as needed. When necessary, Warren County Public Health will notify key officials (Government and NYSDOH) of the need for additional resources.
4. Warren County Public Health will implement social marketing techniques to normalize influenza risk reduction behaviors and provide information to familiarize target audiences with the issue of pandemic flu.

B. Documentation

Expenses of pandemic response will be documented through the Warren County Public Health Administration/Finance department.

Pandemic Period

Warren County Public Health will:

1. fully activate the plan using ICS and communicating with community partners and stakeholders
2. coordinate activities with neighboring jurisdictions, regional public health authorities and appropriate counterparts at the state and national level.
3. monitor staffing needs.
4. continue documentation of expenses for this response.
5. schedule and provide daily, or as appropriate, briefings to update information and response activities.
6. use NYSDOH Commerce Notification Tool and HAN for critical communications and notifications as well as local methods.

DRAFT

Section 2: Surveillance, Reporting and Laboratory Testing

The level of surveillance for human infection will depend on the global, regional, and local epidemiology of an influenza pandemic. Surveillance activities will be utilized within the framework of the Interpandemic Period, the Pandemic Alert Period and the Pandemic Period.

Established local and statewide surveillance systems are fundamental for detecting influenza activity, identifying the circulating strains, and monitoring the burden of influenza morbidity and mortality. Enhancing existing influenza surveillance networks can lead to rapid detection of a novel virus strain with pandemic potential.

Goals of Influenza Surveillance:

- Ensure early detection of cases and clusters of respiratory infections that might signal the presence of a novel influenza virus.
- Ensure laboratory resources are available to rapidly detect the introduction of a novel virus.
- If a novel strain of influenza is confirmed, ensure prompt and complete identification, investigation, and reporting of potential cases to facilitate control and management of local outbreaks.

Interpandemic Period

A. Education Activities

Education has been and will continue to be provided regarding pandemic influenza through:

1. Community Activities:

- a. Town Board and Community Service Organizations
- b. Pan Flu Preparedness Committee meetings with partners/stakeholders
- c. Schools and College Education and Planning meetings
- d. Inter-faith programs
- e. Media (Press Releases, PSAs and interviews with PIOs)

2. Health Care Provider HCP Community Activities:

- a. Local community health planning committees (WCPH ERPC)
- b. LHU blast faxes and HAN alerts to all HCPs regarding influenza, the current Pandemic Alert Phase and surveillance per the NYSDOH Pandemic Influenza Plan
- c. Blast faxes to all HCPs regarding any local health campaigns
- d. Local education sessions for Warren County HCPs (Medical Director for Infectious Disease). The health care provider information will focus on Surveillance, Infection Control, HPN enrollment, Sentinel Provider Network.
- e. Annual communicable disease HCP letter.
- f. Encourage HCPs to report cluster illness/unusual illness.

DRAFT

B. Surveillance Activities

Surveillance activities will be implemented within the framework of the pandemic phases. Warren County Public Health will:

1. Conduct Virologic Surveillance:
 - a. Electronic Laboratory Reporting System (ECLRS)

2. Conduct Outpatient Surveillance:
 - a. Local Health Department/Emergency Care Center (ECC) surveillance for unusual illness or cluster illness.
 - b. NYSDOH Sentinel Provider Network (SPN) Surveillance for Influenza-Like Illness.
 - c. Weekly telephone call surveillance to key select HCPs in Warren County, as needed.
 - d. Weekly telephone call surveillance to key select schools and daycares in Warren County, as needed.

3. Conduct Syndromic Surveillance:
 - a. Medicaid Prescription Data: Electronic data is available on the HIN seven days a week. Data includes influenza antiviral prescriptions by zip code. The Warren County Public Health in conjunction with NYSDOH will view electronic data for assessment of antiviral use in the Medicaid outpatient community on the HIN as needed. Any signals will be investigated and findings will be reported back to NYSDOH.
 - b. National Retail Data Monitor - Real-Time Outbreak and Disease Surveillance (RODS): Warren County Public Health will view the RODS data as it relates to over-the-counter pharmaceutical sales on the HIN. Any signals will be investigated and findings will be reported back to NYSDOH.
 - c. Electronic Emergency Department Syndromic Surveillance System: Glens Falls Hospital is currently in the process of setting up this system which includes chief complaints for all patients presenting to the emergency department seven days a week within the past 24 hours. Warren County Public Health will view the electronic data on the HIN when it becomes available. Any trends will be investigated and findings will be reported back to NYSDOH.

4. Utilize the NYSDOH recommendations for enhanced surveillance, case reporting, and laboratory testing.

C. Reporting and Laboratory Testing Activities

Health care providers should immediately report any patient(s) meeting the surveillance and reporting criteria for novel influenza based on the current pandemic period to the LHD.

If unable to reach the LHD (761-6580), contact the NYSDOH: During business hours contact the appropriate Regional Epidemiologist (408-5300). If unavailable contact the Bureau of Communicable Disease Control (473-4436).

DRAFT

- Outside of business hours, contact the NYSDOH After-Hours Duty Officer at 1-866-881-2809.
- The NYSDOH Pandemic Influenza Case Report Form (Appendix 2-B in NYSDOH Pandemic Influenza Plan) or other form being used at that time of the report should be completed immediately and forwarded to the LHU.

Reporting activities will be implemented within the framework of the pandemic phases. The criteria for Warren County Public Health will be:

1. Instruct HCPs to report immediately to the local health department any patients meeting certain clinical and epidemiologic criteria. The criteria for reporting novel influenza will vary based on the current pandemic period. For current reporting criteria see Appendix 2-A in NYSDOH Pandemic Flu Plan.
2. In turn LHD will immediately report to NYSDOH regional epidemiologist (408-5300; after hours 484-6510) any patients meeting certain clinical and epidemiologic criteria. The criteria for reporting novel influenza will vary based on the current pandemic period. For current reporting criteria see Appendix 2-A in NYSDOH Pandemic Flu Plan. The report should be initiated on the NYSDOH CDESS. If influenza testing at Wadsworth is indicated, the Health Information Network (HIN) identification number generated needs to be included on all paperwork associated with the case, including the lab specimen submission form.
3. Receive reports from health care providers of potential human novel influenza cases to determine if the patient meets the surveillance criteria using the Novel Influenza Case Screening Form (Appendix 2-E in NYSDOH Pandemic Influenza Plan).
4. In the event of a suspected novel influenza case, provide consultation to health care providers in conjunction with NYSDOH.
5. If the patient meets the surveillance and reporting criteria for a novel influenza virus infection, review appropriate infection control precautions with the medical provider.
 - a. Respiratory hygiene and cough etiquette.
 - b. Droplet precautions when entering patient room, and
 - c. Standard precautions to include mask/respirator, gloves and gowns when indicated.
 - d. These precautions should be continued for a minimum of five days.
 - e. Home isolation may be employed if the patient is discharged.
6. Interview patients meeting the current surveillance case definition, or those with an influenza infection with an unusual clinical presentation. LHU will use the NYSDOH Novel Influenza Case Report Form (Appendix 2-B in NYSDOH Pandemic Influenza Plan) or other form being used at that time of the report to determine possible risk factors and mode of transmission. When indicated in Section 8, use the Pandemic Influenza Contact Record Form (Appendix 8-C in NYSDOH Pandemic Influenza Plan) to identify close contacts.

DRAFT

7. Be available for consultation on collection of specimens of suspected novel influenza testing.
8. In conjunction with the NYSDOH, ensure that appropriate specimens are collected and shipped (following current guidelines/regulations) for testing at Wadsworth (Attachment 2-C in NYSDOH Pandemic Influenza Plan).
9. Facilitate the transfer of specimens to the Wadsworth Laboratory according to proper procedures consistent with IATA/DOT packaging and shipping requirements.
10. In the event of a suspected novel influenza case or outbreak, Warren County Public Health will conduct follow-up, including contact investigations, when appropriate.
11. Provide surveillance of contacts of cases infected with a novel influenza virus. This may be helpful in early control efforts.
12. Consider quarantine of exposed contacts early during a flu pandemic to slow the spread of influenza in communities (Refer to Warren County Public Health's Isolation/Quarantine Plan).
13. Utilize existing resources as necessary in providing surveillance, contact investigations and follow up as needed. In the event that Warren County Public Health is overwhelmed beyond their capability they would request additional resources.

Note: the following resources may be available to assist with epidemiologic surge capacity. Just in time training will be provided for this group:

- a. Other members of the Local Health Unit (LHU)
 - b. NYSDOH
 - c. Multi-County Mutual Aid Agreements
 - d. Emergency Management Office (EMO)
 - e. Other community based organizations (i.e. RSVP)
 - f. Local Volunteers
 - g. Neighboring Jurisdictions
14. Establish and maintain (up-to-date) contact lists
 15. Investigate community outbreaks of influenza-like illness as appropriate, as above.
 16. Provide information to HCPs that would be willing to participate in the CDC Influenza Sentinel Provider Network.

Pandemic Alert Period - See Interpandemic Period

DRAFT

Pandemic Period

1. Warren County Public Health will update providers regularly throughout the influenza pandemic.
2. Warren County Public Health will facilitate testing and investigation of pandemic influenza cases.
3. Warren County Public Health will work with the NYSDOH to investigate and report special pandemic situations.
 - a. During the Pandemic Period and No Documented Pandemic Influenza Virus in NYS: Patients meeting the following clinical and epidemiologic criteria should be reported immediately to the local health department:
 - I. Severe or mild illness
AND
 - II. Within 10 days of onset travel to a locally affected area (even if no direct contact with poultry or suspect or confirmed human cases) OR occupational risk.
 - III. Once an influenza pandemic has begun, it is expected that it would only be a brief period of time before the virus is identified in NYS. Therefore, it is anticipated that individual case reporting of suspect cases during the pandemic will be brief.
 - b. During the Pandemic Period and Documented Pandemic Influenza Virus in NYS: Patients meeting the mild illness clinical criteria will be classified as a suspected Pandemic influenza case. However, individual case reporting will likely be suspended. The local and/or state health department will investigate any unusual cases reported by medical providers . Hospital infection control practitioners are able to report individual cases of influenza through the NYSDOH Communicable Electronic Surveillance System (CDESS).
 - c. Pandemic Period and No Documented Pandemic Influenza Virus in NYS: Close contact in an affected area with an ill person or non-human animal suspected or confirmed to have novel influenza virus infection. Continue education of signs and symptoms, prevention and maintain surveillance efforts.

DRAFT

Section 3: Health Care Planning

Interpandemic Period

A. Surge

1. Monitor for indications that enhanced triage capacity may be needed to assess needs and patient capacity levels. The following will be done to track this information: reviewing reports from sentinel physician, walk in clinics, emergency medical partners, community health centers, local school districts, long-term care and assisted living partners, ER surveillance and the ECLRS.
2. Participate with local partners to discuss/plan for establishment of non-traditional alternative care sites and/or diagnostic & treatment centers through community triage sites. Planning will include identification of sites and provide for the procurement of necessary equipment, supplies and staff. (See page 27 of the Warren County Public Health Emergency Response and Preparedness Plan).
3. Recruit, train and drill volunteers in preparation for a pandemic influenza outbreak. The LHD may work with County Emergency Management as well as other health care facilities and agencies to sufficiently train volunteers. Volunteers will be procured through the Public Health Preparedness Practitioner Volunteer Database located on the HIN, and community outreach. (Warren County Public Health has sent letters to county nurses, both active and retired asking for help and encouraging them to sign up on the volunteer list. Efforts are also being made to recruit local volunteers. Refer to volunteer list at Warren County Public Health Office.)

B. Emergency Medical Services

1. State and local EMS agencies and the LHD will meet and develop a plan to immunize and provide antivirals to all direct care providers and essential ancillary staff in a short period of time. These providers will be placed on the top of the priority list for distribution of antivirals and vaccinations, which will be distributed to them at a first responders POD and/or at their individual agencies. (Refer to Sections 6 and 7 for further information regarding distribution.)
2. Coordinate and collaborate with the County Emergency Manager, EMS coordinator and local transportation authorities to identify alternative means for transporting non-critically ill patients to and between medical facilities. The following will be coordinated with the above mentioned groups:
 - a. Non-critically ill patients will be transported between medical facilities by EMS providers, and/or
 - b. Non-critically ill patients will be transported between medical facilities by non EMS medical transport providers, and/or
 - c. Non-critically ill patients will be transported between medical facilities by volunteers recruited and trained by the medical facilities

DRAFT

d. Private family/cars

The following is a list of people to be contacted if alternate means for transportation are needed:

- County Emergency Manager (761-6490)
- EMS Coordinator (494-7992)
- Transportation authorities (page 53 of Warren County Public Health Emergency Preparedness Plan)
- Other County transportation contacts (DPW, Law Enforcement Agencies, OFA, et. al)

3. If needed, the liaison between the LHD and the County Emergency Medical Services Coordinator will be Assistant Director of Public Health.

C. Mass Fatality

1. The LHD will review its existing County Mass Fatality Plan for necessary updates and modifications.
 - a. The County Mass Fatality Plan describes processing and disposition of remains outside of the current county capacity.
2. Meet, at the county level, with all active local emergency managers, funeral directors, medical examiners and coroners to discuss infection control guidelines for handling the event. (A meeting is scheduled for October 11, 2006) Guidelines will include:
 - a. Infection control precautions
 - b. Personal protective equipment
 - c. Environmental disinfection

D. Work with County Emergency Management (see Warren County Public Health Mass Fatality Plan on page 28 of Warren County Public Health Emergency Response and Preparedness Plan).

1. Identify the surge capacity of the funeral firms in the county.
2. Identify the surge capacity of the Article 28 facilities in the county.
3. Identify the surge capacity at the coroner's office
4. Identify a threshold for the number of deaths within the county that will be used to determine when different aspects of the plans will be implemented.
5. Initiate communication with coroners, registrars and funeral directors regarding their plan to handle mortuary surge. The following is a list of contact information for mass fatality partners (See page 28 of the WCPH Emergency Preparedness Plan).

DRAFT

- a. Coroners
- b. Medical examiners
- c. Major funeral directors
- d. Hospitals
- e. EMS Coordinator
- f. Law Enforcement

E. General Communication and Outreach

1. Ensure that key staff members (local health departments, hospitals, health care facilities, etc.) have current HPN accounts and that an adequate number of staff are trained and assigned roles in HERDS Communication Directory. This will be done by contacting necessary group to either confirm their use or facilitate them and educate them on the use and importance of having an HPN account and being on the Directory.
2. Work with health care facilities and NYSDOH to provide public education on influenza. The LHD will keep abreast of the NYSDOH and other groups' efforts to educate the public on influenza. Any gaps will be filled by the LHD by participating in health fairs, posting and handing out educational packets and fliers and other potential forms of community education including media use and community service organizations to promote consistent message to public.

Pandemic Alert Period - See Inter-Pandemic Period

Pandemic Period

A. Surge

1. Work with NYSDOH to disseminate clear messages to health care providers to encourage expanding triage capacity/hours of operation and to inform public of triage options. The HPN, Communication Directory, Blast faxing, HAN alert system and other county means of communication will be used (phones, website).
2. Work with local County Emergency Management and local community partners to establish non-traditional care sites and community triage sites as necessary. The following is a list of non-traditional care sites that may be used if necessary:
 - a. Colleges
 - b. Schools
 - c. Churches
 - d. Community resource centers
 - e. Town Halls, Fire Houses
 - f. Hotels, Motels (Seasonal)
3. Recommend activation and deployment of volunteers to County Emergency Management to assist facilities if indicated.

DRAFT

B. HERDS/Incident Command

1. As pandemic influenza activity increases, county health staff will consult with NYSDOH regarding need to activate HERDS to begin the identification of health care provider needs and available resources.
2. Work with NYSDOH and other members of the County Emergency Management Team within incident command structure to review and make recommendations regarding prioritization of health care requests for resources. The list of contacts at the NYSDOH is on page 31 of the WCPH Emergency Preparedness Plan.

C. Emergency Medical Services

1. If EMS direct care providers and ancillary staff experience exposures to pandemic influenza, the County EMS Coordinator will implement the plan to immunize and utilize antiviral to protect these workers.
2. The County EMS Coordinator will continuously monitor gaps between demand transport of non-critically ill patients between medical facilities and available resources. IF it appears that the need is beginning to approach or exceed demand for EMS vehicles, the EMS Coordinator will communicate these gaps to the County Emergency Manager and other local transportation agencies and seek additional transport resources.
3. The County EMS Coordinator will continuously monitor gaps between demand for EMS services and available vehicles. If it appears that the need is beginning to approach or exceed demand for EMS vehicles, the EMS Coordinator will communicate these gaps to the County Emergency Manager.

D. Surveillance and Laboratory Testing - Health care providers:

1. LHD staff will regularly update providers throughout the influenza pandemic and have local health care providers consult updates on case definitions, screening, laboratory testing, and treatment algorithms for pandemic influenza by accessing the NYSDOH Health Provider Network (HPN) (<https://commerce.health.state.ny.us/hpn/>).
2. Report pandemic influenza cases or fatalities as requested by the NYSDOH. Keep informed of the NYSDOH requirement for reporting. Reports should be made to the regional epidemiologist at the NYSDOH at 408-5300.
3. Provide or facilitate testing and investigation of pandemic influenza cases.
4. Warren County labs and providers will collect recommended specimens for ongoing pandemic influenza surveillance and forward specimens as requested to NYSDOH Wadsworth Laboratory (see page 32 of WCPH Emergency Preparedness Plan).

DRAFT

5. Provide health care providers with contact information to report atypical cases, fatalities, and breakthrough infections while on prophylaxis. Receive reports from local health care providers and forward to the NYSDOH as necessary. The contact at the NYSDOH for any atypical case at 408-5300.
6. Consult with local health care providers regarding collection and shipment of specimens for ongoing pandemic influenza surveillance.

E. Infection Control-Health care Facilities:

1. Regularly access the HAN for new information and changes in guidance for pandemic influenza and disseminate to direct care providers.
2. Initiate conservative infection control measures when the pandemic reaches the geographical borders identified during pandemic planning.
3. Report to appropriate public health entity (i.e., Article 28 facilities to the NYSDOH; non-Article 28 facilities to the local health department) when complex situations necessitate alterations of infection control practices (e.g., shortages of PPE, routine outbreak control measures ineffective). Contact information will be made available to health care providers to contact if alterations to infection control practices are necessary:
 - a. NYSDOH
 - b. LHD

F. Mass Fatality (Refer to County Mass Fatality Plan on page 28 of WCPH Emergency Response and Preparedness Plan for further detail)

1. Work with County Emergency Management and other appropriate County officials to:
 - a. Assess refrigeration storage needs and utilization.
 - b. Monitor the available capacity of the funeral firms in the county.
 - c. Monitor (HERDS) the available capacity of the Article 28 facilities in the county.
 - d. Monitor the available capacity at the medical examiners/coroners office.
 - e. Track progress toward fatality thresholds established in county plan. The appropriate county official may direct mass dispositions based on the number of deaths, the surge capacity of funeral homes and cemeteries and the availability of persons to oversee body dispositions.
2. Collaborate with the County Medical Examiner and local Emergency Manager to instruct and inform hospitals on disposition of deceased in the situation of mass fatality.

DRAFT

G. Communication

1. Work with NYSDOH to regularly update providers with consistent messages as the influenza pandemic unfolds. Provide health care providers and other relevant medical personnel and volunteers with clear and concise means to access the most updated information. Establish a clear and concise method for informing the above-mentioned groups on any relevant information (Refer to Communication Section of WCPH Emergency Response and Preparedness Plan, pages 54-56).

DRAFT

Section 4: Infection Control Measures for Pandemic Influenza Planning

Infection Control Measures for All Public Health & Office Staff in the event of an outbreak of novel influenza

Public Health measures for universal respiratory hygiene and cough etiquette will be helpful when averting the spread of influenza. Infection control measures are meant to prevent disease transmission by providing the knowledge and skills necessary to choose and maintain appropriate precautions.

The Goals of Infection Control practice are:

1. To ensure a consistent high standard of infection control anywhere care is delivered
2. To ensure health care setting is implementing evidence based infection control practice
3. To ensure proper personal protective equipment is available
4. To ensure all staff continually work to reduce risk

Measures to assist with reducing risk to all staff will include:

1. All staff will be strongly encouraged to receive seasonal flu vaccine.
2. Surgical masks will be provided for staff use.
3. N95 respirators and droplet precautions will be used when entering the home of any known influenza patient and around any symptomatic person.
4. Hand hygiene and respiratory hygiene stations consisting of tissues, face masks and hand hygiene gel will be available throughout the office for use of staff. Biohazard bags will be attached for disposal of soiled items.
5. Signs will be posted at each entry door with instructions for public; requesting no entry of any person symptomatic with respiratory illness.
6. Posters to promote hand hygiene and cough etiquette will be posted.
7. Routine office clinics will be cancelled during any pandemic outbreak.

Interpandemic Phases 1 and 2

A. Warren County Public Health shall provide epidemiological assistance and infection control consultation for the prevention and control of pandemic influenza in non-Article 28 facilities and community settings.

1. Schools and businesses shall report absenteeism rates and symptoms to the local health department according to procedures established by the local health department.
2. Health care practitioner offices shall report symptoms and prevalence of cases related to pandemic influenza to the local health department according to procedures established by the local health department.
3. Local health department staff will provide consultation and assistance regarding infection control and personal protective equipment (PPE) to schools, businesses, and health care

DRAFT

practitioner offices including dissemination of APIC recommendations and guidelines when published.

4. The local health department may recommend closures or cancellation of large social gatherings such as schools, community groups and sporting events.
- B. Warren County Public Health shall adhere to recommended infection control practices to prevent exposure to, and transmission of, seasonal influenza when performing duties within health care settings or health-related functions like POD (point of distribution) sites. Some of the infection control practices to be followed include:
1. Limiting visitors and encouragement of social dispensing;
 2. Use of personal protective equipment for staff and symptomatic patients;
 3. Environmental surface cleaning with disinfectants on a frequent schedule;
 4. Promotion of hand washing and respiratory hygiene measures;
 5. Encourage ill staff not to report to work;
 6. Initiation of APIC, NYSDOH and CDC recommendations when published and distribution of the recommendations to all health care practitioners in the county.
- C. Warren County Public Health shall incorporate the infection control practices outlined above into its clinics and home health care agency operations.
- D. Warren County Public Health shall monitor geographical areas in bordering regions, states, and counties that would trigger initiation of more strict infection control measures in the county should pandemic influenza cases become prevalent in those areas. If an outbreak is identified in a bordering area, the local health department in coordination with NYSDOH and the local Emergency Management team shall initiate a public information campaign to discourage non-essential public travel to and from such areas and shall conduct surveillance of airline passengers who travel into the county or region from areas where pandemic influenza is prevalent. For Warren County the following geographical areas shall be monitored for indication of outbreaks:
- a. Capital District Region
 - b. Neighboring Counties

Pandemic Alert Period Phases 3 and 4

- A. The agency will prepare any new or revise any educational materials as necessary for partners, health care facilities, schools and businesses.

DRAFT

- B. Accurate and consistent infection control information will be provided to the public as necessary.
- C. Hand and respiratory hygiene measures will be instructed and stressed to staff and the community.

Pandemic Alert Period Phase 5

In addition to all infection control measures in previous phases:

- A. Ensure that the case definition for pandemic influenza is up to date.
- B. Receive and review all epidemiological information immediately.
- C. Update HIN Communications Directory for Infection Control Contacts as necessary.
- D. All respiratory protective equipment for staff use will be clearly accessible.
- E. Enhance surveillance measures for outbreaks in institutions.
- F. Disseminate all educational materials as it is received from the CDC and NYSDOH as necessary.
- G. Follow up on all positive reports as necessary or as directed from NYSDOH and conduct case investigations as directed.
- H. Review isolation and quarantine policies for current practice needs and update as necessary.
- I. Keep public informed of infection control measures to reduce risk.
- J. Maintain communication with health care providers regularly to ensure they have the most current directives.
- K. Communicate conservative infection control procedures to local facilities.

Pandemic Alert Period Phase 5 and Pandemic Period Phase 6

In addition to all infection control measures in previous phases:

- A. Intensify surveillance measures as necessary.
- B. Initiate Agency Continuity of Operations Plan
- C. Initiate contact tracing as necessary.
- D. Intensify infection control measures as required.
- E. Absenteeism of staff will be monitored.
- F. No symptomatic staff will be allowed to work.
- G. CDC or HIN health advisories and bulletins will be monitored daily or more often as needed.
- H. Ensure all providers have the necessary information tools to report all cases.
- I. Surveillance with area health care facilities will be monitored daily.

Infection Control Precautions for caregivers in the home of a novel influenza patient: (Refer to NYSDOH Pamphlet on Homecare Protocols)

- A. Educate family members and caregiver in frequent hand washing, especially after contact with influenza patient.

DRAFT

- B. Caregiver may wear a surgical mask.
- C. Patient should wear a surgical mask if/when transported.
- D. Soiled dishes and utensils should be washed in the dishwasher or with very hot water with soap.
- E. Laundry of the infected person should be washed in a standard washing machine with warm water and soap. Hands must be washed after handling soiled linen.
- F. Tissue used by the patient should be put in a plastic bag and disposed of with household waste.
- G. Environmental surfaces in the home should be washed frequently with household cleaners or a 10% bleach solution.

Standard Precautions

The Centers for Disease Control (CDC) recommend the following practices for the prevention of blood-borne pathogens. Training on these guidelines is mandated annually for all individuals who are identified as at-risk to occupational exposure for blood-borne pathogens.

Hand Care:

1. Wash hands with soap and water frequently.
2. Wash hands before and after all patient care. Wash hands immediately after exposure to blood and/or body fluids and after removing disposable gloves.
3. If working with heavy cleaning activities, each individual should have his/her own pair of utility gloves to wear during at-risk activities, and wash and disinfect gloves after each use.
4. Avoid chapped and cracked hands if possible. Use a water-based hand lotion frequently. Petroleum-based products and Vaseline break down latex.

Protective Barriers should be worn at all times when working with blood or blood products or body fluids or waste that may contain blood

1. Protective eyewear should be worn whenever there is a risk of eye splash.
2. Gowns, boots, and masks should be worn when risk of contamination to clothes, feet, or face.

Individual with open or draining lesions should not work directly with other people while lesion is open or draining.

Do not Recap, shear, or break needles at any time.

Discard needles and sharp objects in protective containers immediately.

Sterilize or disinfect reusable equipment that is to be used for more than one person. Do not share equipment between patients without being cleaned between each patient.

Place items that contain a lot of blood in a biohazard plastic bag.

DRAFT

Resuscitation: Mouthpieces or resuscitator bags should be used whenever resuscitation is carried out.

In addition to Standard Precautions, the following transmission precautions will be used during pandemic flu outbreak:

AIRBORNE PRECAUTIONS

In addition to Standard Precautions:

1. Used for germs that are transmitted by inhaling air-dried particles that can remain suspended in the air for hours.
2. Diseases - Influenza
3. Add Contact Precautions for Pandemic Flu

AIRBORNE PRECAUTIONS

In addition to Standard Precautions:

1. N95 respirator mask when entering home.
2. Surgical mask on patient if transport is necessary.

CONTACT PRECAUTIONS

In addition to Standard Precautions:

1. Transmitted by direct and indirect contact with the patient of the patient's environment

CONTACT PRECAUTIONS

In addition to Standard Precautions:

1. Wear gloves at all times.
2. Everything in the home is considered contaminated.
3. Wear gown.
4. Maintain contact precautions when transport is necessary.
5. Dedicated equipment.

DRAFT

Section 5: Clinical Guidelines

Interpandemic Period

- A. Warren County Public Health will utilize Section 5 - Clinical Guidelines of the NYSDOH Pandemic Flu Plan for the clinical procedures for initial screening, assessment, and management of patients with suspected novel influenza during Interpandemic and Pandemic Alert Periods and for patients with suspected pandemic influenza during the Pandemic Period. The appendices include information on the clinical presentation and complications of seasonal influenza, the clinical features of infection due to avian influenza (H5N1) virus and previous pandemic influenza viruses, and the management of patients of community-acquired pneumonia or secondary bacterial pneumonia during a pandemic. (Appendix 7 -18 of NYSDOH Pandemic Flu Plan.)
1. During the Interpandemic and Pandemic Alert periods, early recognition of illness caused by a novel influenza A virus strain will rely on a combination of clinical and epidemiologic features.
 2. During the Pandemic Period (in a setting of high community prevalence), diagnosis will likely be more clinically oriented because the likelihood will be high that any severe febrile respiratory illness is pandemic influenza.
 3. During the periods in which no human infections with a novel influenza A virus strain have occurred anywhere in the world (Interpandemic Period: Phases 1,2; see (NYSDOH Pandemic Influenza Plan Appendix 5-A), [Appendix 7] or when sporadic cases of animal-to-human transmission or rare instances of limited human-to-human transmission of a novel influenza A virus strain have occurred in the world (Pandemic Alert Period: Phases 3, 4), the likelihood of novel influenza A virus infection is very low in a returned traveler from an affected area who has severe respiratory disease or influenza-like illness. Since human influenza A and B viruses circulate worldwide among humans year-round, the possibility of infection with human influenza viruses is much higher and should be considered.
 4. Once local person-to-person transmission of a novel influenza A virus strain has been confirmed (Pandemic Alert Period: Phase 5), the potential for novel influenza A virus infection will be higher in an ill person who has a strong epidemiologic link to the affected area (NYSDOH Pandemic Influenza Plan Appendix 50A), [Appendix 7].
- B. This section is designed to serve as a guideline for clinicians, with the understanding that the management of influenza is based primarily on sound clinical judgment regarding the individual patient as well as an assessment of locally available resources, such as rapid diagnostics, antiviral drugs, and hospital beds. Early antiviral therapy shortens the duration of illness due to seasonal influenza and would be expected to have similar effects on illness due to novel or pandemic influenza viruses (see Section 7: Antiviral Medication Procurement, Distribution and Use). Clinical management must all address supportive care and management of influenza-related complications.

DRAFT

C. Warren County Public Health will:

1. Assist in educating health care providers about pandemic influenza; utilizing the NYSDOH brochures/guidelines.
2. Provide consultation and investigation of suspected novel influenza cases to health care providers in conjunction with the state health department.
3. Consult on collection of specimens of suspected novel influenza testing.
4. Facilitate the transfer of specimens to the Wadsworth Laboratory, following procedures consistent with IATA/DOT packaging and shipping requirements. Glens Falls Hospital has certified individuals familiar with the IATA/DOT packaging and shipping requirements.
5. Conduct follow-up of suspected novel influenza cases, including contact investigations, when appropriate. Will work with NYSDOH to:
 - a. Identify critical resources for epidemiologic surge capacity.
 - b. Personnel needed to assist with epidemiological investigations.

Pandemic Alert Period - See Interpandemic Period

Pandemic Period

Warren County Public Health will:

- a. Update providers regularly as the influenza pandemic unfolds.
- b. Provide or facilitate testing and investigation of pandemic influenza cases.
- c. Work with NYSDOH to investigate and report special pandemic situations.

DRAFT

Section 6: Vaccine Procurement, Distribution and Use

Interpandemic Period

Once available, vaccination against the circulating pandemic influenza virus will be a major focus of Warren County's pandemic response efforts. Vaccine will be vital to reducing morbidity, mortality and minimizing social disruptions by maintaining essential services. It is unknown when a vaccine will be available and once available, supply may be limited.

- A. Warren County Public Health will continue to administer seasonal influenza and pneumococcal vaccinations during the interpandemic and pandemic periods until a pandemic vaccine is available. The administration of annual influenza vaccine should improve the success of the pandemic influenza vaccination program by reducing the possibility of co-infection and to maintain and develop influenza vaccine infrastructure. Warren County Public Health will also appropriately use and administer pneumococcal vaccinations to protect our most vulnerable populations from the sequela of pneumococcal pneumonia.
- B. In the early stages of a Pandemic, the supply of vaccine will be very limited. The CDC will be providing epidemiologic information and guidelines for the prioritization of vaccine distribution and use. The following is a list of the hard to reach groups/populations identified within Warren County that may require vaccination:
 1. Disabled
 - a. Blind and visually impaired
 - b. Hearing impaired
 - c. Chronically ill and Immune Compromised
 - d. Developmentally disabled
 - e. Mental Illness
 2. Age
 - a. Frail elderly
 - b. Pregnant women
 - c. Mothers with newborns
 3. Geographic isolation
 - a. Homebound
 - b. Homeless
 - c. Subsidized housing residents
 4. Special Population
 - a. Language barriers
 - b. Poverty
 - c. Prisoners
 - d. Summer Student International Workforce

DRAFT

- C. In the early stages of a pandemic, the supply of vaccine may be very limited. Priority groups will be determined based on recommendations from the CDC, NYSDOH and epidemiological information. (See Appendix 6-A in the NYSDOH Pandemic Influenza Plan for Priority Groups).
 - 1. It is possible that some vaccine already developed will become available to vaccinate those in priority groups. Pre-Pandemic priority groups may be different from the priority groups for pandemic vaccination.
 - 2. Warren County Public Health will conduct an outreach campaign using local print media, radio stations, television stations, outreach to churches and other organizational and human service groups, public meetings, etc., to explain why prioritization is needed.
- D. Vaccination Clinics in the inter-pandemic period will target priority groups. Priority groups will be required to show ID to determine eligibility. Warren County Public Health will contact health care facilities/medical officers to utilize multiple partner agencies to distribute vaccines, coordinate systems to disperse vaccine and provide vaccine clinics or PODs when appropriate.
- E. Public Health Preparedness planning, including mass distribution of vaccine is an on-going public health preparedness activity at Warren County Public Health.
- F. Warren County Public Health will plan for the use and training of non-licensed persons to administer vaccine by utilizing just-in-time training.
 - 1. If additional staffing is needed, the American Red Cross, NYSNA volunteers, Citizens Corp and polling volunteers will be activated by the Warren County Office of Emergency Management to support POD/Mass Vaccination Clinic activities including the administration of vaccine if needed.
 - 2. Warren County Public Health will work with the Office of Emergency Management to provide POD/Mass Vaccination Clinic trainings including how to administer a vaccination for Warren County EMS teams.
 - 3. Warren County Public Health will also recruit county employees to work at the PODs in the event of a public health emergency.
- G. Data Collection
 - 1. Warren County Public Health staff will participate in the development of the vaccine data management system with the NYSDOH Data Management Workgroup as requested, when available.
 - 2. Warren County Public Health staff will participate in the vaccine data collection system (HIN Coordinator and clerks). NYSDOH will provide training/guidelines for health care partners who will be using the system of collecting data to input into the system.

DRAFT

Pandemic Alert Period

- A. Ensure that human resources and logistics are in place to begin vaccinations and mass clinic plans.
- B. Coordinate activities with bordering jurisdictions, if necessary.

Pandemic Period

- A. Fully activate the vaccination and mass clinic plans.
- B. Warren County Public Health will continue to administer seasonal influenza and pneumococcal vaccinations during pandemic period until a pandemic vaccine is available. The administration of annual influenza vaccine should improve the success of the pandemic influenza vaccination program. The goals will be to appropriately use and administer pneumococcal vaccinations to protect our most vulnerable populations from the sequela of pneumococcal pneumonia. (See Pre-pandemic Section 6A)
- C. Warren County Public Health will work with the NYSDOH to distribute, deliver, administer and track (pre-pandemic) vaccine to designated priority groups.
 1. Warren County Public Health RN staff will log vaccine received into a vaccine log sheet. The following information will be documented when vaccine is received:
 - a. The name of the vaccine
 - b. Lot #
 - c. Number of doses received
 - d. Date received and
 - e. Name of the person who received the vaccine shipment
 2. Vaccine that is delivered to health care facility(ies) or MD offices for priority health care workers or other identified priority groups will be tracked using a vaccine-tracking sheet. The following information will be documented on the tracking sheet:
 - a. The name of the vaccine
 - b. Received by
 - c. Distributed by
 - d. Lot #
 - e. Date distributed
 - f. Where it was distributed
 - g. The number of doses distributed
 - h. Date administered
 - i. The number of doses administered
 3. Once all doses have been administered, the tracking forms must be returned to the Warren County Public Health Immunization Coordinator or designee.

DRAFT

- D. Warren County Public Health will keep providers and other health care partners informed about projected timelines for availability of vaccines including updates and changes by using the HIN ALERT system and/or blast faxing and/or phone.
- E. Warren County Public Health will ID and locate priority groups in preparation of available vaccine by contacting their partners for an up-to-date list and communicate any changes and updates in priority group designations to health care partners and providers by utilizing the HIN ALERT system, phones and/or blast faxing.
- F. After a vaccine becomes available, Warren County Public Health will:
 - 1. Work with NYSDOH, CDC and health care partners to distribute, deliver, administer and track pandemic vaccine to priority groups.
 - 2. Phase-in vaccinations for the remaining population of the county, after priority groups have been vaccinated.
- G. Vaccine Safety Monitoring - Warren County Public Health will:
 - 1. Establish an adverse event monitoring system based on the requirement of the statewide system and the already established VAERS system.
 - 2. Identify which staff would be responsible for adverse event monitoring.
 - 3. Identify which staff would provide medical consultation for adverse events on the local level.
 - 4. Disseminate information on the adverse event monitoring system to local health care partners.
 - 5. Follow the established guidelines from CDC and the NYSDOH to plan for IND/EUA protocols.
- H. Pandemic Phase - before and after a vaccine is available
 - 1. Implement the adverse event monitoring system.
 - 2. Collect reports on adverse events from providers and patient and provide the information to the NYSDOH and VAERS.
 - 3. Conduct adverse event case investigations.
 - 4. Participate in vaccine efficacy or adverse event studies as needed.
 - 5. Provide medical consultation for local adverse events utilizing Warren County Health Department's Medical Consultant and/or designee.
 - 6. Update health care partners on new adverse events or updates on the vaccine adverse event profile by utilizing the HIN ALERT system, phones or blast fax.
 - 7. Participate in active surveillance
 - 8. Implement IND or Emergency Use Authorization protocols, if needed, as directed by CDC and the NYSDOH.

DRAFT

I. Data collection - Warren County Public Health will:

1. Activate and use the data collection system.
2. Provide feedback to the NYSDOH, if experiencing any difficulty in utilizing the system.
3. Ensure that all vaccine data elements are complete such as VIS.

DRAFT

Section 7: Antiviral Procurement Distribution and Use

Interpandemic Period

Treatment strategies for optimizing the use of limited stocks of antiviral drugs will vary depending on the phase of the pandemic. Recommendations for optimal use of limited stocks of antiviral will be updated throughout the course of an influenza pandemic to reflect new epidemiologic and laboratory data.

Treatment: See NYSDOH Pandemic Influenza Plan Section 5: Clinical Guidelines

A. Strategies for Use of Antiviral

1. Warren County Public Health and local health care partners will continue the use of antiviral to control nosocomial outbreaks as available and recommended.
2. Warren County Public Health will implement protocol for the use of an Investigational New Drug (IND/Emergency Use Authorization (EUA) protocol as directed by NYSDOH. This protocol will be reviewed by the County's Medical Director and the Professional Advisory Committee (PAC).
3. Warren County Public Health has a plan for the rapid implementation of treatment, prophylaxis, and PEP (post exposure prophylaxis) protocols of county residents or any portion of those residents. This Point of Distribution (POD/SOG) plan can and will be used for any type of clinic response.
4. Warren County Public Health in conjunction with its partners will determine the size of priority groups as established by the CDC and the NYSDOH guidelines. (See Appendix 6-A Recommendations of the NYSDOH Pandemic Influenza Plan)
5. Warren County Public Health will respond immediately to the NYSDOH Alert regarding pandemic phase and type of group being considered for antiviral distribution.
6. Protocol for antivirals
 - a. Assess local availability antivirals at private and hospital pharmacies
 - b. When need arises antivirals will be requested through Warren County EMO, activating the SNS Plan.

B. Prioritization

1. Warren County Public Health will identify those individuals who are in the defined priority groups in local jurisdictions for antiviral use. Refer to the NYSDOH Pandemic Flu Plan regarding Vaccine Priority Group Recommendations (Appendix 6-A).
2. Warren County Public Health's PIO will communicate with the media and health care partners about prioritization decisions.

DRAFT

3. Warren County Public Health and its partner agencies will determine the number of persons in each priority group in its jurisdiction. (Health care workers, First responders, critical infrastructure, etc.)
4. Warren County Public Health will plan for mass administration of antiviral to priority groups as indicated.

C. Antiviral Medication Safety

Adverse events associated with antiviral drug use inevitably will occur. Adverse events are currently monitored nationally by FDA's MedWatch system. The NYSDOH will set up an antiviral safety monitoring system that will coordinate with the MedWatch system. Important components of antiviral safety planning include evaluations of antiviral drug effectiveness and resistance contraindications, adverse event monitoring, and the use of an Investigational New Drug protocol.

1. Warren County Public Health will follow antiviral adverse event monitoring procedures, which will be provided by the NYSDOH monitoring system.
2. Warren County Public Health will identify staff members who will be responsible for adverse event monitoring. This may include: communicable disease staff, contact investigators, immunization team, and CHHA.
3. Warren County Public Health will identify physicians who can provide medical consultation for adverse events. This may include: Infectious Disease Medical Consultant and Medical Directors, Regional and Central Offices of NYSDOH, and Regional Resource Center (RRC). Other local providers may be asked to provide information and guidance during a pandemic event.
4. Warren County Public Health will report and investigate adverse events per the NYSDOH recommendations.
5. Warren County Public Health will continue active surveillance based on the NYSDOH recommendations and county-established guidelines.

D. Data Collection

1. Warren County Public Health will continue to participate in the data collection system established by the NYSDOH in reference to antiviral effectiveness, supply and distribution, safety and other needed data as directed by NYSDOH.
2. Assist in providing information on data collection to staff and health care partners.
3. Appropriate staff will be educated regarding their roles and responsibilities in this system. This may include both paid and/or volunteer staff. Just-in-time training will be used for both types of staffing.

DRAFT

Pandemic Alert Period - See Interpandemic Section

Pandemic Period

A. Strategies for use of Antiviral

1. No Pandemic Influenza detected in the United States or only sporadic cases reported in the United States.
 - a. Warren County Public Health and local health care partners will continue the use of antiviral to control nosocomial outbreaks.
 - b. Plan for the use of recommended antiviral drugs in the management of persons infected with novel strains of influenza and their contacts.
 - c. Work with health care providers to disseminate public health guidance that encourages drug-use practices that help minimize the development of drug resistance.
2. When Pandemic Influenza is detected in the United States.
 - a. In conjunction with NYSDOH, CDC, and health care partners, Warren County Public Health may administer antivirals to control the spread of disease in small cluster outbreaks or outbreaks in contained settings utilizing local supplies.
 - b. Trace (by phone when possible) and prophylax close contacts of confirmed cases if authorized to do so by the CDC and the NYSDOH. Prophylaxing will be accomplished, under the direct supervision of Warren County Public Health by the following: Infection control measures will be utilized to minimize risk of transmission.
 - i. Direct delivery of antiviral medications to contacts' homes for those who are truly homebound.
 - ii. Set up of small clinics (appointment only vs mass, if feasible)
 - c. Warren County Public Health may assist with the distribution and administration of antiviral to identified priority groups when a larger amount of the population needs to be protected, local stocks have been depleted and the SNS is activated.
 - d. Warren County Public Health will implement mass distribution of antiviral as needed utilizing appropriate infection control measures. See Warren County POD and SNS Plan.
3. When there is widespread transmission of Pandemic Influenza in the United States.
 - a. Distribute information about changes in the prioritization guidelines, viral susceptibility, resistance, or supply availability using press releases to all available media outlets and health care providers.

DRAFT

- b. Assist with the distribution and administration of antiviral to identified priority groups. Refer to SNS and POD plan.
- c. Decrease use of antiviral as needed once a vaccine is available. (See Section 6: Vaccine Procurement, Distribution and Use of the NYSDOH Pandemic Influenza Plan)
- d. If antivirals are available, continue mass distribution of these antivirals, if needed.

B. Prioritization

- 1. Follow guidelines as directed by CDC and the NYSDOH for administration of antivirals.
- 2. Activate plans for distributing and administering antivirals.
- 3. Distribute and deliver stockpiled supplies of antiviral, as appropriate, to agencies that will administer them to priority groups.
- 4. Communicate updates in the guidelines for appropriate use of antiviral as the pandemic continues.
- 5. Continue to work with health care providers to ensure appropriate use of antiviral in the medical management of early cases and contacts.
- 6. Encourage health care providers to follow the NYSDOH guidelines.

C. Warren County's SNS Plan will address the following:

- 1. Primary and secondary county staging sites where assets may be delivered.
- 2. Information regarding potential vaccine/antiviral resources in the county, i.e., Glens Falls Hospital and all pharmacies within the county (Refer to Pharmacy Contact List, page 38 of the WCPH Emergency Response and Preparedness Plan.)
- 3. Ensure the proper storage of any items received.
- 4. Security of items received both at the county staging site and at the POD in accordance with the State Education Department Board of Pharmacy standards.
- 5. Staffing requirements at county designated PODs to maintain patient safety, including staffing, to screen patients for contraindications.
- 6. Ensure medical consultation, if needed/as appropriate.
- 7. Immunization and/or dispensing of medications in accordance with the NYSDOH and State Education Department requirements.

DRAFT

8. Utilization of volunteer systems, if needed, within the County.
9. A distribution plan to support local sites such as hospitals, nursing homes, POD sites, and local health care providers.
10. Tracking the dispensing information for vaccine/antiviral by lot number and amount.
11. Responsibility for any undistributed assets until they are returned to the State.

D. Antiviral Medication Safety

1. Investigate and report all antiviral adverse events as aware and as directed by NYSDOH.
2. Engage in active surveillance of antiviral adverse events, as directed by NYSDOH.
3. Distribute state approved forms to providers and patients as needed.
4. Work with the NYSDOH and CDC to monitor resistance and effectiveness of antiviral, as directed.
5. Encourage clinicians to obtain specimens from patients who develop severe disease while receiving treatment of prophylaxis.
6. Provide protocols and information to health care providers and encouraging hospitals to download state approved forms for distribution to patients.

E. Data Collection - Warren County Public Health will:

1. Track antiviral supply in the county and redistribute as needed and permitted.
2. Collect NYSDOH required data using the data collection system established during the interpandemic phase.
3. Provide feedback on the use of the data system to the NYSDOH reporting any problems encountered or modifications needed.

DRAFT

Section 8: Travel-Related Disease and Community Prevention

A. Travel Related Strategies

1. Warren County Public Health will promote awareness of CDC and WHO travel advisories via multiple sources of communication (e-mail, faxes, phone calls, TV, etc.)
2. Warren County Public Health will assist, as needed, with investigations of illness among travelers returning from affected areas and implement isolation and quarantine as appropriate, and directed by NYSDOH.

B. Isolation and Quarantine

1. Warren County Public Health has submitted an isolation/quarantine protocol to NYSDOH according to June, 2005 guidance. Refer to Warren County's I/Q Plan.

C. Community Containment

1. In collaboration with local partners, including law enforcement, first responders, health care facilities, mental health professionals, local businesses, and the legal community, Warren County Public Health is developing a community response plan for Pandemic Influenza that considers community-level containment measures to decrease social contact within groups or whole communities (e.g., cancellation of public events, closing recreational facilities, closing public buildings/commercial facilities, implementing snow days, and encouraging self-shielding behaviors).
 - a. Warren County Public Health will rely on guidance from NYSDOH regarding the "trigger" points to initiate social distancing.
 - b. The necessary legal steps to this process will be implemented as per county policy. See Warren County Public Health Preparedness and Response Plan, page 13.
 - c. Communication regarding this action will occur through the established communication networks in the Warren County Public Health Emergency and Response Plan, page 54.
2. Promote individual and family preparedness in the event widespread community containment measures are implemented. Community education programs will be initiated for stakeholders. This will be an ongoing process and will be delivered in the following manner by Warren County Public Health:
 - a. Utilize teaching resources provided by CDC, NYSDOH or locally developed tools. These programs will be delivered to constituents to cover pandemic as well as general preparedness guidance. Respiratory etiquette and social isolation will be key components of these programs.

DRAFT

- b. Roll out preparedness activities through avenues such as county government, town board meetings, public requests, senior living, county websites, newsletters, community organization, and newspapers.
- c. Seek the assistance of partners to assist with education programs by sharing information.

D. Community Support

- 1. Warren County Public Health will utilize the ICS and will seek the assistance of Emergency Management to conserve, track and utilize local resources in an efficient manner. Warren County Public Health will do all that it is able within the limits of its resources both human and physical to meet the needs of the public by working with community partners who also may have resource limits. Emphasis must be placed on individual responsibility and encourage self-preparedness and neighborhood assistance as discussed in C-2.
 - a. A list of county resources has been developed as per Warren County Public Health Isolation and Quarantine Protocols. See Isolation and Quarantine Plan, page 2 of Involuntary Isolation.
 - b. Consider the assistance of a central resource of referral information to the community caller or to serve as a call center to make an assessment of the needs of the caller. This information could then be forwarded to the appropriate individual/agency/department for follow-up.
 - c. Educate community partners regarding their role in the pandemic planning process by referring agencies to the CDC checklists at <http://www.pandemicflu.gov> during the education rollout in the county. These partners may include faith organizations, county departments (Social Service, Office of the Aging), schools, businesses, local hospital and community health centers.
 - d. Utilize the special needs communication plan to reach target populations located in the Warren County Public Health Emergency Response and Preparedness Plan - Appendix G.

Pandemic Alert Period - See Interpandemic Period

Pandemic Period - See Interpandemic Period

DRAFT

Section 9: Communications

Interpandemic Period

- A. Contact information for key public information partners will be maintained and updated as information changes in the communications directory. The Commerce communications directory will be used for emergency and/or informational notifications. This contact information is also located in the Warren County Public Health Response and Preparedness Plan.
- B. Pre-event social marketing will be developed in conjunction with NYSDOH and local health departments; a unified message can be distributed across the region related to Pandemic Influenza (Refer to HIN and CDC websites).
 - 1. Provide clear information to distinguish between the difference in human risk of HPAI in New York and an influenza pandemic.
 - 2. Employ social marketing strategies to normalize risk reduction behaviors such as hand hygiene and respiratory etiquette.
 - 3. Provide public health information and education on appropriate use of masks.
- C. The Public Information Officer or his/her designee will conduct media interviews/public service announcements. Key local preparedness partners have been identified. Contact information is updated as information changes.
- D. Communicate with other local health departments and the provider community through alternate channels such as the HIN, HPN, HERDS and professional/industry organizations.
- E. Warren County Public Health will conduct town board meetings with local preparedness partners to educate communities about pandemic influenza and the public's crucial role. Some of the objectives of the town board meetings are to:
 - 1. Alert the public to their own critical role in pandemic preparedness and response,
 - 2. Reinforce the message that in severe pandemic, actions of individuals, businesses and community organizations, as much as those of government, will greatly determine the outcome.
 - 3. Stress that preparing for an responding to a pandemic is not something that state or local health officials or local elected leaders can do alone - pandemic planning must be everybody's business.
- F. Special Needs Populations have been identified. Communication vehicles and channels to reach Special Needs Populations (e.g., undocumented aliens, rural isolated individuals, homeless individuals, etc.) will include but are not limited to: local media, local fire departments, Red Cross, local hospitals, certified home health agencies, local law enforcement, faith community leaders, community based organizations, DSS, and agencies already serving these populations.

DRAFT

- G. During an actual event, Warren County Public Health will participate in a Joint Information Center (JIC) to provide a unified message to residents. The Public Health Director or his/her designee will be spokesperson for Warren County Public Health.
- H. Updates will be posted on the Warren County Public Health websites; which can be accessed via www.co.warren.ny.us.
- I. A public call center will be established and maintained, if appropriate.
- J. Steps to reduce the risks of illness will be communicated through local media, county public website, and other means deemed appropriate at the time of the incident.

Pandemic Alert Period - See Interpandemic Section

Pandemic Period

- A. Warren County Public Health will utilize the incident command structure to assist in coordination of a risk communication message. Thorough collaboration with NYSDOH and other key partners will enhance the message consistency.
- B. If the incident establishes a Joint Information Center (JIC), Warren County Public Health will participate in a JIC, and/or schedule regular media briefings and/or telebriefings.
- C. Warren County Public Health will request through the emergency operations center to activate a public call center and provider helpline.
 - 1. The call centers will be provided with risk communication messages related to the incidents. The messages will be created through the incident command structure and approved by the incident commander prior to release. The messages will be specific for "worried well", promoting pneumococcal vaccination, reinforcing respiratory etiquette and hand hygiene, messages on community containment, travel alerts, etc.
 - 2. Warren County Public Health will reinforce the risk communications messages by use of media, public service announcements, etc.
- D. Warren County Public Health along with many key partners like emergency services and the Red Cross have continually promoted the importance of personal preparedness. The promotional efforts have been ongoing for many years, through public outreach at health fairs, county fairs, emergency services educational events., etc. In the event there is an incident, the shelter in place message will be communicated to the public via public service announcements, flyers, media, websites, etc. The following topics are a sample of the promoting awareness of activities that will allow people to "shelter in place", if necessary, e.g.

DRAFT

1. Have a three-week supply of food and water and non-perishable foods in your home.
2. Have a well-stocked first aid kit, including medications to reduce fever and pain, and fever thermometer.
3. Have a wind up or battery operated radio or TV.

DRAFT

Section 10: Training and Education

This section outlines the Training and Education activities of the Warren County Public Health Pandemic Influenza Plan to ensure that health care providers, public health staff, health care facilities and partners are appropriately educated and trained on the issues relevant to a pandemic influenza outbreak, and have access to appropriate resources.

For further information on the scope and objectives of this process refer to the NYSDOH Pandemic Influenza Plan Section 10, page 2.

Interpandemic Phase

- A. Warren County Public Health will plan and participate in tabletop exercises and other collaborative preparations to assess preparedness and identify and resolve potential problems.
- B. Warren County Public Health will participate in regional tabletops to identify gaps in planning and to provide a consistent mechanism to address those gaps.

Pandemic Phase

- A. In coordination with NYSDOH, Warren County Public Health will identify partner organizations to assist in dissemination of educational materials and assure current contacts, willingness to collaborate and coordinate, and the ability to distribute materials in various formats. These partner organizations will include:
 - 1. NYSDOH Officials
 - 2. Warren County Public Health Communicable Disease Staff and NYSDOH epidemiology staff
 - 3. Warren County Public Health immunization program staff
 - 4. Local and State laboratories
 - 5. Warren County Office of Emergency Management (EMO)
 - 6. Warren/Washington Counties Office of Community Services
 - 7. NYS State Office of Emergency Management (SEMO)
 - 8. County, Health Department, and NYSDOH communications systems technologists
 - 9. School boards and administrators/BOCES
 - 10. Local media
 - 11. Office for the Aging (OFA)
 - 12. Social service agencies
 - 13. Red Cross
 - 14. Law enforcement, fire departments and emergency medical services
 - 15. Local medical and dental providers
 - 16. Community health centers
 - 17. Hospitals, nursing homes, assisted living, long term care
 - 18. Hospice and palliative care providers
 - 19. Home health care providers
 - 20. Coroners, funeral directors

DRAFT

21. National Guard
22. Industries and employers in Warren County
23. Seasonal facilities (children's camps, arts centers, recreational venues, etc.)
24. Aviation authority and others providing air support and transport
25. Public utilities
26. County elected officials
27. County financial officers, auditors, and heads of centralized procurement and resource support
28. NYS Ag & Market authorized official
29. NYS Department of Environmental Conservation (DEC)

Please refer to NYSDOH Pandemic Influenza Plan Section 20, page 4, for additional partner organizations.

- B. Coordinate with partner organizations and appropriate providers as listed above in preparation for responding to a case of novel virus infection or outbreak of Pandemic Influenza. This will include identifying the roles and responsibilities of the different sectors involved in Warren County and how the public health system will respond.
- C. Warren County will distribute materials provided by Federal or State government to increase the knowledge of the public health and health care communities, including:
 1. Definition of pandemic influenza
 2. Surveillance and reporting criteria of possible cases of novel virus infection
 3. Differences between an influenza pandemic and an avian influenza strain with pandemic potential
 4. Infection control measures
 5. Patient management strategies
 6. Community containment measures
 7. Travelers' advisories and alerts
 8. Rationale for prioritization of vaccine and antiviral medications
 9. Policies on how long to rest.
- D. In coordination with NYSDOH, Warren County Public Health will identify and utilize multiple revenues (HIN, HPN, teleconferences, mass e-mail, mass mailings, webinars, videoconferences, etc.) to distribute training materials to public health and health care providers.
- E. Warren County Public Health will initiate formal education sessions with the public health and health care communities that are consistent throughout the region. These sessions will utilize all available methodologies (audio and videoconferences, webcasts, HAN alerts, satellite downlinks, etc.) See Section 10, Appendix 10-A, of the NYSDOH Pandemic Influenza Plan for target audiences and training content areas.
- F. Warren County Public Health will disseminate information to partners, public health and health care communities on an ongoing basis.

DRAFT

Pandemic Period

- A. Warren County will continue information dissipation and training sessions as time and staff availability allows.

DRAFT

Section 11: Workforce Support

The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to health care providers, public health officials, and other emergency responders and essential service workers. Based on experience with disaster relief efforts, enhanced workforce support activities can help responders remain effective during emergencies.

For further information on the scope and objectives of this process, refer to the NYSDOH Pandemic Influenza Plan, Section 11, page 2.

Interpandemic and Pandemic Alert Periods

- A. Warren County will ensure provision of psychosocial support services for health care and public health staff members who participate in or provide support for the response to public health emergencies such as a pandemic influenza outbreak. The types of psychological and social support services and training courses available will be determined through coordination with the following partners:
 - 1. Rick Demers, Executive Director, Warren/Washington/Saratoga Counties Employment Assistance Program
 - 2. Rob York, Director, Office of Community Services

- B. Planning for the provision of psychological support services will include the following activities:
 - 1. Ensure that administrators, managers, and supervisors are familiar with and appreciate the value of psychological support in maintaining the effectiveness of their workforce so that they will encourage the use of tools and techniques for supporting staff and their families throughout the time of crisis.
 - 2. Ensure staff involved in the response are trained in behavioral techniques to help them cope with grief, stress, exhaustion, anger, and fear during an emergency.
 - 3. Identify additional resources that can be available to employees and their families during and after a pandemic.

- C. Using materials developed by the NYSDOH and other state and federal agencies, Warren County Public Health will distribute training materials on psychosocial issues to employees during an influenza pandemic. Materials will include information on:
 - 1. Stressors related to pandemic influenza
 - 2. Signs of distress
 - 3. Traumatic grief
 - 4. Psychosocial aspects related to management of mass fatalities
 - 5. Stress management and coping strategies
 - 6. Strategies for building and sustaining personal resilience

DRAFT

7. Behavioral and psychological support services
8. Strategies for helping children and families in times of crisis
9. Strategies for working with highly agitated patients
10. Developing "family emergency/communications plans"
11. Services available during an emergency
12. Measures that persons can take to protect themselves and their families

D. Warren County will establish a workforce resilience program that will help deployed workers prepare for, cope with, and recover from the social and psychosocial challenges of emergency fieldwork. Preparation for implementation of workforce resilience programs to cope with the special challenges posed by an influenza pandemic will include the following goals:

1. To maximize responders' performance during a public health emergency
2. To maximize responders' personal resilience during a public health emergency.

Consideration will be given to:

1. Planning for long response (i.e. more than one year)
2. Identifying pre-deployment briefing materials
3. Creating stress control/resilience teams
4. Provision of information on social support services to the families of deployed workers
5. Provision of the following information to administrators and counselors:
 - a. Cognitive, physiological, behavioral and emotional symptoms that might be exhibited by patients and their families (especially children), including symptoms that might indicate severe mental disturbance.
 - b. Self-care in the field (i.e. actions to safeguard physical and emotional health and maintain a sense of control and self-efficacy)
 - c. Cultural (e.g. professional, educational, geographic, ethnic differences that can affect communication)
 - d. Potential impact of a pandemic on special populations (e.g. children, the elderly)

Pandemic Period

A. Information exchange will take place between Warren County, health care partners and NYSDOH regarding workforce readiness and adequacy.

B. Warren County Public Health will utilize the following tools for delivering psychosocial support services as resources and staffing allow:

1. Stress control/resilience teams
2. Identified rest and recuperation sites
3. Confidential telephone support lines
4. Information for commuters (carpooling, etc.)
5. Services provided by community and faith-based organizations

DRAFT

- C. Warren County will regularly provide the following information to responders:
1. Progress of the pandemic
 2. Work issues related to illness, sick pay, staff rotation, shift coverage, overtime pay, use of benefit time, etc.
 3. Family issues (i.e. availability of child and/or eldercare)
 4. Issues related to:
 - a. Availability of vaccines
 - b. Antiviral drugs
 - c. PPE
 - d. Infection control practices as conditions change
 - e. Approaches to ensure patient adherence to medical/public health measures
 - f. Dealing with the worried well
 5. Written instructions for "just-in-time" cross-training on essential tasks
 6. Behavioral reactions to movement restrictions
 7. Information on methods to deal with stigmatization or discrimination because of role in a pandemic influenza response
- D. Implement workforce resilience programs which, as resources and staff allow, will include:
1. Conduct briefings and training on behavioral health, resilience, stress management issues and coping skills
 2. Train supervisors in strategies for maintaining a supportive work environment
 3. Monitor the well-being of the deployed staff
 4. Provide access to activities that help reduce stress
 5. Make referrals to identified behavioral health partners for services upon request
 6. Continue to provide outreach to employees' families to address ongoing psychological and social issues
 7. Interview responders and family members to assess lessons learned
 8. Provide ongoing access to post-emergency psychosocial support services for responders and their families
 9. Conduct an ongoing evaluation of the after-effects of the pandemic on employees' health, morale and productivity.
 10. Screen for sign/symptoms of illness.
 11. Encourage reporting of exposure/monitor through incubation period.

DRAFT

Section 12: Highly Pathogenic H5N1 (HPAI) Avian Influenza in Non-Human Animals

Note: Included in Warren County's Plan (Appendix 2) is the document dated April 1, 2006, entitled "State of New York Jurisdictional Outline for Highly Pathogenic Avian Influenza in Animals".

Interpandemic Period

- A. Using materials developed by NYSDOH and other State and Federal Agencies, the Warren County Public Health will help educate health care providers and the public about HPAI and potential risk to humans and other non-human animals (See Section 9 - Communications concerning protocols and procedures that will be followed).
- B. Warren County Public Health will triage questions about HPAI in animals to Veterinary and Agricultural officials. Questions received by Warren County Public Health staff concerning animals about HPAI will be answered and forwarded, as appropriate, to Veterinary and Agricultural officials.

Pandemic Alert Period - See Interpandemic section

Pandemic Period

- A. Activities similar to those in previous periods but increased in scope and intensity.
- B. Using materials developed by NYSDOH and other State and Federal Agencies, Warren County Public Health will help educate health care providers and the public about HPAI and potential risk to humans and other non-human animals (See Section 9 - Communications concerning protocols and procedures that will be followed).
- C. Warren County Public Health will triage questions about HPAI in animals to Veterinary and Agricultural officials. Questions received by Warren County Public Health staff concerning animals about HPAI will be answered and forwarded, as appropriate, to Veterinary and Agricultural officials, NYSDOH and USDA officials.

DRAFT

Section 13: Public Health Preparedness Informatics

Interpandemic Period

- A. HIN/HPN Account Maintenance and Recruitment: Warren County Public Health preparedness personnel including DPH and ADPH have their own active commerce accounts. Any local response partners that need commerce accounts will be assigned them using the DOC-L process.
- B. Training: Key people from Warren County Public Health attended the Commerce Strategic Rollout sessions in 2006. They were trained on the use of the following tools for alerting. Warren County Public Health will continue to train key personnel.
 - 1. Use of the persons emergency contact screens in the communications directory for maintaining 24/7 emergency and business contact information,
 - 2. Use of the list tool, for creating predefined contact lists for specific purposes which will help to expedite the alerting process during a pandemic, and finally,
 - 3. Use of the notification system itself for creating open or targeted HAN postings and for sending out notifications to specific roles and contact lists.
- C. Completion of Alerting Certification Process: Warren County Public Health has completed the certification process for us of the Alert system, and will use the system as appropriate. DPH and ADPH in Warren County Public Health are currently certified in the Alerting Certification Process.
- D. Consider pre-recorded messages for alert tool.

Pandemic Alert Period - See Interpandemic period

Pandemic Period - See Interpandemic period