

TOWN OF GREENVILLE  
ORDINANCE NO. 2011-TR-036

**RESOLUTION ADOPTING AMENDMENTS TO THE FLOYD COUNTY  
INDIANA EMERGENCY MANAGEMENT AGENCY REFERENCE  
GUIDE DATED APRIL 2011 AND FLOYD COUNTY HEALTH  
DEPARTMENT MASS PROPHYLAXIS PLAN INCLUDING ALL  
HAZARDS SIGNED BY LOCAL HEALTH OFFICER DR. THOMAS  
HARRIS MD APRIL 15<sup>TH</sup>, 2011 FOR THE TOWN OF GREENVILLE,  
INDIANA**

WHEREAS, the Town Council for the Town of Greenville, Indiana, in the interest of public health, safety and welfare, has deemed it necessary that the Town pass a Resolution that adopts the amended Floyd County Indiana Emergency Management Agency Reference Guide date April 2011 and the Floyd County Health Department Mass Prophylaxis Plan including all hazards signed by local health officer Dr. Thomas Harris MD April 15<sup>th</sup>, 2011 for the Town of Greenville;

NOW, THEREFORE, BE IT ORDAINED BY THE TOWN COUNCIL OF THE TOWN OF GREENVILLE, INDIANA, AS FOLLOWS:

1. This Resolution adopts the amended Floyd County Indiana Emergency Management Agency Reference Guide dated April 2011 as adopted by Resolution 2009-R-020 dated May 11<sup>th</sup>, 2009 and the Floyd County Health Department Mass Prophylaxis Plan including all hazards signed by local health officer Dr. Thomas Harris MD April 15<sup>th</sup>, 2011 for the Town of Greenville.
2. See amended plans attached.

ADOPTED BY THE TOWN COUNCIL OF GREENVILLE, INDIANA, ON THE 13th DAY OF JUNE, 2011.

PRESIDENT OF THE TOWN  
COUNCIL OF GREENVILLE,  
INDIANA

  
TALBOTTE RICHARDSON,

  
JACK TRAVILLIAN,  
CLERK/TREASURER

PREPARED BY: RANDAL JOHNES

# ***Floyd County Indiana***



# **Emergency Management Agency**

## **Reference Guide**

Revised and Updated April 2011

# *Preface*

This booklet is designed to be used as a quick reference tool for county officials, EOC personnel and others. Portions of this document are direct reprints from the Floyd County Comprehensive Emergency Management Plan, and the EOC Standard Operating Procedures Handbook.

**Under no circumstances should this document be considered all-inclusive. This manual should *only* be used as a guide, and *must* be implemented in conjunction with the entire Emergency Operations Plan and other applicable plans, SOG's and guidelines.**

This manual was developed by the Floyd County Emergency Management Agency Director for exclusive use by City and County Officials, Emergency Service Agencies, and is subject to change or revision at any time. Please notify the Director of any corrections or changes you feel would benefit the quality and accuracy of future editions of this manual.

Floyd County, Indiana  
Emergency Management Agency  
1613 E. Spring Street, Suite 4  
New Albany, IN 47150  
(812) 948-5454

Terry E. Herthel, Director

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## **The Benefits of an Effective EMERGENCY MANAGEMENT PROGRAM**

The range of potential hazards in any locality is staggering. Determining the hazards that have an impact on a community is an essential component of any emergency management program. By analyzing the hazards that pose the greatest risk to a community, we can derive guidance on how best to organize available resources and manage disasters.

Until recently, most emergency managers relied upon emergency operations that were activated only after disasters occurred. A growing number of officials now recognize that emergency management requires continuous resource coordination, not only to prepare and respond to disasters, but to prevent crises, reduce their probability, and coordinate long-term recovery. Understanding this fact led to the development of the concept of comprehensive emergency management. Local offices of Emergency Management (Civil Defense) were established to implement this concept.

Emergency management demands a broad approach on the part of emergency managers. Developing a comprehensive perspective on the local county requires:

- + Hazard Identification - a review of the hazards and hazard sources applicable to Floyd County
- + Vulnerability Analysis - an examination of the degree to which populations, structures, and land areas are vulnerable to hazards
- + Resource Inventory - an analysis of the resources upon which Floyd County can call in the event of a disaster
- + Authorities Review - a detailed examination of laws, ordinances, and regulations applicable to emergency management
- + Funding Analysis - a review of funding and funding sources for emergency management activities

The Floyd County Emergency Management Agency, in order to function as an effective program, must be active in all three areas of emergency management:

- + Planning
- + Training
- + Exercising

**Emergency activities** are divided into 4 phases that bear on emergency events. In general, **Mitigation** is the initial phase. It operates long before an emergency occurs and includes any activities aimed at eliminating or reducing the probability of occurrence of an emergency. It also includes activities designed to postpone, dissipate, or lessen the effects of an emergency.

**Preparedness** is an "insurance policy" against disasters. It is undertaken because mitigation activities cannot eliminate the occurrence of all emergencies. Preparedness activities include planning, training, and exercising to ensure the most effective, efficient response; efforts to minimize damages, such as forecasting and warning systems; and laying the groundwork for response operations, such as stockpiling supplies.

This leads logically to the **Response** phase. Response is the first phase that occurs after the onset of an emergency. It is intended to provide emergency assistance for disaster casualties, including search & rescue, shelter, and medical care; to reduce the probability or extent of secondary damage; and to enhance recovery operations.

**Recovery** activities continue beyond the emergency period immediately following a disaster. Their purpose is to return all systems to normal. They can be broken down into short-term and long-term activities. Short-term activities attempt to return vital human systems to minimum operating standards and usually encompass approximately a two-week period. Long-term activities stabilize all systems. These include such functions as redevelopment loans, legal assistance, and community planning, and can last as long as several years after a disaster.

Comprehensive emergency management, as described above, offers a conceptual framework for organizing and managing emergency efforts. Extensive efforts have been put forth in recent years to apply this concept on federal and state levels. Not surprisingly, the results of utilizing effective emergency management have been positively outstanding. Now the push is on for local communities to utilize these concepts in their emergency management systems.

## LOCAL GOVERNMENT

Local government is the first line of defense against most disasters. Local jurisdictions must assume primary responsibility in preparation for and response to hazards. Local governments use local resources and exchange or share resources with other governmental units. They possess detailed knowledge of the affected area and provide personnel and material.

Our county is the level at which application of all emergency efforts occur. It is here that potential hazards are most clearly seen; it is here that resources must be most fully known; it is here that first response is made; and, it is here that emergency events begin.

The role of the county in emergency management, is to develop an organized, comprehensive emergency management system capable of efficient and effective treatment of potential and actual emergency situations.

Legal authority at the county level rests with the county heads of government, specifically, the county commissioners. They are the ones who are responsible for the safety of the lives and property of those citizens who elected them and must bear the burden if the county is unprepared to meet a disaster.

Liability can be greatly reduced if the following steps are taken:

- + Detailed county ordinance is passed by the commissioners defining specific authorities and responsibilities
- + Appointing EMA Director to oversee and direct all county emergency agencies
- + Developing and updating an emergency plan
- + Training and exercising personnel according to the plan

The emergency response capabilities of a community can become increasingly more effective if managed properly. However, the Emergency Management Director must have the acknowledgment, support, and encouragement of the county commissioners and others in authority. In most cases throughout the country, local emergency programs and their managers are not being utilized to their fullest extent. Your local Emergency Management Director, in most cases, has a wealth of knowledge and expertise. The local community can only benefit from this, however, if he/she is used to **manage**, with the support of elected officials, the county's emergency resources.

**Responsibilities of Emergency Management Director**

- \* COORDINATE EMERGENCIES
- \* ADVISE CHIEF ELECTED OFFICIALS
- \* PROVIDE DATA AND RECOMMENDATIONS
- \* DEVELOP AND MAINTAIN ANALYSIS
- \* COORDINATE PUBLIC AWARENESS PROGRAMS
- \* COORDINATE TRAINING AND EXERCISES
- \* ESTABLISH NETWORK OF EXPERTS
- \* REVIEW LOCAL EMERGENCY LAWS AND RECOMMEND IMPROVEMENTS
- \* DEVELOP AND MAINTAIN A COMPREHENSIVE EMERGENCY OPERATIONS PLAN
- \* INVOLVE LOCAL PUBLIC AND PRIVATE AGENCIES
- \* ADMINISTER PROGRAM ACTIVITIES

*Floyd County, Indiana*  
**EMERGENCY OPERATIONS CENTER**  
**Activation Levels**

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**Level I** - Activation of the EOC for monitoring minor situations that have a possibility of developing into larger emergencies (i.e., weather watches, fires, multiple incidents, high use of resources, 25% to 50% of emergency responders activated, etc.). For Level I activation, the EOC will be manned by a skeleton staff, to include the EMA Duty Officer.

**Level II** - Activation of the EOC for monitoring situations which may easily develop into full-scale emergencies (i.e., weather warnings, major fires or medical emergencies, maximum use of resources, 50% to 75% of emergency responders activated, etc.). For Level II activation, the EOC will be manned by a minimal staff, to include the EMA Duty Officer and at least one other staff member from the Operations Group.

**Level III** - Activation of the EOC for direction and control during isolated emergencies (i.e., severe storms, major fires or medical emergencies, HazMat incidents, major transportation incidents, major searches, communications outages, exhaustion of resources, 75% or more of emergency responders activated, etc.). For Level III activation, the EOC will be manned by sufficient personnel to handle the situation, to include the EMA Duty Officer, the EMA Director, and at least one other staff member from the Operations Group.

**Level IV** - Activation of the EOC for direction and control during major emergencies that do not require a disaster declaration by the County Executives. These incidents will be more severe or wide-spread than those causing a Level III activation, but will not require full EOC staff activation. For Level IV activation, the EOC will be manned by most of the Operations Group, including the EMA Duty Officer and the EMA Director.

**Level V** - Activation of the EOC for declared disasters. (NOTE: Activation of the EOC, as referenced in the County's Emergency Operations Plan, shall be construed as meaning a **Level V** activation. Activation Levels I-IV are for internal EMA actions only.) Upon a State of Emergency declaration by the Chief Executive Officer of the county, the EOC will be fully activated for the purpose of direction and control. The entire EOC staff will be notified, and all county resources put on alert. For Level V activation, the EOC will be fully staffed for the duration of the declared disaster, in 12 hour shifts. The EMA Director or EMA Duty Officer will be in the EOC at all times during a Level V activation.

(04/07/11 - EMA)



## EMERGENCY MANAGEMENT STAFF

<u>Radio Callsign</u>	<u>Title</u>	<u>Name</u>
22-600	Director	Terry Herthel
22-601	Deputy Director	Bill Wright, Jr.
22-602	Operations/Resources Officer	Chris Wright
22-603	Communications Officer	Lou Kruizinga

(4/7/11 - EMA

**COMPREHENSIVE  
EMERGENCY MANAGEMENT  
PLAN**

**January 2011**

**Floyd County Chief Elected Officials  
Promulgation**

The residents of Floyd County face the threat of emergencies and disasters. Recognizing this threat, Floyd County's response and support communities have come together to maintain the overall health, safety, and general welfare of its citizens.

To this end, in order to establish an effective response Countywide, and to minimize loss of life and property, the Floyd County Comprehensive Emergency Management Plan has been developed.

In keeping with Indiana Code, Title 10, the Floyd County Emergency Management Agency, with assistance from the agencies/departments identified as Primary Coordinating Agency and/or Support Agencies, shall perform the following functions:

- Develop procedures for the protection of personnel, equipment, supplies and critical public records from the effects of emergencies/disasters.
- Develop procedures to ensure the continuity of government and other essential services that may be needed during and after emergencies/disasters.
- Develop, attend, and conduct regular emergency management related training and exercises.
- Establish policy and develop standard operating procedures to carry out the provisions of the Floyd County Comprehensive Emergency Management Plan.
- Identify subject matter experts that will be critical in the response to and support of operations related to managing emergencies or disasters that would directly affect the citizens of Floyd County.
- Carry out the tasks/activities identified in the Floyd County Comprehensive Emergency Management Plan.

The Floyd County Emergency Management Agency shall be responsible for the preparation, coordination, and continuous updating of the Floyd County Comprehensive Emergency Management Plan and will ensure that this plan is consistent with similar State, Federal, and other County plans.

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Mark Seabrook, President  
Floyd County Board of Commissioners

---

Charles Freiberger, Member  
Floyd County Board of Commissioners

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Steve Bush, Member  
Floyd County Board of Commissioners

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Doug England, Mayor  
City of New Albany

**Letter of Agreement**

The Floyd County Comprehensive Emergency Management Plan establishes the basis for providing assistance to the residents of Floyd County and to the community that may be impacted by an emergency or disaster. This plan assumes that an emergency or disaster may overwhelm the capability of Floyd County to provide adequate resources as outlined in the inter-jurisdictional agreement between County and city level government.

This plan covers all four phases of emergency management: mitigation, preparedness, response, and recovery.

This plan is in a checklist format that requires all County agencies to develop and implement standard operating procedures and guides.

This plan uses the concept of emergency support functions that are found in the State of Indiana's Comprehensive Emergency Management Plan and the Federal Response Plan. Agencies with similar functions, resources, and training are grouped into emergency support functions. For example, Floyd County agencies with law enforcement responsibilities are grouped into the Law Enforcement Emergency Support Function. In addition, each emergency support function has an agency assigned as the Primary Coordinating Agency with other agencies as Support Agencies.

The following departments and agencies agree to support the provisions of this plan and to carry out their assigned functional responsibilities.

Each agency also agrees to implement planning efforts and participate in Floyd County exercise activities to maintain their overall response capability.

\_\_\_\_\_  
Floyd County Emergency Management Agency  
Terry Herthel, Director

\_\_\_\_\_  
Floyd County Health Department  
Charlotte Bass, Coordinator

\_\_\_\_\_  
Floyd County Sheriff's Department  
Darrell Mills, Sheriff

\_\_\_\_\_  
Southern Indiana Rehabilitation Hospital  
Randy Napier, Administrator

\_\_\_\_\_  
Floyd County Coroner's Office  
Leslie Knable, Coroner

\_\_\_\_\_  
Floyd Memorial Hospital  
Mark Shugarman, Administrator

# Floyd County Comprehensive Emergency Management Plan

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Floyd County Fire Chiefs' Association  
Jeremy Klein, President

---

Floyd County Auditor  
Darin Coddington, Auditor

---

Floyd County Attorney  
Rick Fox

---

The Salvation Army  
Major Stephen Kiger, Director

---

Floyd County Highway Department  
Ron Quackenbush, Director

---

American Red Cross New Albany  
Karen Cook, Director

---

Floyd County Solid Waste  
Representative

---

New Albany/Floyd County School  
Corporation  
Dr. Bruce Hibbard, Superintendent

---

Floyd Memorial Hospital  
Andrew Williams, Chief Emergency  
Administrator

---

Vectren Gas Company  
D.L. Mattingly, Representative

---

New Albany Police Department  
Todd Bailey, Chief

---

New Albany /Floyd County Animal Shelter  
David Hall, Director

---

New Albany Fire Department  
Matt Juliot, Chief

---

Georgetown Marshal's Office  
Dennis Kunkel, Chief Marshal

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## INTRODUCTION

### Mission

To coordinate all emergency management activities to protect the people, property, economy, and environment of Floyd County.

### Purpose

To establish the Floyd County Emergency Management functions and responsibilities of County agencies, commissions, boards, and councils. The Floyd County Comprehensive Emergency Management Plan will serve as the framework for countywide mitigation, preparedness, response, and recovery activities. This plan is the Comprehensive Emergency Management Plan as mandated by Indiana Code 10-14-3.

This plan replaces the previous version of the Floyd County Emergency Operations Plan.

### Scope

This plan considers the emergencies and disasters likely to occur in Floyd County and:

Provides for the coordination of government, private sector, and volunteer resources.

Outlines the roles and responsibilities of County agencies in relation to Indiana Code 10, as amended, and to the Floyd County Emergency Management Ordinance, and State and Federal laws, as appropriate.

### Organization

Figure 1-1 on the following page shows the organization of the Comprehensive Emergency Management Plan in Floyd County.

There are six sections in addition to the basic plan.

The Financial Management Element contains information on emergency financial operations.

The Operations Section includes four emergency support functions: Public Information, Resource Support, Communications and Warning, and Information and Planning.

The Emergency Services Section includes five emergency support functions: Firefighting, Health and Medical, Search and Rescue, Law Enforcement, and Hazardous Materials.

The Human Support Section includes five emergency support functions: Shelter and Mass Care, Food and Water, Evacuation, Animal Health Emergencies, and Donations and Volunteer Management.

The Infrastructure Support Section includes four emergency support functions: Public Works and Engineering, Energy, Damage Assessment, and Transportation.

The Hazard Specific Section includes special hazard planning considerations not found in the Emergency Support Function Elements.

Figure 1-1. Structure of the Floyd County Comprehensive Emergency Management

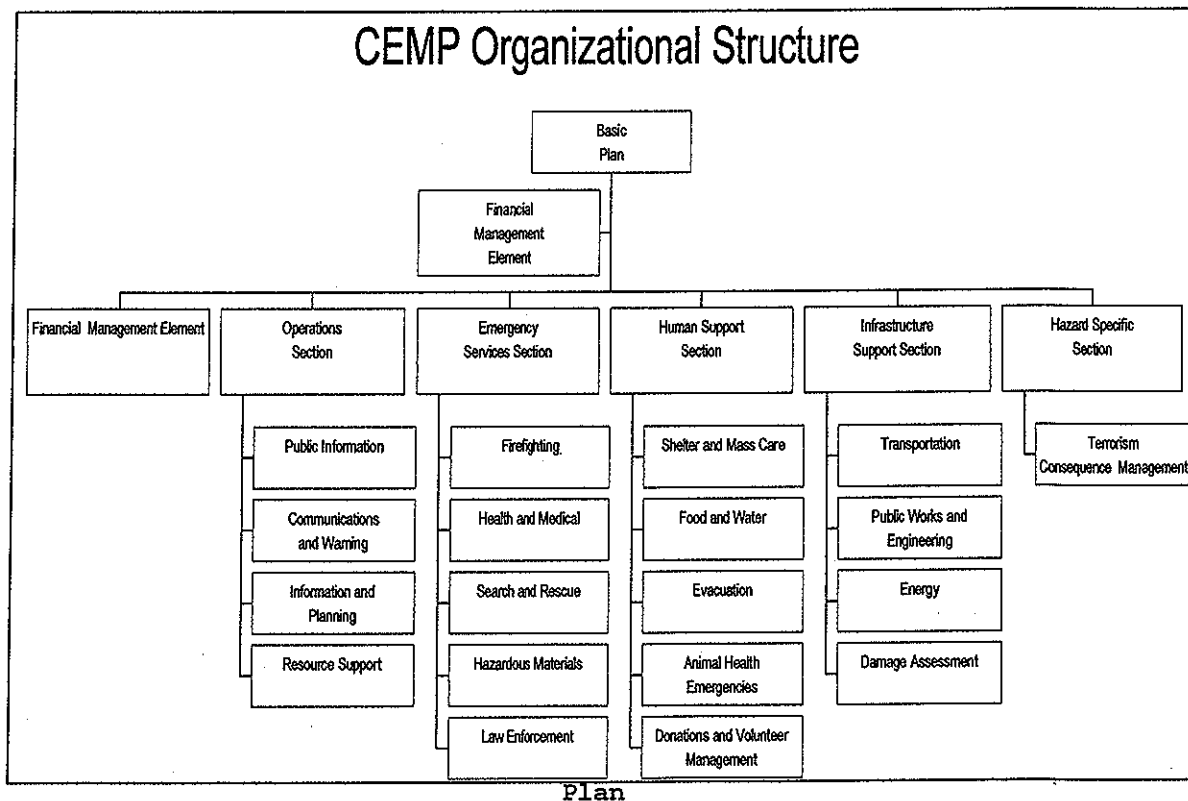


Figure 1-1. Structure of the Floyd County Comprehensive Emergency Management

## Plan

### POLICIES

#### Authority

This Plan was developed, promulgated, and is maintained pursuant to the following local, State, and Federal statutes, regulations, and ordinances:

The Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended. 42 United States Code 5121, et seq.

Code of Federal Regulations. Title 44, Part 205 and 205.16.

Indiana Code Title 10-14-3, Emergency Management and Disaster Law of 2003.

Floyd County Emergency Management Ordinance.

Presidential Directive 2, (HSPD 2)  
Combating Terrorism through Immigration Policies

Presidential Directive 5, (HSPD 5)  
To enhance the ability of the United States to manage domestic incidents by establishing a single, comprehensive national incident management system.

Presidential Directive 7, (HSPD 7)  
Critical Infrastructure Identification, Prioritization, and Protection.

Presidential Directive 8, (HSPD 8)  
National Preparedness.

#### Assignment of Responsibilities

This plan presents the functional responsibilities accepted by Floyd County agencies and other organizations that have direct roles in managing emergencies and disasters within the community. Emergency support functions are established for these organizations to designate mitigation, preparedness, response, and recovery activities. There is one agency with primary responsibilities for coordinating each emergency support function while other agencies are tasked with support roles.

Floyd County's emergency support functions correspond to those identified in the State of Indiana's Comprehensive Emergency Management Plan and the Federal Response Plan, with additional emergency support functions essential for proper response to emergencies or disasters.

All County agencies are required to support emergency operations in accordance with local emergency management ordinances and State regulations.

Each County agency is responsible for developing plans, standard operating procedures, and guides to support this plan.

Each agency must conduct training, exercises, and evaluation of their standard operating procedures, guides, and plans.

**Floyd County Comprehensive Emergency Management Plan**

EMERGENCY SUPPORT FUNCTION ASSIGNMENTS	Transportation	Communications	Public Works and Engineering	Firefighting	Emergency Management	Mass Care / Housing and Human Services	Resource Support	Public Health and Medical Services	Urban Search and Rescue	Hazardous Materials and Response	Agriculture and Natural Resources	Energy	Public Safety and Security	Long Term Community Recovery and Mitigation	External Affairs
Floyd County Highway Department	P		P/S										S		
Floyd County Sheriff's Department	S	P							P				P		P
New Albany Police Department Communications Center		S													
New Albany Board of Public Works			S/P												
Floyd County Fire Chiefs' Association				P					S	S			S		
Radio Amateur Civil Emergency Services		S							S					S	
Salvation Army						S					S			S	
American Red Cross						S		S			S			S	
Civic Organizations							S				S			S	
Floyd County Local Emergency Planning Committee								S		S					
Floyd County Emergency Medical Services								S							
Yellow Ambulance								S							
Floyd County Coroner's Office								S							
Floyd County Health Department						S		P		S	S		S		
Floyd County Public Information Officers		S											S		
Floyd County Auditor							S								
Floyd County Treasurer							S								

# Floyd County Comprehensive Emergency Management Plan

EMERGENCY SUPPORT FUNCTION ASSIGNMENTS															
P- Primary Agency S- Support Agency															
ORGANIZATION	Transportation	Communications	Public Works and Engineering	Firefighting	Emergency Management	Mass Care / Housing and Human Services	Resource Support	Public Health and Medical Services	Urban Search and Rescue	Hazardous Materials and Response	Agriculture and Natural Resources	Energy	Public Safety and Security	Long Term Community Recovery and Mitigation	External Affairs
Floyd County Engineer			S				P								
New Albany-Floyd County School Corporation	S					S					S		S	S	
Floyd County Animal Control														S	
Floyd County Extension Office											S			S	
Floyd County Humane Society														S	
Floyd County Veterinarians Association														S	
Cinergy/Duke												P			
Vectren Energy and Indiana Gas												S			
Floyd County Rural Electric Membership Cooperative												S			
Floyd County Fire Departments		S		S					S	S					S
New Albany Police Department									S				S		S
Georgetown City Police Department									S				S		S
Indiana University Police									S				S		S
Floyd County Surveyor's Office				S											
Local Contractors				S								S		S	
Local Insurance Companies														S	
Floyd County Emergency Management Agency	S	S		S	P	P	S	S	S	P	P	S		P	S
Floyd Memorial Hospital								S						S	

EMERGENCY SUPPORT FUNCTION ASSIGNMENTS	Transportation	Communications	Public Works and Engineering	Firefighting	Emergency Management	Mass Care / Housing and Human Services	Resource Support	Public Health and Medical Services	Urban Search and Rescue	Hazardous Materials and Response	Agriculture and Natural Resources	Energy	Public Safety and Security	Long Term Community Recovery and Mitigation	External Affairs
	Floyd County Board of Commissioners					☺		☺						☺	
New Albany Mayor's Office							☺						☺		☺

**Figure 1-2. Emergency Support Function Assignment Matrix**

**Floyd County Comprehensive Emergency Management Plan**

**Emergency Support Function Primary Coordinating Agency**

As identified in Figure 1-2 on pages 1-4 through 1-6 of the Basic Plan, each emergency support function has a County agency designated as the primary coordinating Agency serving under the direction of Floyd County Emergency Management Agency, and Floyd County Board of Commissioners. The Primary Coordinating Agency designation is based on the agency's authority, resources, and capabilities in the particular functional area.

**Emergency Support Function Support Agency**

As identified in Figure 1-2 on pages 1-4 through 1-6 of the Basic Plan, a Support Agency designation is based on an agency's ability to support the Primary Coordinating Agency in carrying out the mission of a particular emergency support function.

**Primary Coordinating Agency Equivalent Matrix**

The matrix below, labeled Figure 1-3, identifies the Primary Coordinating Agencies for each emergency support function at the County, State, and Federal levels. During a major emergency or disaster situation these agencies would be the primary contacts for the coordination of communications, planning activities and resources.

ESF	Function Name	Floyd County	State	Federal
1	Transportation	Highway Department	Indiana Department of Transportation	United States Department of Transportation
2	Communications	Sheriff's Department Dispatch Center	Indiana Department of Homeland Security	United States Department of Homeland Security
3	Public Works and Engineering	Highway Department	Indiana Department of Administration	United States Department of Defense, United States Army Corps of Engineers
4	Firefighting	Fire Chief's Association	Indiana Department of Fire and Building Services	United States Department of Agriculture, Forest Service
5	Emergency Management	Emergency Management Agency	Indiana Department of Homeland Security	United States Department of Homeland Security
6	Mass Care / Housing and Human Services	Emergency Management Agency	Indiana Department of Homeland Security	American Red Cross
7	Resource Support	County Engineer	Indiana Department of Homeland Security	United States General Services Administration



ESF	Function Name	Floyd County	State	Federal
8	Public Health and Medical Services	Health Department	Indiana State Department of Health	United States Department of Health and Human Services
9	Urban Search and Rescue	Sheriff's Department	Indiana Department of Homeland Security	United States Department of Homeland Security
10	Hazardous Materials and Response	Emergency Management Agency	Indiana Department of Environmental Management	United States Environmental Protection Agency
11	Agriculture and Natural Resources	Emergency Management Agency	RESERVED	United States Department of Agriculture, Food and Nutrition Service
12	Energy	Emergency Management Agency	Indiana Utility Regulatory Commission	United States Department of Energy
13	Public Safety and Security	Sheriff's Department	Indiana Department of Homeland Security	
14	Long Term Community Recovery and Mitigation	Emergency Management Agency	Indiana Department of Homeland Security	
15	External Affairs	Sheriff's Department	Indiana State Police	

Figure 1-3. Emergency Support Function Primary Coordinating Agencies at Various Levels of Government

### Volunteer and Private Organizations

A large number of volunteer organizations including the American Red Cross and The Salvation Army have aligned themselves with other groups in Floyd County to provide supplemental response and support during emergencies or disasters. Although each volunteer organization is an independent agency, they readily communicate with each other, and exchange ideas, supplies, equipment, and volunteers. The American Red Cross and The Salvation Army will have a principal support role in most volunteer efforts in Floyd County.

### Limitations

Floyd County will make every reasonable effort to respond in the event of an emergency or disaster. However, County resources and systems may be overwhelmed. The responsibilities and principles outlined in this plan will be fulfilled only if the situation, information exchange, extent of actual agency capabilities, and resources are available at the time.

There is no guarantee implied by this plan that a perfect response to an emergency or disaster will be practical or possible.

## SITUATION AND ASSUMPTIONS

### Situation

Many hazards threaten Indiana, which may cause emergencies in all, or portions of the State. This plan covers those hazards most likely to affect Floyd County.

Floyd County is located in the southern portion of Indiana. Washington and Clark Counties bound it to the north, Clark County to the east, Harrison County to the west, and the State of Kentucky to the south. Floyd County encompasses 148 square miles.

According to the estimated 2000 census, the population of Floyd County is 70,823. The highest concentration of residents lives in the New Albany.

The economic base of Floyd County is moderate industrial/manufacturing and is also located in New Albany. The rest of the Floyd County is mostly agricultural.

United States highway 150 passes to the center of the County, east and west, while State road 111 runs north and south through the County. Other roadways include interstate 265, State road 11, and State road 64. Norfolk and Southern railroad operate the tracks that pass through Floyd County.

### Assumptions

Floyd County and its political subdivisions have capabilities including manpower, equipment, supplies, and the skills of public and private agencies and organizations that will maximize preservation of life and property in the event of an emergency or disaster.

Local agencies and departments will fully commit their resources before requesting assistance from the State.

In the event of a major disaster declaration, the State of Indiana may provide funds and assistance to Floyd County.

Federal agencies may also provide assistance, which usually requires a Governor's Declaration of Disaster Emergency before funding and support can be provided.

## Execution and Implementation

The Floyd County Board of Commissioners and the Mayor of the New Albany have delegated to the Director of the Floyd County Emergency Management Agency the responsibility for implementation of this plan. The director will implement this plan as the situation warrants. Should the County Commissioners or the Mayor of New Albany declare a State of Emergency, this plan will automatically be activated.

Floyd County and the State of Indiana have six levels of response depending on the severity/complexity of the disaster emergency. These levels are:

**Level I – Local level, no mutual aid or State assistance requested.**

**Level II – Local level, mutual aid requested, no State assistance requested.**

**Level III – State assistance requested, State Emergency Operations Center not activated.**

**Level IV – State assistance requested, State Emergency Operations Center activated.**

**Level V – Governor’s Declaration of Disaster Emergency, no Federal assistance requested.**

**Level VI – Federal assistance requested.**

## HAZARD ANALYSIS SUMMARY

Floyd County’s hazard base is very dynamic – constantly changing due to shifts in population, business/industrial activity, land use changes, technological advances, and new threats such as terrorism incidents and the use of weapons of mass destruction. For this reason, Floyd County’s ability to prepare and respond to this wide range of hazards must be equally dynamic and flexible. In keeping with the “all hazards, all risks” approach adopted by the Indiana State Emergency Management Agency and the Federal Emergency Management Agency, the County has built an effective emergency management system that is able to address the multitude of hazards that are prevalent in our jurisdiction. Those hazards – natural, technological, and manmade – present a wide

variety of challenges to the Floyd County government agencies, communities, businesses, and the public. While some hazards may not impact our lives on a daily basis, the threat is always there. It must be addressed through comprehensive emergency planning and preparedness efforts, not just at the County level, but also at all levels of government. Failure to provide proactive programs or detailed assessments of the hazards that threaten us can result in needless and tragic loss of life and property, as well as emotional and economic impacts.

Due to its geography and location, the principle natural hazard threats to Floyd County are (in order of threat): 1) river flooding; (2) severe storms and spring rains 3) tornadoes; 4) severe winds associated with thunderstorms; 5) severe winter weather, including snow storms, sleet, and ice storms.

Floyd County's principle technological hazard (in order of threat) include: 1) major hazardous materials events (fixed-sites, and transportation-related); 2) air transportation accidents; 3) structural fires, one of the nation's deadliest hazards; and 4) infrastructure failures, which can result in millions of dollars of damage and severely impact public health and safety in all areas of the County.

## CONCEPT OF OPERATIONS

### General

County response operations will be organized and managed under the National Incident Management System (NIMS).

The Emergency Management Director is ultimately responsible for protecting lives and property in an emergency or disaster. An executive order or declaration of a Local Disaster Emergency shall activate the response and recovery portions of the Floyd County Comprehensive Emergency Management Plan and is the authority for the deployment and use of any function to which the plan applies. Therefore, the following apply:

**During an emergency or disaster, the Primary Coordinating and Support Agencies will take actions to identify requirements and resources needed to respond to the situation;**

**Assigned agencies have been grouped together under the emergency support functions, either as Primary Coordinating or Support Agencies, to facilitate the provisions of the response actions of the County. A listing of the emergency support functions and their primary areas of responsibilities**

**that have been adopted by Floyd County is located on pages 1-7 through 1-8 of the Basic Plan;**

**Each emergency support function has been assigned a number of functions in support of a response to an emergency or disaster. The designated Primary Coordinating Agency, with the assistance of one or more of the support agencies, is responsible for managing the activities of the emergency support function and ensuring the missions are carried out as necessary. The Primary Coordinating Agency and Support Agency assignments for each of the emergency support functions are identified by Figure 1-2, Emergency Support Function Assignment Matrix;**

**Specific functional missions, organizational structures, response actions, Primary Coordinating Agency, and Support Agency responsibilities are described in the individual emergency support function sections to the State Comprehensive Emergency Management Plan.**

Based upon the situation, Primary Coordinating Agency and Support Agencies may be authorized to provide assistance in support of local operations without an executive order or declaration of a local disaster emergency.

#### Comprehensive Emergency Management Plan Implementation

The Comprehensive Emergency Management Plan has the force and effect of law as promulgated by the Board of Commissioners. Plan implementation, and the subsequent supporting actions taken by County government, are specific to the emergency or disaster situation. Implementation is influenced by the timely acquisition and assessment of reliable information gathered from affected jurisdictions. The plan is in effect for preparedness, response, and initial recovery activities when a major emergency or disaster occurs or is imminent.

## Phases of Emergency Management

The Comprehensive Emergency Management Plan is concerned with many types of hazards that Floyd County may be exposed to. Therefore, four phases of emergency management are considered:

### Mitigation

Mitigation actions eliminate or reduce the probability of some disaster occurrences and also include long-term activities that lessen the undesirable effects of unavoidable hazards or reduce the degree of hazard risk. Some mitigation examples include flood plain management, and public education programs. Mitigation seeks to prevent disaster and to reduce the vulnerability of people to disasters that may strike. Hazard mitigation should follow all disasters.

### Preparedness

Preparedness activities develop emergency response capabilities. Planning, exercising, training, mitigation, developing public information programs, alerting and warning are among the activities conducted under this phase of emergency management to ensure the most effective and efficient response in a disaster. Preparedness seeks to establish capabilities to protect people from the effects of disasters in order to save the maximum number of lives, minimize injuries, reduce damage, and protect property. Procedures and agreements to obtain emergency supplies, material, equipment and people are developed during this phase.

### Response

Response is the actual provision of emergency services during a disaster. These activities can reduce casualties, limit damage, and help to speed recovery. Response activities include directing emergency operations, evacuation, and other protective measures.

### Recovery

Recovery is both a short- and a long-term process to restore the jurisdiction to normal conditions in the aftermath of any emergency or disaster involving extensive damage. Short-term operations assess damages, restore vital services to the community, and provide for basic needs to the public. Long-term recovery focuses on restoring the community to its normal or to an improved state of affairs. Examples of recovery actions are provision of temporary housing, restoration of government services, and reconstruction of damaged areas.

## Organization and Assignment of Responsibilities

### General

In response to an incident that requires the activation of the Floyd County Comprehensive Emergency Management Plan and subsequently the Floyd County Emergency Operations Center, the Emergency Management Director will determine the extent of the County's emergency response and activate appropriate emergency support functions accordingly. The extent of activation will be based upon, but not limited to the following:

**The initial planning and information data (damage assessment) received from outside sources (i.e., municipal business/industry, governments, the public, news organizations, and State and Federal governments).**

**Pre-disaster response to emergency situations (i.e., winter storms, flooding potential, etc.).**

**The Emergency Management Director or his/her designee, after consideration of the event(s), will determine the extent of the Emergency Support Function activation levels. The organization of the Emergency Operations Center will follow the Floyd County Emergency Operations Center Standard Operating Procedure/Guide.**

### County Emergency Operations Center

The Floyd County Emergency Operations Center is the facility that is used to coordinate a County response to any major emergency or disaster. It is located at the Emergency Management Agency 1613 E. Spring Street. Security and maintenance of the County Emergency Operations Center facilities will be carried out in accordance with the Emergency Operations Center Standard Operating Procedures/Guides. In the event the Emergency Operations Center in New Albany is threatened, an alternate Emergency Operations Center may be activated.

The levels of activation for the County Emergency Operations Center will correspond to the Levels of

Organization

**By the direction of the Board of Commissioners, each County agency or department with emergency or disaster responsibilities, along with local jurisdictions, must have multi-hazard emergency plans and implementing procedures. The organization to implement the County Comprehensive Emergency Management Plan under emergency or disaster conditions consists of County agencies having Primary Coordinating and Support Agency roles, as specified in the functional emergency support functions.**

**Figure 1-4: Floyd County Emergency Operations Center Organization Chart, details the overall response of the County Comprehensive Emergency Management Plan. Direction and control is the responsibility of the Emergency Management Director, with implementation and coordination conducted by emergency management.**



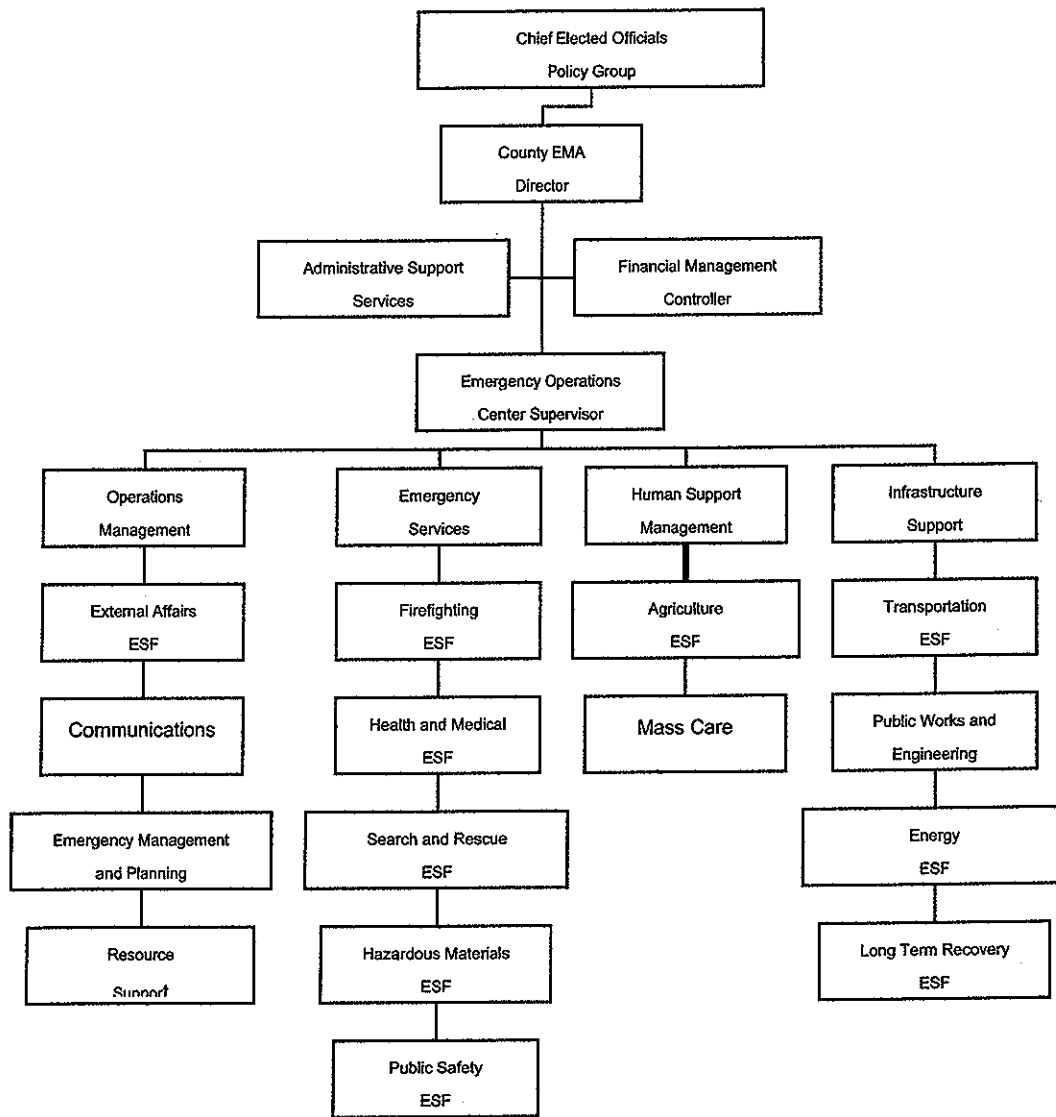


Figure 1-4. Floyd County Emergency Operations Center Organization Chart

The emergency response organization is composed of interagency coordination and operations support elements from participating departments and agencies. The five sections are described as follows:

### **Command and Control Section**

This section is composed of elements that provide direction and control of the emergency situation; ensure the response follows established procedures/guides; and provide for a centralized Emergency Operations Center facility. The Emergency Management Agency is the primary agency assigned to the Command and Control Section and will ensure the following:

Coordination of all emergency response functions in the County Emergency Operations Center.

Establishment and maintenance of the facility to be used as the County Emergency Operations Center for centralized direction, coordination, and control of emergency operation.

Development Emergency Operations Center  
Activation/Deactivation Standard operating procedures/Guides,  
personnel staffing requirements, and functional operating  
procedures/guides.

### **Operations Section**

This section is composed of elements that, when either partially or fully activated, will provide emergency support functions to support response operations during an emergency/disaster. Each emergency support function is responsible for assessing assistance requirements and resource requests and to organize and direct appropriate response actions.

### **Information and Planning Section**

This element includes information and planning activities to support operations. This includes functions to collect and process information; develop information into briefings, reports, and other materials; display pertinent information on maps, charts, and status boards; consolidate information for response and recovery actions; provide an action tracking system; and provide technical services in support of operations.

### **Logistics Section**

This element provides facilities and services in support of response and recovery efforts.

### **Administrative and Finance Section**

This element provides support to the response and recovery efforts as required.

#### **Specialized Teams/Units**

The Civil Air Patrol for New Albany assists in

rescue operations requiring air lifts and drops that are essential in emergency situations.

#### Interagency Communications

Response agencies will communicate with Floyd County's Emergency Management Agency and each other using, radios, ham radio, cell phones and land lines. Central dispatch radios that are programmed for other frequencies and messages can be relayed through Floyd County's Sheriff's Dispatch to all responding agencies.

#### Volunteer and Private Organizations

Radio Amateur Civil Emergency Services and other volunteer organizations trained and certified to communicate with emergency responding agencies is a vital communicating asset to the County.

#### Administration, Finance, and Logistics

##### Administration

**During an emergency/disaster, the County Commissioner shall determine, as necessary, which normal administrative procedures shall be suspended, relaxed or made optional in order to prevent unnecessary impediments to emergency operations and recovery activities. Departures from normal methods should be stated in the emergency declarations, or as specified in the Comprehensive Emergency Management Plan and its supporting documents.**

**County and municipal response elements will include provisions for documenting all disaster related expenditures using accepted accounting procedures as outlined in the State's Administrative Plan. Such accounting documentation will support the State's request for supplemental Federal assistance.**

Upon activation, each delegated representative of the County's response team shall ensure that personnel, property, equipment, supplies, and vehicles are accounted for and protected. In addition, assurances for rapid deployment should be maintained.

All elements of County agencies, departments, and offices shall implement established resource controls and determine the availability and accessibility of such resources. Additional required resources needed to support the emergency operation should be identified.

Upon exhaustion of local resources, request for assistance will be submitted to the Emergency Management Director.

Training of emergency operations staff will be conducted annually through in-house training sessions, exercises, actual response, and Emergency Management/Federal Emergency Management courses. If warranted, the emergency management training staff will conduct accelerated/refresher training on an appropriate subject matter during period of increased readiness status.

Finance

Funding allocations to meet the needs of an emergency situation are met by:

Disaster Contingency Funds which are allocated at the discretion of the Director; and

If a disaster declaration is requested by the County Commissioners, through the Governor, through Region V, Federal Emergency

Management Agency, to the President of the United States, and if such is declared, then reimbursement of associated disaster activity expenses may be available through the Federal Emergency Management Agency.

**A major disaster or emergency may require the expenditure of large sums of County (and municipal) funds. Financial operations may be carried out under compressed schedules and intense political pressures requiring expeditious actions that meet sound financial management and accountability requirements.**

**County financial support for emergency operations shall be from funds regularly appropriated to County departments. If the demands exceed available funds, the County Commissioners may make additional funds available.**

**County departments designated as Primary Coordinating Agencies for the emergency support functions conducting activities, will be responsible for organizing their functional activities to provide financial support for their operations.**

**Each department is responsible for maintaining appropriate documentation to support requests for reimbursement, for submitting bills in a timely fashion, and for closing out assignments.**

**County and municipal government entities are responsible for documenting all emergency or disaster related expenditures using generally accepted accounting procedures.**

Care must be taken throughout the course of the emergency to maintain logs, records, receipts, invoices, purchase orders, rental agreements, etc. These documents will be necessary to support claims, purchases, reimbursements, and disbursements. Record keeping is necessary to facilitate closeouts and to support post recovery audits.

Logistics

Emergency management, in coordination with other County departments, will facilitate logistical support for Countywide emergency operations (i.e., provide supplies and equipment) and, if required, sleeping and feeding facilities for County Emergency Operations Center staff.

County and municipal government(s) shall implement established resource controls. Determine resource availability, this would include source and quantity of available resources. Further, they shall keep the County Emergency Operations Center advised of any anticipated shortfalls in required resources needed to support a given emergency or disaster operations.

Local jurisdictions should develop and maintain a current database of locally available resources and their locations. The database should include all public and private equipment, and personnel with special technical skills, pertinent to the anticipated needs of the local jurisdiction.

## Mutual-Aid Agreements

**No single local jurisdiction will have all the personnel, equipment, and materials required to cope with a major emergency or disaster.**

**Additional assistance may be rendered through a system of mutual-aid agreements, which provide for obtaining additional resources from non-impacted inter-/intra-jurisdictional governmental agencies and other organizations.**

**Mutual-aid agreements are an essential component of emergency management planning, response, and recovery activities. These agreements can significantly increase the availability of critical resources and improve response and recovery efforts.**

### Alert and Notification

Emergency management may receive notification of a disaster or impending emergency from multiple sources. Depending upon the time and day, the sequence would be as follows:

During normal staffing, emergency management would be alerted to the disaster or emergency situation by local jurisdictions, Indiana State Police, and/or other responding County/State agencies. Depending upon the severity of the incident, the Emergency Management Director/Operations Officer would initiate all or part of the County Comprehensive Emergency Management Plan.

If the emergency occurs during off duty hours, the Emergency Management Duty Officer is notified of the situation via the Indiana State Police or the agency answering service. Based upon the severity of the incident, the Duty Officer will initiate further notification and/or activation (partial or full) of the County Comprehensive Emergency Management Plan.

Primary Coordinating Agency and Support Agency notification actions are described in detail under the agency's assigned emergency support functions.

## Activation and Deployment

Activation of the County Comprehensive Emergency Management Plan is dependent on a variety of circumstances. Generalized assumptions are as follows:

The County Comprehensive Emergency Management Plan will be utilized to address particular requirements of a given disaster or emergency situation. Selected emergency support functions will be activated based upon the nature and scope of the event and the level of support needed to respond.

Based upon the requirements of the situation, Floyd County Emergency Management Agency will notify County departments and agencies regarding activation of some or all of the functional emergency support functions and other structures of the County Comprehensive Emergency Management Plan. Priority for notification will be given to Primary Coordinating Agencies as specified by the emergency support functions.

When activation of the County Comprehensive Emergency Management Plan (partial or full) is initiated, and unless otherwise specified, all County department, agency, and office representatives having primary roles and responsibilities in the County Emergency Operations Center, in New Albany, will activate their respective emergency support functions.

## County-to-County, State, and Federal Interface

The identification and notification procedures for County-to-County, State, and Federal interface to follow are described in the functional and hazard specific emergency support functions. Generally, the concepts are as follows:

County-to-County linkage would occur through Floyd County Emergency Management Agency and the Communications and Warning Emergency Support Function. Standardized forms are to be used to achieve linkage.

Once the County Comprehensive Emergency Management Plan and the County Emergency Operations Center have been activated, the linkage with the Indiana Department of Homeland Security Agency will be established and maintained. The following highlights the issues regarding this linkage with specifics found in the individual emergency support functions:

**Points of Contact: Where practical and the incident dictates, County and State functional counterparts and primary contacts will be provided during the initial notification and thereafter upon changes in status. In addition, a current copy of Figure 1-2, Emergency**



**Support Function Assignment Matrix, of this Comprehensive Emergency Management Plan, will be attached to the initial notification to Indiana Department of Homeland Security. This figure lists the functional emergency support functions and assigns Primary Coordinating and Support Agencies to each function.**

**Status reports compiled by the Emergency Management Support Function will be forwarded to the first response level of the Indiana Department of Homeland Security.**

**The Communications Emergency Support Function will guide County-to-municipal interfacing. Unless otherwise noted, the chief elected official of the jurisdiction has direction and control within the jurisdiction and an Emergency Management Director is appointed and shall have direct responsibility for the organization, administration and operation for emergency management within said jurisdiction.**

#### Continuity of Operations

The major thrust of a Comprehensive Emergency Management Plan is to protect the lives and properties of those involved in a disaster and return the situation to normal. Disasters can interrupt, paralyze, and/or destroy the ability of government to carry out specific executive, legislative, and judicial functions. Therefore, it is imperative that an emergency operation is able to provide mitigation, preparedness, response, and recovery functions to the fullest.

In order to ensure effective emergency operations, the following should be considered:

**That County and municipal governments provide a capability to preserve, maintain, and/or reconstitute the ability to function under the threat or occurrence of any emergency and/or disaster that could disrupt governmental operations or services.**

**That County emergency response departments, agencies, and offices provide the following:**

Designated and trained personnel available for Emergency Operations Center deployment; and

Updated notification lists, twenty-four hour staffing capabilities, and standard operating procedures/guides.

#### Recovery and Deactivation

Deactivation of an emergency operation is dependent on a wide range of variables that must be satisfied before such an event may occur. Some basic principles that should be followed are:

All health and safety issues are resolved prior to full deactivation;

All vital services and facilities are re-established and operational;

Partial deactivation of the County Comprehensive Emergency Management Plan, and in particular, functional emergency support functions, occurs only when all issues within the specific function are resolved;

Recovery operations may be initiated during response operations;

Deactivation of the response operation may be followed by the recovery operation; and

Final deactivation of all operational activities will only occur with authority from the Board of Commissioners and in coordination between appropriate local, State, and Federal governments.

## CONTINUITY OF GOVERNMENT

Each department, agency and commission of the County should have a continuity plan covering the following:

Designated lines of succession and procedures for delegating authority to the successors;

Provisions for the preservation of records;

Procedures for the relocation of essential departments;

Procedures to deploy essential personnel, equipment, and supplies.

Each agency within Floyd County should include this information in its standard operating procedures, guides, or plans.

## ADMINISTRATION

The Floyd County Emergency Management Agency, in coordination with other County agencies, will review this plan annually and revise/update it as needed. Changes will be distributed to each holder of the plan. Copies and changes to the plan will then be submitted to the Manager of the Planning Branch with the Indiana Department of Homeland Security for additional comments, suggestions, or ideas for improvement. This will ensure that the County plan maintains consistency with the State Comprehensive Emergency Management Plan and the Federal Response Plan.

County agencies and governmental bodies will have to work with State and Federal agencies to provide accurate and detailed information in order to receive assistance.

During an emergency or disaster, Floyd County will provide daily situation reports or information updates to the Indiana Department of Homeland Security as they relate to the County in support of or in consideration of the Governor making a Disaster Emergency Declaration for Federal assistance.

During the course of a large-scale emergency or disaster, it is the responsibility of each County agency or department to maintain documentation of costs incurred and the man-hours utilized by their personnel.

# Financial Management Element

## INTRODUCTION

This element provides financial management guidance to the Floyd County Emergency Management Agency and other Floyd County agencies to ensure that funds are provided and financial operations are conducted in accordance with the City of New Albany, County, and State policies and procedures during the response and recovery phases of an emergency or a disaster.

The type of emergency or disaster will dictate the procedures and amounts expended.

Logs, formal records, and file copies of expenditures shall be maintained to provide clear and reasonable accountability, and justification for reimbursement. This will facilitate the final closeout and support audits of financial records.

## RESPONSIBILITIES

In certain instances, if affecting the City of New Albany or within other areas of Floyd County, the Floyd County Auditor will secure emergency funds for the response and recovery of disasters or emergencies, direct efforts to secure additional emergency appropriations, and designate a program manager for funds allocated to emergency response and recovery activities.

The Deputy Auditor, in the absence of the director, will secure funds for the response and recovery activities.

Other County agencies conducting activities under this plan will organize their operations to provide financial support for their activities.

## FINANCIAL MANAGEMENT OPERATIONS

Timely financial support of response activities will be critical to successful emergency response. Innovative and expeditious means may be used to achieve financial objectives. It is mandatory that generally accepted State and County financial policies, principles, and regulations be employed to ensure against fraud, waste and abuse, and to achieve proper control and use of public funds.

Each agency within Floyd County is responsible for providing its own financial services and support to its response operations in the field. Funds to cover

eligible costs for response activities will be provided through reimbursement by the Floyd County Auditor.

The procurement of resources will be in accordance with applicable Floyd County ordinance requirements and established procedures regarding emergency and non-emergency conditions.

**Mitigation:** Each agency is required to assess their personnel, training, and equipment for response to and recovery from emergencies and disasters to address additional needs in the event of an emergency or disaster.

**Preparedness:** Each agency should prepare for future emergency budgets by studying past emergency responses and identifying needs not met by their current budget.

#### Response:

After a County or City Disaster Emergency Declaration, City and County agencies may be required to spend more than their allocated budget to effectively respond to the emergency.

After County agencies begin their initial response operations, it may be necessary to prepare and submit a report on the estimated funding needs for the duration of the emergency response. The purpose of the estimate is to help establish the need for additional allocation from the Floyd County Auditor.

**Recovery:** Funds may be expended for the repair or replacement of any building or equipment, which has been damaged as to materially affect the public safety or has been destroyed in accordance with Indiana Code 10-14-3.

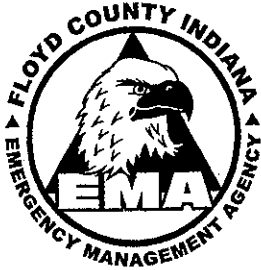
#### Financial Records and Supporting Documentation

All agencies must maintain records, receipts, and documents to support claims, purchases, reimbursements, and disbursements. Reimbursement requests will be documented with specific details on personnel services, travel, and other expenses.

Agencies requesting reimbursement will maintain all financial records, supporting documents, statistical records, and other records pertinent to the provision of services or use of resources by that agency. These materials must be accessible to authorized representatives for the purpose of making audits, excerpts, and transcripts.

## Audit of Expenditures

The expenditure of city and County funds related to emergencies or disasters are subject to audit in accordance with the City of New Albany and Floyd County ordinance and audit procedures.



## **MOBILE COMMAND UNIT OPERATION PROTOCOLS**

1. Training will be provided to individuals that will be setting up and manning the mobile command center.
2. The command center will be utilized during events where Fire, EMS and Law Enforcement agencies are required to coordinate and communicate during emergencies using the Incident Management System.
3. The Mobile Command Unit will be utilized during:
  - a. Natural or manmade disasters.
  - b. Times where the agencies resources are overwhelmed.
  - c. Emergencies involving more than one agency.
  - d. Incidents where units will remain on scene for a long period of time.
  - e. Command post for incident management operations during inclement weather.
  - f. Law Enforcement operations such as SWAT, hostage situations, etc.
  - g. Educational events and festivals. (These events require prior scheduling)
  - h. Times where primary dispatch centers is inoperable or overwhelmed.
4. Call out procedure for the Mobile Command Unit will be as follows:
  - a. Incident Commander will call their dispatch to request Mobile Command Unit.
  - b. Dispatch shall contact the EMA Director or his/her Deputy with request.
  - c. Dispatch EMA Director shall contact Incident Commander or staging officer for set up location of Mobile Command Unit.
  - d. The EMA Director shall take responsibility to deploy the Command Unit or arrange to have it taken to a specified location by a trained operator.
  - e. The Mobile Command Unit will be called "MC-1".
  - f. The Command Unit will require a MCU Supervisor to be present while unit is in operation.
5. The Mobile Command Unit shall communicate with the State and County Emergency Operation Centers during large scale emergencies or disasters.
6. Any mechanical problems or needs for the Command Unit should be reported to the Emergency Management Office at 948-5454 or 502-552-8323.



## Floyd County Emergency Operations Center



### STANDARD OPERATING PROCEDURES

#### MISSION STATEMENT

By utilizing all available means of communications, the Floyd County Emergency Operations Center will gather, process, and disseminate information so that a coordinated response, by all necessary means and resources, can be made to alleviate unsafe conditions, respond to direct requests for support from local response agencies, and provide support to agencies during natural and manmade emergencies and disasters.

#### I. REFERENCES:

- A Indiana Code Title 10, Article 14 (Emergency Management),  
. as amended.
- B CPG 1-20, Emergency Operating Centers, May 1984 (no longer  
. in print, but still applicable and appropriate for  
planning purposes).
- C Executive Order 05-09, State of Indiana.  
.
- D Indiana Public Law 21-1991, Emergency Management and  
. Disaster.
- E Indiana Comprehensive Emergency Management Plan, January  
. 22, 2003.

#### II PURPOSE:



Direction, control, and warning are essential functions of emergency preparedness and response operations. They provide the capacity for County and City leaders to control government resources, communicate decisions to the public, and deploy assets to meet critical needs. Emergencies (whether natural, man-made, technological, or national security) place extra-ordinary strains on all levels of government. Demand for service escalates, while the ability to deliver diminishes. The gathering of information during emergency/disaster situations, the making of decisions, and direction of necessary actions require close coordination between key officials. Such coordination is best obtained from within a central facility. The Emergency Operations Center, or similar facility, is used to coordinate the aforementioned emergency or disaster activities and will be utilized by whichever City or County organization is designated as the Lead Agency during the response to any disaster, whether declared or undeclared by the Governor of the State of Indiana. The nature of the emergency at hand will determine which City or County agency is designated as "lead." This facet will be discussed later in this document.

## II CONCEPT OF OPERATIONS:

### I.

- A The Floyd County Emergency Operations Center (EOC) is a facility staffed through rapid mobilization by key staff personnel. It is designed and equipped to permit the coordination and implementation of actions at the County level to save lives, preserve property, and alleviate human suffering during periods of natural, man-made, technological, and national security disasters.
  
- B The Director, Floyd County Emergency Management, monitors potential emergency conditions within the County on a 24-hour-a-day basis and recommends to the Mayor and the County Commissioners emergency actions to be implemented.
  
- C The County Commissioners are the Executive Coordinating Officers during emergencies.
  
- D During other than normal duty hours, the City and County Communications Dispatchers keeps the Emergency Management Director informed of any potential emergency conditions occurring throughout the County.
  
- E During a disaster response, each City and County Agency Coordinator in the EOC will remain under the direction of his/her Agency head; however, he/she will function under the supervision of the EOC Supervisor on duty.

F **Use of NIMS / ICS.** Responses to emergency situations around the City and County are conducted utilizing the NIMS Incident Command System. Activation of the EOC is no exception. When fully activated, the lead agency will assume the role of Incident Commander, with the EOC Supervisor, Operations Supervisor, the Long Term Recovery & Mitigation Branch ESF 14, head of the Situation Analysis/Damage Assessment Group ESF 18, and the Communications Officer or Dispatcher ESF 2 working directly for him/her. As stated in paragraph E, above, the County and City Agency Coordinators will work under the supervision of the Operations Supervisor, but remain under the control of their respective Agency Head. This is depicted in chart form on page 18 of this document.

#### IV ACTIVATION OF THE EOC:

A Activation of the EOC will be based upon three conditions as set forth below:

- 1 **Potential Emergency Conditions:** A situation wherein activity is such as to preclude operations by the EOC Duty Officer at his/her home and dictating that he/she physically move to the County EOC to augment the Communications Dispatcher, assisted by other staff and clerical personnel as required. This condition is defined as a **Level I activation** and is primarily an advanced readiness posture. An EOC Operations Supervisor may be required at the discretion of the Operations & Response Director. This condition is defined as **Level II activation**.
- 2 **Limited Emergency Conditions:** A situation wherein activity is such as to require a limited EOC staff cadre and a selected number of City / County Agency Response Team members on three (3) eight-hour shifts, i.e., a modified Team A, B, and C. Some agencies may need to support on a 12-hour shift basis. This condition recognizes a potentially serious situation and provides a posture of advanced readiness in place. One or more EOC Operations Supervisor(s) will be required for message traffic control and shift supervision on all shifts whenever additional City / County Agencies are represented in the EOC. This condition is defined as **Level III activation**.

3 **Full Emergency Conditions:** A situation wherein  
• activity warrants total Activation of all resources of the Department of Homeland Security. All City / County Agency Response Teams support on three (3) eight-hour shifts, 24 hours per day. Some agencies may need to support on a 12-hour shift basis. One or more EOC Operations Supervisor(s) will be required for message traffic control and shift supervision on all shifts whenever additional City / County Agencies are represented in the EOC. If the Policy Group (as defined below) is NOT directed to form, this condition will be defined as **Level IV activation**. If the Policy Group IS directed to form, this condition will be defined as **Level V activation**.

4 These Activation Levels should not be confused with the CEMP Levels of Implementation which are described below:

- a Level I - Local level, no mutual aid or state assistance requested.
- b Level II - Local level, mutual aid requested, no state assistance requested.
- c Level III - State assistance requested, state EOC not activated.
- d Level IV - State assistance requested, state EOC activated.
- e Level V - Governor's Declaration of Disaster, no federal assistance requested.
- f Level VI - Federal assistance requested.

B **When the EOC is activated:** Refer to Annex D, Attachment 8  
• (Activation of the EOC) for specific procedures to be used during the "activation process"

#### V. **ORGANIZATION:**

A The Floyd County Emergency Management manages  
• disaster/emergency situations utilizing the NIMS / Incident Command System. Any one of the agencies identified in Sections B or C below may, by virtue of type of response required, be designated as Lead Agency. Additionally, while a situation might start with one agency as Lead, changes in the scenario might result in another agency being delegated this responsibility. To facilitate this, the EOC is organized as follows:

- 1 **Policy Group:** The Policy Group is an ad hoc committee  
• convened whenever executive-level decisions are required. The group is comprised of the following individuals or agency representatives:

President, County Commissioners (or his designee)  
Mayor, City of New Albany (or his designee)  
Director, Emergency Management  
Director of the Lead State Agency (as applicable)  
Public Information Officer (PIO)  
County Auditor (as required)  
County Clerk Stenographer (when required)  
County / City Legal Counsel (when required)

The Policy Group is in strategic command of the disaster response from the County / City level and as such provides direction and control directly to the Operations Group and through the Operations Group to field or other EOC activities. When responding to a wide-spread disaster such as regional flooding, tornado outbreak, etc., the senior member of the Policy Group will be the Incident Commander. When responding to a localized emergency such as a mass-casualty incident, the EOC will function as a member of the Logistics Group in a Unified Command Structure. The senior member of the Policy Group will function as a Logistics Chief in such a situation.

## 2 Operations Group:

- a The Operations Group is convened whenever the EOC is activated for either a limited or full emergency situation (Level II or III). Membership is as shown below with individual agencies being "called in" on an as needed basis.

Chief of EOC Operations  
Operations Supervisors (2)  
City / County and Volunteer Agency Coordinators  
(as required)  
Clerk/Stenographer/Typist (when required)

City / County and volunteer agencies are assigned to specific Emergency Support Functions (ESF). Specific ESFs are assigned to various Sections. A listing that shows the relationship between specific agencies/volunteer organizations, ESFs, and Sections is located in paragraph b, below;

- b The Operations Group provides the interface between the County and State Government through five (5) Sections and seventeen (18) Emergency Support Functions (ESFs) or Emergency Support Elements (ESEs). These Sections, their assigned Emergency Support Functions and/or Elements, and the County Agencies responsible for providing interface are listed below:

1 OPERATIONS SECTION

a **Human Services Branch:** An *ad hoc* branch  
comprised of representatives from the  
following ESFs and agencies:

1 **Mass Care, Housing, & Human Services (ESF # 6)** - Comprised of *selected* representatives from the American Red Cross (ARC), Salvation Army (SA), New Albany / Floyd County School Corp. (NAFCSC), Floyd County Health Department (FCHD), Floyd County Emergency Management (FCEMA), Floyd County Local Emergency Planning Committee (FCLEPC)

2 **Agriculture & Natural Resources (ESF # 11)** - Comprised of *selected* representatives from ARC, FCEMA, SA, Civic Organizations (CO), NAFCSC.

b **Infrastructure Support:** An *ad hoc* branch  
comprised of *selected* representatives from  
the following ESFs and agencies:

1 **Public Works & Engineering (ESF # 3)** - Comprised of *selected* representatives from Floyd County Engineer (FCE), Floyd County Surveyor's Office (FCSO), Local Contractors (LC), Floyd County Highway Department (FCHD), New Albany Board of Public Works (NAPW)

2 **Energy (ESF # 12)** - Comprised of *selected* representatives from Cinergy / Duke / Harrison County REMC / Vectren.

3 **Transportation (ESF # 1)** - Comprised of *selected* representatives from NAFCSC, FCEMA, FCHD, FCSD.

c **Emergency Services:** An *ad hoc* branch  
comprised of representatives from the  
following ESFs and agencies):

1. **Firefighting (ESF # 4)** - Comprised of *selected* representatives from **Floyd County Fire Chiefs Association (FCFCA)**, Floyd County Fire Departments (FCFD), FCEMA.

2. **Public Health & Medical Services (ESF # 8)** - Comprised of *selected* representatives from FCEMA, Floyd Memorial Hospital (FMH), ARC, FCLEPC, Yellow EMS (YEMS), Floyd County Coroner's Office (FCCO), **FCHD**.

3. **Urban Search & Rescue (ESF # 9)** – Comprised of *selected* representatives from **FCSD**, FCFD, New Albany Police Department (NAPD), Georgetown Police Department (GTPD), Indiana University Police Department (IUSPD), FCEMA.
4. **Hazardous Materials & Response (ESF # 10)** – Comprised of *selected* representatives from FCFD, FCEMA,
5. **Public Safety & Security (ESF # 13)** – Comprised of *selected* representatives from NAFSCS, NAPD, GTPD, IUSPD, FCHD, **FCSD**.

## 5 HAZARDS SPECIFIC SECTION

### **Terrorism Consequence Management Element:**

Comprised of representatives from those agencies "tasked" by the Terrorism Consequence Management Plan (under separate cover).

The supervisor assigned shift duty as Operations Supervisor is in tactical command of the EOC. Any and all "taskings" will be directed through him/her. Direction and control for field or other EOC activities originating in the Policy Group will be funneled through the Operations Supervisor for assignment via TracSys.

- 3 **Support Group:** The Support Group will be convened at any level during ANY EOC activation. The Support Group's role is to answer phones, record messages, post information to wall boards (as deemed necessary), keep maps up to date with the most current information, and to provide any additional support requested by the Operations Group. Membership of the Support Group is comprised of, but not limited to:

EOC Supervisor  
Action Officers (6)  
Situation Recorder (3)  
Clerical/typist (3)

The EOC Supervisor is nominally the coordinator of the Support Group. Any "tasking" for a Support Group member should also be routed to the EOC Supervisor or his/her "shift relief".

- 4 **Communications:** The Communications section (not to be confused with the Communications & Warning ESF) is responsible for the operation of all radio communications devices with the "outside world". This includes the 800 and 155.025 MHz radio frequency bands. Additionally, Amateur Radio volunteers will provide manpower to assist in gathering information from affected areas, utilizing amateur radio equipment operating in the HF, VHF, and UHF radio bands. The Communications section is comprised of. But not limited to:

Communications Officer (1)  
Dispatcher (3) ----- Note: Should the MCC be  
dispatched to the incident  
site, manning may be changed to two  
(2) people. RACES  
volunteers (as required)

- 5 **Situation Analysis/Damage Assessment Group:** The Situation Analysis/Damage Assessment Group provides the EOC manpower essential to fulfilling the EOC commitment to the Damage Assessment ESF. When not actively engaged in these functions (or on rotation as Operations or Supervisor), the membership also provides manpower to assist the Support Group. This group is comprised of, but not limited to:

Recovery & Mitigation Branch (1)  
Damage Assessment Officer (1)  
Assistant Damage Assessment Officers (6)  
Clerk/Stenographer, Typist (2 as required)  
Other Technical Specialists as deemed appropriate

Records of activity involving the Situation Analysis/Damage Assessment Group will be maintained. This data can be entered from any of the EOC workstations.

- B Representatives from the following County Agencies will normally operate in the  
• EOC.

Floyd County Fire Departments  
Health Department  
County Sheriffs Department  
New Albany Police Department  
Floyd County Highway Department  
New Albany Public Works  
Yellow EMS

- C Information, Press Relations, and Rumor Control are under  
. the direction of the lead agencies PIO officer.
- D Agency-assigned *augmentees* serve at the pleasure of the  
. EMA Director.

VI **RELOCATION:**

In the event of a catastrophic incident; whether it is natural, technological, or a threat to our national security; the Primary EOC may have to be relocated to a pre-determined Alternate EOC. Through Executive Order signed by the County Commissioners is authorized to use County resources and personnel to relocate personnel and equipment to the Alternate EOC. Refer to Annex D, Attachment 10 (Relocation of the EOC to an Alternate Location) for specifics.

- A There are currently two sites designated as Alternate  
. EOCs.
  - 1 Floyd County Sheriffs Training Room (New Albany In.)  
.
  - 2 Clark County EOC (Sellersburg, IN).  
.
- B Other suitable locations may be required should the  
. situation warrant. At such time, a decision would be made based on what facilities were available, times to reach that location, and available communications/transportation nodes.

VI **PROCEDURES:**

I.

A **The EMA Director will:**

- 1 Notify the President of the County Commissioners and  
. the Mayor of New Albany of developing situations.
- 2 Interpret situation reports, damage assessment  
. reports, and/or snow emergency reports for information as it relates to a potential County or City proclamation of disaster emergency.



- 3 Order the activation of the EOC. Refer to Annex D,  
. Attachment 8 (Activation of the EOC).
- 4 Coordinate activities at the County Level in the  
. conduct of emergency and recovery operations.
- 5 Prepare and submit reports as specified in paragraph  
. VIII.
- 6 Request State assistance as required.

**B The EMA Deputy Director will:**

- 1 Interpret situation reports, damage assessment  
. reports, and/or snow emergency  
reports for information as it relates to a potential  
City or County proclamation of disaster emergency.
- 2 Prepare and submit reports as specified in paragraph  
. VIII.
- 3 Prepare a draft proclamation of disaster emergency for  
. the City or County.

**C The Lead Agency Public Information Officer will:**

Carry out duties as assigned by the EMA Director.

**D The EOC Chief of Operations & Response Branch will:**

- 1 Activate the EOC when directed by the EMA Director.  
. Refer to Annex D, Attachment 8 (Activation of the  
EOC).
- 2 Through the Operations Supervisor, direct and  
. coordinate the activities of the Operations Group,  
Support Group and Communications. He/she will utilize  
the Operations Supervisor as the "executor" for all  
"taskings".
- 3 Coordinate the activities of state agency local  
. support personnel and equipment as required in support  
of the affected jurisdiction.
- 4 Review and evaluate all incoming Situation Reports,  
. Requests for Assistance, and information from the  
local support staff and through other agencies to  
identify trends in the situation, major problem areas  
(such as resource shortages), and possible future  
requirements or necessary actions.
- 5 Provide the Public Information Officer with advice and  
. assistance on the full range of disaster effects, both  
existing and anticipated.

- 6 Direct preparation of a situation analysis for  
. dissemination to the EMA Director and staff members.
- 7 Prepare and submit reports as specified in paragraph  
. VIII.
- 8 Prepare and process the After Action Report (AAR).  
.
- 9 Ensure maps and charts in the EOC are posted and  
. current.
- 10 Provide Operations Group staffing scheme to  
. Administrative Officer.
- 11 Direct alerting of appropriate area EOCs.  
.
- 12 Ensure continuing coordination with affected areas  
. and/or counties.

**E The Chief of EOC Operations will:**

- 1 Report to the Operations & Response Branch Chief for  
. special orders and instructions.
- 2 Implement the situation reporting system through the  
. personnel assigned to this function.
- 3 Review and evaluate all incoming Situation Reports,  
. Requests for Assistance, and information from the  
Operations field staff and through other agencies to  
identify trends in the situation, major problem areas  
(such as resource shortages), and possible future  
requirements or necessary actions.
- 4 Provide the Public Information Officer with advice and  
. assistance on the full range of disaster effects, both  
existing and anticipated.
- 5 Keep the Operations & Response Chief informed at all  
. times about the situation, providing requisite details  
to enable him/her to make timely decisions and direct  
appropriate actions.
- 6 Ensure adequate staffing of EOC Supervision.  
.
- 7 Ensure EOC automation is fully operational.  
.
- 8 Ensure field automation is fully operational.  
.

**F The Communications Officer will:**

- 1 Report to the Operations & Response Chief for special orders and instructions.
- 2 Establish and operate a message center for the control, logging, and distribution of electronic messages.
- 3 Activate radios in the communications area to include 155.025 MHz, 800 MHzs (as applicable).
- 4 Operate the Radio Amateur Civil Emergency Services (RACES) network and arrange for adequate RACES coverage.
- 5 Maintain appropriate communications control log and forward all communications to the EOC Coordinator for control and distribution.
- 6 Notify the Operations & Response Chief of manpower requirements for radio monitoring and RACES system.

**G The Damage Assessment/Disaster Assistance Officer will:**

- 1 Activate the Damage Assessment requirements by assembling statistical data, maintaining plots, and recording all adverse conditions such as fires, flood, and other hazards which may affect operations.
- 2 Collect and prepare assessments of the damage sustained by the various political jurisdictions involved. (These assessments should include the effects on population, roads and highways, vital installations, public utilities, human care service facilities, resources, shelter systems, etc.).
- 3 As emergency operations phase into early recovery, be prepared to assume Disaster Assistance role.
- 4 Supervise Damage Assessment to ensure that:
  - a Upon instruction, initiate the Damage Assessment Report by facsimile identifying categories to be reported and report due date.
  - b Receive, post, and evaluate Damage Assessment Reports.
  - c Upon instructions, initiate the Snow Emergency Report by facsimile identifying the information to be reported.

- 5 Carry out duties as outlined in Annex D, Attachment 5  
. (Damage Assessment).

H **The EOC Supervisor will:**

- 1 During duty hours, notify all personnel of their  
. appropriate duty assignments and publish a schedule for the same predicated on Operations Group Staffing Scheme provided by the Operations & Response Chief and other appropriate input data.
- 2 During non-duty hours, as instructed by the Operations & Response Chief or his/her representative, notify personnel required by the extent of the situation to report to the State EOC.
- 3 Implement the situation reporting system through the  
. personnel assigned to this function.
- 4 Review and evaluate all incoming Situation Reports,  
. Requests for Assistance, and information from the local support staff and through other agencies to identify trends in the situation, major problem areas (such as resource shortages), and possible future requirements or necessary actions.
- 5 Provide the Public Information Officer with advice and  
. assistance on the full range of disaster effects, both existing and anticipated.
- 6 Schedule the professional and clerical personnel  
. necessary to man the County EOC on a 24-hour basis.
- 7 Procure additional manpower, through the Counties  
. Coordinating Agencies as may be required, to supplement the EOC staff.
- 8 Keep the Operations & Response Chief informed at all  
. times about the situation, providing requisite details to enable him/her to make timely decisions and direct appropriate actions.
- 9 Prepare the County EOC for emergency operations and  
. occupancy by County and City personnel.
- 10 Obtain personnel for securing EOC area (as required).
- 11 Issue Security Badges, upon arrival, to those  
. personnel with assigned duty in the EOC who do not currently possess a Security Badge.
- 12 Ensure that the EOC has available:

- a Situation maps
- .
- b Situation charts
- .
- c River and stream maps
- .
- d Status boards
- .
- E Special maps and charts as required

VII **REPORTS:**  
I.

A **All Disasters:**

Reports to be submitted fall within the scope of parts **b** and **c** below.

B **Natural/Man-Made Disaster:**

- 1 Initial Disaster Report - Distributed to EMA Director,  
. Lead Agency Head, and Operations & Response Chief.
- 2 Daily Situation Report - Distributed to EMA Director,  
. Lead Agency Head, and Operations & Response Chief.
- 3 Damage Assessment Report.
- .
- 4 Report of Disaster Related Expenditures.
- .
- 5 After Action Report (AAR)
- .
- 6 Damage Assessment:
- .
- 7 Situation Report:
- .
- a Request for Aid.
- .
- b Population Status (POPSTAT).
- .
- d Facility Status (FACSTAT).
- .

e Fire Situation Report (FIRESIT).

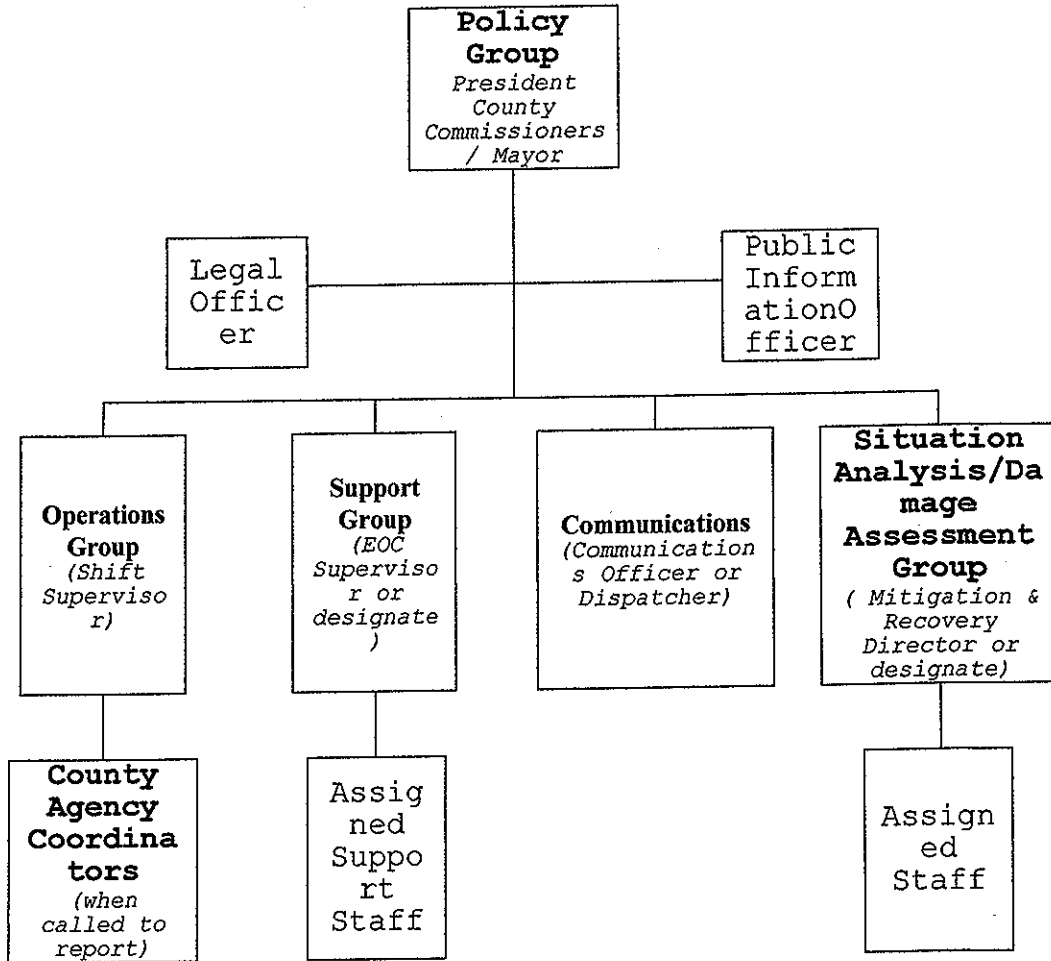
IX **REVIEW:** This Annex will be reviewed for accuracy and  
currency according to the following guidelines:

A Annually, during the month of January.

B Whenever the Counties Comprehensive Emergency Management  
Plan is revised or changed.

C Whenever any of the remaining reference documents listed  
in paragraphs I-A thru I-E are revised, changed, or  
deleted.

# EOC CHAIN OF COMMAND



## ANNEXES

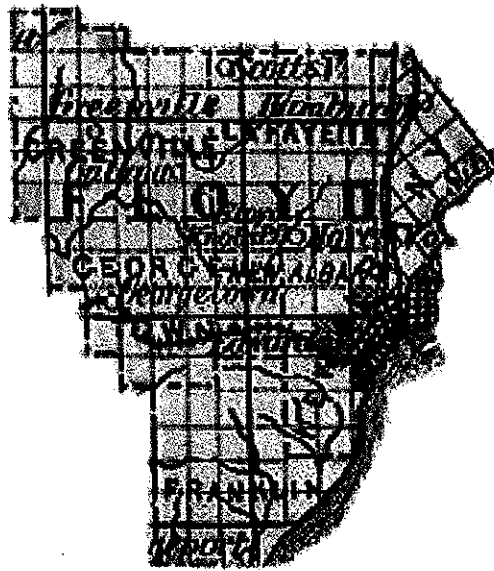
- ANNEX A ..... EOC Security
- ANNEX D ..... EOC Activation





# Floyd County Health Department

## Mass Prophylaxis Plan Including All Hazards



**Dr. Thomas Harris, M.D., Health Officer**  
New Albany, IN 47150

**Charlotte Bass, Administrator**  
Floyd County Health Department  
812-948-4726 ext 626

**AUTHORIZATION SIGNATURE PAGE**

This document is a guide for the Floyd County Health Department during an emergency event and shall be used for any and all response to, or in support of, emergency operations during an actual event or training exercise.

This plan has been reviewed and approved by:

**Local Health Officer**

Name: Dr. Thomas Harris, MD

Signature TH Harris MD

Date 5/13/10

4/15/11

## Floyd County Mass Prophylaxis Plan

	<u>Page</u>
<b>Title Page</b>	
Includes the names and the appropriate administrative contact information of the Floyd County Health Department, including the most recent date/update for the plan.	
<b>Annual Review Document</b>	
This is a page to document the name, title, signature, and date of the employee who performs the recommended review of the plan.	
<b>Authorization Signature Page</b>	
Signature and date to show approval of this plan by the local health officer.	
<b>TABLE OF CONTENTS</b>	
<b>Section A: Introductory Information</b>	<b>1</b>
Introductory information for the overall plan.	
<b>Purpose</b>	<b>3</b>
This states the purpose of the plan by describing the function it serves in relation to the County Emergency Management Plan (CEMP), and indicates that incident response will be in compliance with the National Incident Management System (NIMS). It also references appropriate state statutes regarding communicable disease and federal and state directives related to emergency preparedness.	
<b>Justification</b>	<b>3</b>
This describes the resources and constraints unique to the Floyd County area and details the plan described in the summary.	
<b>Goals and Objectives</b>	<b>4</b>
Clearly states the goals and objectives of the Floyd County's Mass Prophylaxis Plan and including all hazards preparedness.	
<b>Executive Summary</b>	<b>5</b>
Includes a summary of the mass prophylaxis operations for each population within the community: essential personnel/first responders and their household members; the general population; and, special needs populations. Includes the number of proposed clinic sites, planned hours of operation, segmented vs. non-segmented populations, and staffing resources, etc.	
<b>Section B: Deciding to Provide Mass Prophylaxis</b>	
<b>Introduction</b>	<b>8</b>
Describes the importance of using a standardized five-step process for evaluating a public health emergency and the steps in determining if mass prophylaxis is needed	

## Floyd County Mass Prophylaxis Plan

and appropriate. This will be used to summarize the decision-making process.	
<b>Decision Team Information</b>	<b>9</b>
Describes the Floyd County Health Department's Decision Team, a group of individuals with the knowledge to evaluate an emergency, plus authority to make decisions that direct action and utilize resources. The team includes: the local health officer, the health department administrator, public health nurses, the LPHC, and an epidemiologist and others as stated in the plan.	
<b>Assessment Information</b>	<b>9</b>
During the five-step process to evaluate mass prophylaxis, the local Decision Team and pending the situation, a similar group at the state level will discuss the situation and determine the appropriate course of action. This section includes worksheets to document the information needed by staff before this discussion, and then to record answers to the questions that must be addressed to determine if mass prophylaxis is appropriate.	
<b>Decision Making Process</b>	<b>14</b>
Includes a flow chart on the decision making process.	
<b>Determining Exposure Risk</b>	<b>15</b>
Includes a flow chart to assist in determining exposure risks and contributing factors.	
<b>Process for Requesting SNS Assistance</b>	<b>16</b>
Includes the information needed and the required actions to request SNS assistance.	
<b>Section C: Essential Personnel &amp; Household Members Plan</b>	<b>17</b>
Essential personnel include public health first responders, other essential service providers, and volunteers who must be able to work during a public health emergency to operate a mass prophylaxis POD and to maintain public infrastructure. Mass prophylaxis should also be provided to household members of essential personnel. This plan should be developed and coordinated in close coordination with the local emergency management agency. This section describes the overall plan for Essential Personnel & Household Members, using bullet points and subsections to indicate the 'who, what, when, where, why and how' of the plan. Reference appendix for SOGs.	
<b>Section D: General Population Plan</b>	<b>20</b>
The General Population includes all affected individuals who are able to come to Mass Prophylaxis Clinic sites (also known as Points of Dispensing, or PODS). Describes the overall plan for the General Population, using bullet points and subsections to indicate the 'who, what, when, where, why and how' of the plan. Note: Keep in mind that various Special Needs Populations, i.e. the disabled and their caregivers, families with children, and language minorities, may access the PODS and will need to be accommodated on site.	

## Floyd County Mass Prophylaxis Plan

<b>Section E: Special Needs Populations Plan</b>	<b>23</b>
<p>This includes information to protect various groups who may be unable to come to the PODs, including the institutionalized, the homebound, non-English speaking minorities, illegal immigrants, the homeless, and persons with disabilities, etc. Describes the overall plan for Special Needs Populations, using bullet points and subsections to indicate the 'who, what, when, where, why and how' of the plan.</p>	
<b>Section F: Activation of the Mass Prophylaxis Plan</b>	<b>28</b>
<p>This includes the resources needed and the activities that occur during the period of time from activation of the plan by the local health officer or administrator, until all staff has been notified of the situation and their responsibilities.</p>	
<b><i>Command and General Staff Notification</i></b>	<b>28</b>
<p>Includes information by <i>title or position</i> for the Command and General staff for POD operations, and describes the process to be used for notification of these individuals. Command and General staff will be responsible for maintaining rosters and contact information for their own staff. Includes detailed instructions for contacting staff.</p>	
<b><i>POD Site Agreements and Contacts</i></b>	<b>28</b>
<p>This section includes procedures for accessing the POD locations. Essential Personnel &amp; Household Members' prophylaxis sites are centrally located throughout the county. The facilities must be readily accessible and secured. All facilities will be readily accessible by disabled individuals, available on short notice, have sufficient access and accessible by multiple modes of transportation. Based on individual sites, they are to provide for basic services such as electricity and water, restrooms, adequate parking, secured material unloading site, heat and air conditioning, and shelter from weather.</p>	
<b><i>Additional Resources and Agreements</i></b>	<b>29</b>
<p>Includes 24/7 and redundant contact information for agencies and vendors providing additional support or mutual aid during operations. These vendors could be the same for all three populations (Essential Personnel, General Population, and Special Needs Populations). However, if multiple vendors are available, it may be useful to obtain agreements with more than one so that materials can be accessed simultaneously. For the essential personnel population, this list should include information on local vendors with pharmaceuticals and associated supplies.</p>	
<b>Section G: Mobilization of the Mass Prophylaxis Plan</b>	<b>30</b>
<p>These procedures represent the period of time from the end of activation until the clinic is completely set-up, supplies are in place, and the clinic operations begin. The overall process will be the same for the general and essential personnel populations; however, the details of clinic location(s), set-up, and resources needed, and staffing will likely differ. May also include SOGs for these activities.</p>	

## Floyd County Mass Prophylaxis Plan

<b><i>Public Information</i></b>	<b>30</b>
Includes public information guidelines, prepared press release(s), media information, and contact information for the district and/or local Public Information Officer (PIO). During the mobilization phase, the public information officer will focus on the general aspects of the illness and potential symptoms, and will encourage anyone experiencing those symptoms to seek medical treatment.	
<b><i>Mobilization Checklists</i></b>	<b>31</b>
This includes a Site Checklist to be used during walk-through of the building or POD site (pre-event), in order to review the condition of the facility and to help ensure that it is returned to the same state post-event; a Supply Checklist to identify needed supplies by function and storage location; “Go-Kit” supply list if applicable; and a Set-Up SOG and checklist providing step-by-step directions for setting up the POD. Reference SOG and checklists in plan and locate in appendix.	
<b><i>Training of Staff and Volunteers</i></b>	<b>36</b>
Include the plan for providing information for general staff orientation, (just-in-time) training for POD staff and volunteers, and associated materials. Training will include topics such as worker safety, blood-borne pathogens and Personal Protective Equipment (PPE), liability protection, workers comp, staff compensation, communications or other training.	
<b><i>Receipt of Emergency Supplies</i></b>	<b>37</b>
Includes guidelines for receiving, storing and securing POD supplies, including SNS materials and layout of storage area(s). Includes checklists or forms to monitor and track the types and quantity of supplies. Communities should plan to provide mass prophylaxis to Essential Personnel & Household Members utilizing stored pharmaceutical caches or resources available within the community.	
<b><i>POD Security Plan</i></b>	<b>38</b>
This section references the POD security plan and law enforcement partners, and includes a standard security assessment checklist. The actual site security plans are in the appendix.	
<b><i>POD Information and Flow Diagrams</i></b>	<b>41</b>
Includes general floor plans and POD flow diagrams. Reference correct appendix. Include site maps and driving directions to facilities in the Appendix.	
<b><i>Communications</i></b>	<b>42</b>
Lists available equipment, including accessories that will be used, example radios, cell phone, e-mail, computers, etc. This section also references individuals by title who will maintain equipment. Also includes tactical communications flow sheet.	
<b><i>Personnel Management</i></b>	<b>42</b>
Includes forms for documentation of staff and volunteer sign-in and out (i.e. roster), overview of procedures, and references SOG’s for credentialing, identifying volunteers, and the badging process (including what will be included such as name, role and information on access, etc).	

## Floyd County Mass Prophylaxis Plan

<b>Section H: Mass Prophylaxis Clinic Operations Plan</b>	<b>45</b>
These procedures represent the period of time from end of the mobilization, or when the POD is completely set-up, until the decision is made to demobilize the POD. References SOG's that are located in the Appendix.	
<b><i>Operations Guidelines</i></b>	<b>45</b>
Describes the plans and procedures to be utilized for the following activities: <ul style="list-style-type: none"> <li>▪ Parking and Transportation</li> <li>▪ Triage</li> <li>▪ Medical Evaluation</li> <li>▪ Mental Health</li> <li>▪ Patient Education</li> <li>▪ Number of regimens dispensed for family member/head of household</li> <li>▪ Reference use of the NAPH (Name, Address, Patient History) Form</li> <li>▪ Reference rapid dispensing methods and procedures to be used and by title who will make determination</li> <li>▪ Unaccompanied Minors</li> <li>▪ Facility Management</li> <li>▪ Internal Communications</li> <li>▪ Security (see appendix for specific site security plans)</li> </ul>	
<b><i>Inventory Control</i></b>	<b>51</b>
Includes forms and guidelines for inventory control. Local supplies may be exhausted early in the response period, and it may become necessary for an affected jurisdiction to rely upon surrounding areas for additional supplies. The procedure to determine when reordering will be addressed Chain-of-custody procedures are outlined in plan including ability to track pharmaceutical lot numbers, including responsible staff by title. There are at least two systems including a paper system and an electronic spreadsheet / system.	
<b><i>Status Reports</i></b>	<b>53</b>
During an incident the command staff will need to meet to assess the situation. This section includes guidelines for who should meet (by title and role), how often, and what information should be collected. This section states guidelines on the meeting and references the time-frame of scheduling and also includes the person responsible for these meetings.	
<b><i>Staffing Guidelines</i></b>	<b>53</b>
This section includes NIMS-compliant organizational charts, and information on staffing plans, including security and utilization of volunteers and paid staff. Also includes staff management procedures and forms (reporting, credentialing, shifts/breaks, change of shifts etc.) staff security issues and shift debriefing guidelines. Lists POD staff position, number, and function. Includes lists of responsibilities and tasks	
<b><i>Finance/Administration</i></b>	<b>55</b>
Includes guidelines for administrative and financial activities related to documentation	

## Floyd County Mass Prophylaxis Plan

of all expenditures, including tracking personnel hours. Forms developed for these purposes are included in this section.	
<b><i>Public Information</i></b>	<b>55</b>
This section provides reference to specific public information materials regarding the biological agent and symptoms in multiple languages, as appropriate. It is important to be prepared to continuously provide information about symptoms of illness and to distinguish between where to seek MEDICAL TREATMENT versus PROPHYLAXIS. This information will include: <i>who</i> should go to mass prophylaxis sites, <i>what personal information</i> will be collected and general statement that the time and place will be indicated at the time of incident, <i>what education</i> will be provided to clients, the PODs will be opened, and <i>who</i> (title) to contact with questions. Includes and references copies of posters, flyers and fact sheets made available for use at PODs. Also addresses unique strategies to reach special needs populations.	
<b>Section I: Demobilization of Mass Prophylaxis Plan</b>	<b>56</b>
These procedures represent the period of time from the decision to scale down POD dispensing operations until the facilities are returned to their pre-event state, unused supplies are accounted for and returned, vendors have been notified and arrangements made for return of necessary items and staff is debriefed. Indicates who, by title, makes demobilization decision and when, how population is notified of impending closing. Also, include instructions for the return of equipment and disposition of remaining supplies, including medications.	
<b><i>Tear-Down Guidelines</i></b>	<b>56</b>
Includes a step-by-step guide to tearing-down the POD, includes checklist of staff and agency responsibilities. Includes a checklist for final walk-through of facilities to ensure that the condition of the building or POD site (post-event) is evaluated for damage or needed repairs.	
<b><i>Data and Management Analysis</i></b>	<b>57</b>
This section Includes guidelines for data entry and analysis. Includes plans for sending the NAPH (Name, Address, Patient History) forms to ISDH.	
<b>Section J: Debriefing/After-Action Report</b>	<b>58</b>
The purpose of this section is to evaluate the process and outcomes of providing mass prophylaxis in order to identify corrective actions and areas for future improvement. Includes guidelines, procedures and forms, for completing after-action reports (AARs), and conducting debriefing sessions. After-Action Reports should include a timeline of events (taken from the journal log) and lessons learned. Plans are to be revised and updated to incorporate the corrective actions, then to re-test the activities that have been identified as needing improvement.	



## **SECTION A: INTRODUCTORY INFORMATION**

### **A-1 Introduction**

The mission of public health is to provide for the health and well-being of the population. In an age of novel threats, such as bioterrorism and emerging diseases, along with the long standing hazards, such as food-borne outbreaks and pandemic influenza, the challenge to protect the public health is now greater than ever before. The common goals of all preparedness efforts are to:

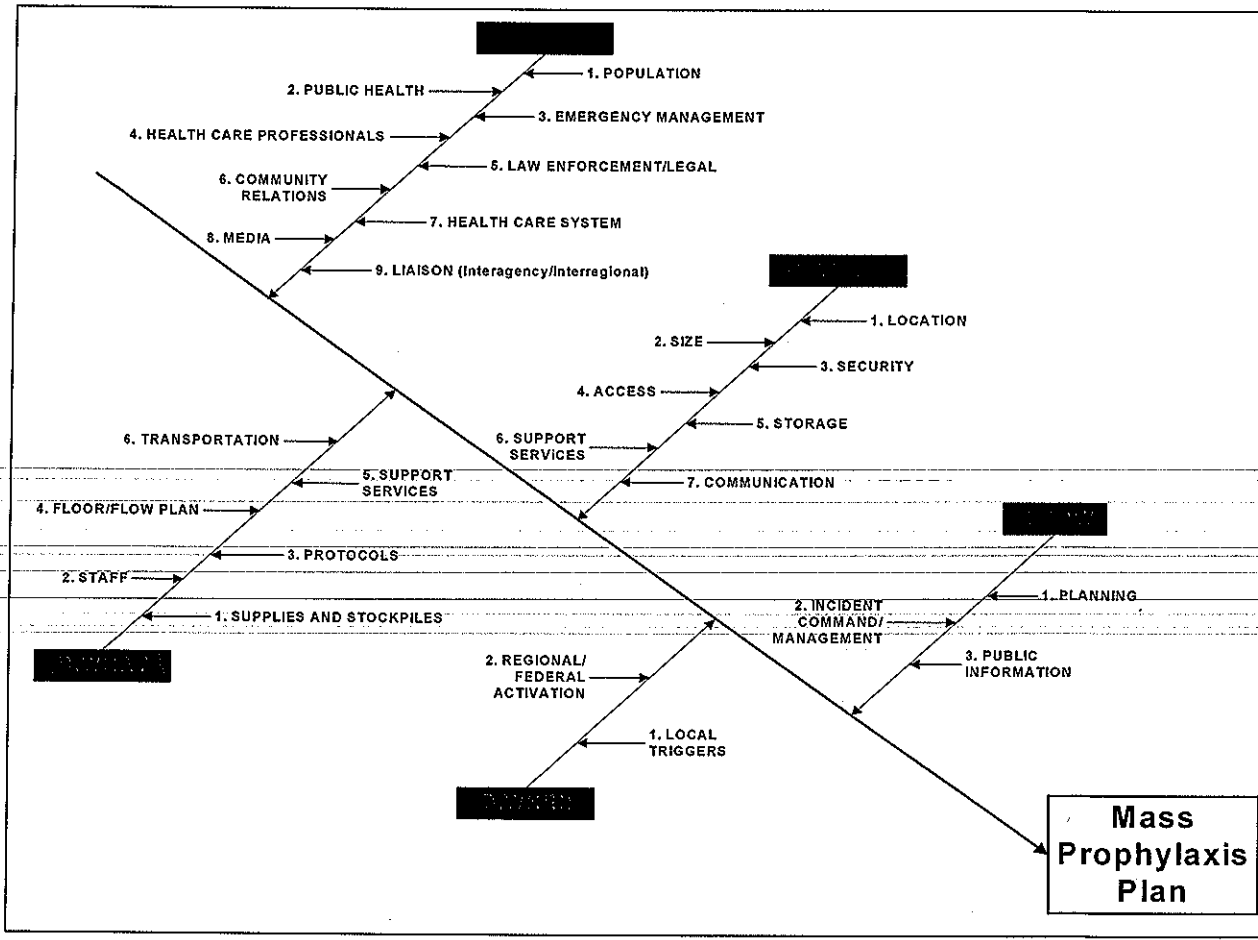
- Minimize morbidity and mortality through “proper preventive, curative, and supportive care”
- Address and support the greater vulnerability of special needs populations
- “Defend civil liberties using the least restrictive interventions to contain an infectious agent that causes communicable disease.”
- Ensure the economic stability of the community and limit the financial impact
- Minimize stigmatization of groups
- Increase the ability of the community to recover from the public health disaster

One method to battle widespread disease is the provision of mass prophylaxis to the exposed, or at-risk population. This disease-containment method is not always appropriate and requires expenditure of great amounts of resources, thus careful thought must be given to the decision to provide mass prophylaxis. This document serves as a guide to assist in the process of evaluating a public health emergency and operating a mass prophylaxis clinic.

Weapons of Mass Destruction (WMDs) involving Chemical, Biological, Radiological, Nuclear, and Explosive (CBRNE) agents have become an increasing reality in the United States of America. These agents will create their effect through a mass casualty incident or person-to-person exposure, and, as with the biological agents, they will propagate their effect through exposure to individuals within the community. Prophylaxis of these agents can often occur during this incubation period from exposure to the agent until the onset of symptoms, thus reducing the spread of disease. Widespread public exposure to a terrorist agent, particularly a biological agent, would therefore require large scale mass prophylaxis of the public.

It must also be acknowledged that the role of public health in response to all types of disasters has not changed. Instead, during a public health disaster, the scale of the response and size of the population served is much larger. The principles detailed in this plan can be utilized to respond to a variety of health threats, not just disease. These principles can be used to respond to all types of hazards or disasters in order to distribute any type of drug, vaccine, or resource on a large scale. Mass prophylaxis is an operation that could be used following a Hepatitis A outbreak, a tornado, or a bioterrorist attack. **These risks can affect anyone, anywhere, at any time.**

Figure 1: Elements of a Local Mass Prophylaxis Plan



## **A-2 Purpose:**

This plan is designed to serve as a companion plan to the Floyd County Comprehensive Emergency Management Plan. The information in this plan will allow public health officials to perform the required duties related to Mass Prophylaxis under Essential Support Function 8: Health and Medical. The plan contains protocols and procedures necessary for provision of mass prophylaxis in compliance with Homeland Security Presidential Directive 5 (HSPD 5) and 410 IAC 1-2.3. The assistance from other Emergency Support Functions is required for effective clinic management. These tasks **ARE NOT** detailed in this plan.

The following document describes the plans required to operate a mass prophylaxis clinic using supplies from the Strategic National Stockpile (SNS) and the Managed Inventory (MI). Mass prophylaxis is the dispensing of pre-packaged medications or vaccine to a large number of people for treatment of both asymptomatic and symptomatic persons. The distribution of medical supplies and pharmaceuticals is a core function of the mass prophylaxis plan. It is the most complex and challenging of all the functions since large numbers of people must be provided medication/vaccine in just a few days when a bio-agent event occurs. The key to survival for most people is to provide antibiotics and/or vaccine before an individual begins to show any clinical symptoms.

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**National Incident Management System:** The response to a public health emergency will be done in compliance with the National Incident Management System (NIMS).

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**Drug Inventory Management:** This Mass Prophylaxis Plan does not provide for the acceptance nor use of any controlled substances which require signatories on the U.S. DEA Form 222.

## **Legal Authority**

The Floyd County Health Department's authority to establish a Mass Prophylaxis site is referenced in **Appendix A-3**. The authority allows the Floyd County Health Department to operate and perform the necessary functions to protect the public during a public health emergency. Questions related to the legality of any functions of the clinic, or the required authority to protect the public during a public health emergency should be referred to appropriate officials representing Floyd County.

## **A-3 Justification**

Floyd County is a suburban area with some rural areas located just north of the Ohio River and northwest of Louisville, KY on I-64. There is a total of 148 square miles within its borders. It has a population of approximately 74,600 people. The County seat is New Albany (37,000) located in the eastern part of the county. Other incorporated towns include Georgetown (2,267) and Greenville (591) with 33,142 living in unincorporated areas.

Floyd County has several government bodies including the Board of Commissioners and County Council, City & town councils, and one board of education.

The adjacent counties are: to the north – Washington County, to the northeast – Clark County, to the south – Jefferson County, Kentucky and to the west – Harrison County. Floyd County is a mix of suburban and rural areas which houses industry as well. It is home to many businesses as well as Indiana University Southeast and the new Purdue University Research Center. Some of our major employers include: the New Albany-Floyd County School Corporation, Floyd Memorial Hospital, Hitachi Cable, & Pillsbury/General Mills. The agri-business and industry also create a hazardous material vulnerability. There are hazardous materials used in the day-to-day operations of these businesses.

Transportation is mostly by personal vehicles and commercial trucking lines with major Interstate 64 providing quick access to an East/West route from the Ohio River in New Albany to Harrison County line just before Lanesville at mile marker 115. Other major state highways are US 150 covering the western portion from Greenville to the Interstate 64 at the 119 mile marker. SR 64 from Georgetown connecting to the Interstate 64. Highway 62 is a scenic route from Lanesville through the county to Clarksville. Mass Transit in form of TARC buses offer service to and from Louisville/New Albany daily with three routes running continuously during weekday normal business hours.

Two major rail lines go through Georgetown and New Albany with daily freight transportation traveling along the current system of aging track lines. Watercraft traffic is routinely traveling along the Ohio River on the southeastern edge of the county with a large number of commercial barges traveling all times, night and day. Among the heavy barge traffic are unknown chemicals being transported in mass quantities. The three methods of transportation lead to a possibility of a hazardous chemical spill almost at any location in Floyd County. Also the river has a small craft loading ramp located in downtown New Albany at the Amphitheater. Because of the versatile means of transportation the county becomes a natural possible point of attack from a terrorist standpoint.

Natural disasters could come in the form of tornado, with Indiana being located in the tornado alley for the Midwest United States. Another concern is that Floyd County is located less than 200 miles from the New Madrid and Wabash Valley faults. Some scientists believe a major earthquake is probable along one of these faults within the next 100 years.

All these factors point to the fact that Floyd County is vulnerable to numerous threats to the safety and health of the citizens of the county. The health department must be prepared for a worse case scenario in order to save valuable time in case of a disaster.

### **Goals and Objectives:**

- The primary objectives of a mass prophylaxis operation are to:
- Provide prophylaxis to the at-risk or exposed population as quickly as possible (worst case planning scenario requires all prophylaxis within 48 hours of decision to prophylax being made) in order to maximize the population's resistance to the agent and limit the number of cases requiring further medical treatment.
  - Educate the general public regarding the nature of the agent and the expected course of the illness.
  - Minimize the economic, emotional, and health threats to the community.

## A-4 Executive Summary:

The decision to activate a mass prophylaxis site(s) will be coordinated by a Decision Team consisting of, but not limited to, the President of Floyd County Commissioners, the Mayor of New Albany, the Floyd County Health Officer, the Floyd County Emergency Management Officer, Floyd County Health Nurse, Administrator of Floyd County Health Department and members of the Indiana State Department of Health (ISDH), including their Epidemiologist. Depending on the event, the SNS (Strategic National Stockpile) and MI (Managed Inventory) material may be distributed from a regional Receipt, Staging, and Storing (RSS) site. The SNS program will provide medications and material until the region can replenish and sustain such medications and supplies locally. All unopened SNS containers and capital equipment will be returned to the Centers for Disease Control and Prevention (CDC) as part of the recovery phase of any incident.

The following information provides a summary of the mass prophylaxis operations for each population within the community: essential personnel/first responders and their household members; the general population; and, special needs populations. This section also includes the number of proposed clinic sites, planned hours of operation, and other clinic operational information and resource references.

### 1. Essential Personnel and Household Members

The Essential Personnel plan has been designed to protect those individuals who, during a disaster, must continue to serve in positions necessary for the maintenance of public infrastructure. It is expected that their respective household members will also be provided prophylaxis as early as possible to provide the comfort that family members are protected and ensure the workforce is maintained. The group defined as essential personnel will depend upon the characteristics of the disaster and resources for prophylaxis available in the community at the time of the event. The Decision Team will be responsible for determining the details of this operation.

The number of doses to be distributed to a household, or head of household will be at our (the Floyd County Health Officer and his staff's) discretion depending on the incident and supply of medications.

**Essential personnel** and their household members will be provided with appropriate prophylaxis as soon as possible after the decision has been made that mass prophylaxis is necessary. Prophylaxis will be provided to essential personnel at a location determined within the city/county. The number of doses to be distributed to a household or head of household will be at our discretion depending on the incident and supply. The site(s) will be identified by the Decision Team based upon availability and the disaster scenario. (Refer to **Appendix C** for detailed Essential Personnel and Household Members Plan)

### 2. General Population

The General Population plan (discussed in Section D and detailed in Appendix D) is designed to maximize the effectiveness of limited resources available in the community and meet the needs of the unique population of the jurisdiction. The population of Floyd County

is approximately 74,600. Since limited resources of personnel and equipment may occur, outside assistance may be required, mutual aid agreements with surrounding jurisdictions are necessary and are crucial to the ability to protect the population. In turn, Floyd County is also committed to offer and provide support when possible to other counties.

Mass prophylaxis will be provided to the **General Population** at a location within the city/county. The clinic site, or Point of Dispensing (PoD) will be identified by the Floyd County Department of Health on an "as-needed" basis. The population will be non-segmented and the functions of triage, medical evaluation, and dispensing will all be completed at the clinic site. The clinic will operate until all medication is used and we are unable to order more due to supply or the demand lowers, and we can handle the influx of clients at the local health department office. The staff will work 12 hour rotating shifts, unless determined otherwise at the time. These longer shifts will significantly strain staff and in turn the plan must accommodate their needs accordingly.

The clinic/PoD will be operated 24 hours a day as determined by the urgency of the situation, and operated until the entire at-risk population can be served or demand decreases. Staff hours, work shifts and related matters will be set by the Floyd County Department of Health Decision Team. The operation of these clinics will require not only local health department staff participation, but also volunteers and staff from many other local agencies.

The clinic(s) will be staffed with medical personnel based on need, to ensure the entire at-risk population is served, and augmented by volunteers who have been solicited and trained in advance. The clinic/PoD will be well publicized through radio, television, newspapers, flyers, and possibly bullhorns. We will utilize the relationships we have established with our schools, Chamber of Commerce and businesses to help disseminate information regarding the clinic and volunteers. Forms will be pre-printed for registration and consent, Vaccination Information Statement (VIS) and information of risks, benefits, side effects, and special considerations.

Agreements with surrounding counties are crucial to the ability to protect the population. In turn, Floyd County is required to offer and has already agreed to provide support when possible.

Floyd County is largely urban with rural pockets. The clinic/PoD sites were chosen based upon central geographic location and population density. The goal of all clinic operations will be to, as much as possible, return any community resources to their condition prior to use.

(Refer to Section D for detailed General Population plan.)

### 3. Special Needs Populations:

The Special Needs population includes a variety of groups with uncertain risk of exposure. Homebound and institutionalized individuals are in confined spaces and less likely to have been exposed to the agent. Therefore the timeline for provision of prophylaxis can be more flexible. However, homeless or illegal aliens are more likely to have been out in the community and exposed to an agent, yet they are populations less likely to trust public health workers and thus more difficult to reach. This Plan relies upon trusted community figures or shelter staff to assist the public health personnel in protecting this population.

The number of doses to be distributed to a household or head of household will be at our discretion depending on the incident and supply of medications.

The **Special Needs** populations may be provided prophylaxis by the use of Mobile Health Teams (Appendix B-7- Mobile health teams). These Teams may, if activated, provide prophylaxis to individuals by traveling to their residence or current location. This operation will begin as soon as resources allow and continue until the at-risk population is protected. (Refer to Section E for detailed Special Needs Population Plan.)

## **SECTION B: DECIDING TO PROVIDE MASS PROPHYLAXIS**

### **B-1 Introduction:**

Certain public health situations may necessitate prophylaxis of large numbers of people in a short timeframe to prevent the transmission of illness. Examples of such events include, but are not limited to:

- case of hepatitis A in a food handler
- case of bacterial meningitis within a crowded setting
- mass exposure to a rabid animal
- bioterrorism event

***Mass prophylaxis requires collaboration and communication among several entities to provide rapid, effective intervention.***

Local health departments and community health care providers will often be the first to observe a public health crisis developing; therefore, immediate notification of the Indiana State Department of Health (ISDH) of a potential public health crisis is critical. This must be in accordance with the Indiana Communicable Disease Reporting Rule 410 IAC 1-2.3. The decision to provide mass prophylaxis does not rest upon one agency alone, and several factors will influence the decision to intervene.

The most important aspect of the mass prophylaxis process is deciding whether or not to provide it. Protecting the public health is paramount and the first priority in any situation. If an epidemiologic investigation reveals an exposure has occurred that may threaten public health, mass prophylaxis may be an effective disease control measure. Resources expended during mass intervention, however are enormous in terms of monetary costs, time, supplies, and personnel. Logistical parameters and public perception also present significant challenges. Therefore, decision-makers involved use a standardized process to evaluate the situation and must carefully balance the need to protect the public health without misusing public resources and creating panic. For these reasons, providing mass prophylaxis is a collaborative effort between local health departments and the ISDH. Both the burden and the responsibility are shouldered by all involved.

Step 1 The Indiana State Department of Health relies on Local Health Departments and local healthcare providers for notification of any potential public health crisis.

Step 2: The Mass Prophylaxis Decision Team is called together.

Step 3: A similar response team at the ISDH contacts the Local Health Department via conference call

Step 4: During the conference call, the following questions are addressed to determine if mass prophylaxis should be provided:

- Is the etiologic agent confirmed, and does a prophylactic measure exist for the agent?
- Is there potential for further exposure?
- Are pharmaceuticals available, and can they be administered to prevent illness and/or secondary exposure?

Step 5: Determine what course of action is appropriate.



## **B-2 Decision Team Information**

The following Public Health Decision Team members are a group of individuals who have the knowledge to evaluate a public health emergency, plus the authority to make decisions that direct action and utilize resources in Floyd County:

Floyd County Health Officer  
Administrator of Floyd County Department  
President of Floyd County Commissioners  
Mayor of New Albany  
Floyd County EMA Director  
Floyd County Public Health Nurse  
District 9 Epidemiologist

For contact information of the above individuals, and other local emergency Decision Team contacts, see **Appendix B-1 Decision Team Contact Information**.

## **B-3 Assessment Information**

During the five-step process to evaluate mass prophylaxis, the local Decision Team and similar group at the state level will discuss the situation and determine the appropriate course of action. **For documentation of assessment information use the following form: Mass Prophylaxis Assessment Form. For Step 4 of the 5 step process, use the Conference Call Worksheet.** Both above mentioned forms follow on the next pages, and are also located in **Appendix B-2 & B-3**.

**Standing Orders: *Prophylaxis*****Floyd County Public Health Department:****STANDING DELEGATION ORDERS FOR ADMINISTERING PROPHYLAXIS DURING MASS VACCINATION CLINICS (POD's)**

These standing delegation orders are provided for guidance to registered nurses, vocational nurses, and other licensed personnel providing *Mass Prophylaxis* under the medical supervision of the Floyd County Health Officer, Dr. Tom Harris, during a public health emergency. All staff authorized to use these orders will sign the cover sheet before administering any *Mass Prophylaxis*. It is the intent of all parties involved that the procedures done through them are in conformity with the Indiana Medical Practice Act and the Indiana Nurse Practice Act and the rules promulgated under them.

Standing delegation orders are defined as written instructions, orders, rules, regulations, or procedures prepared by a physician and designed for a patient population with specific diseases, disorders, health problems or sets of symptoms. These orders are drafted by the Local Public Health Coordinator, Floyd County Public Health Department in accordance with the most current Center for Disease Control and Prevention (CDC) and Indiana State Department of Health (ISDH) Immunization guidelines. Training for personnel authorized to perform the orders will be provided by the Clinic/POD Manager prior to the start of the Mass Prophylaxis clinic/POD and will consist of:

- Indications
- Contraindications and precautions
- Vaccine dosing and administration
- Side effects
- Talking points with patients
- Emergency procedures

**Mass Prophylaxis Assessment Form**

Floyd County Department of Health:

Date:

Time:

**Status of Epidemiological Investigation:**

Mode of Transmission:

Suspected Agent(s):

Recommended Control Measures:

**Estimated Number of Casualties:**

A) Cases:

Confirmed:

Probable:

Suspected:

B) Contacts:

Close:

Casual:

Additional Exposures:

**Affected Area:**

Location:

Estimated Population of Affected Area/Potential Size of Exposed Population:

**Conference Call Worksheet**

Discussion Questions:

- 1) Does prophylaxis that is effective against the agent exist?
- 2) Is there potential for further exposure?
  - Is the agent spread person-to-person?
  - Is the agent environmentally persistent?
- 3) Are pharmaceuticals and other resources available, and can they be administered to prevent illness and/or secondary exposure?
  - What is the incubation period for the agent?
  - What are the sources of prophylaxis? Timetable for delivery? Cost?
  - What additional resources would be required to provide prophylaxis (staff, supplies, etc)?

**Resources:**

Health Care Agency/Organization	Medical Personnel (type and number)	Pharmaceuticals (type and quantity)	N95 Masks	Ventilators

**Step 5 Actions to be taken:**

Mass Prophylaxis **WILL BE PROVIDED** to the following populations:

Essential Personnel to include:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

General Population

Special Needs Populations

Mass Prophylaxis **WILL NOT BE PROVIDED** at this time. The situation will be evaluated in \_\_\_\_\_ hours.

## Conference Call Worksheet

### Background Information:

#### **Determining the Etiologic Agent and Prophylactic Measures**

Etiologic agents, or causes of illness, include bacteria, viruses, fungi, and toxins. The etiologic agent is often suspected via clinical signs and symptoms but is confirmed only through laboratory testing. ***As a rule, mass intervention is not considered until laboratory testing has confirmed the etiologic agent.*** State or federal public health laboratories may be needed to identify etiologic agents. The appropriate prophylaxis, such as immune globulin, vaccine, or antimicrobial drugs, depends upon the etiologic agent. Vaccines, immune globulin, and antimicrobial drugs are effective against different types of agents. No prophylaxis exists for some etiologic agents, and it may be important to provide this education to concerned agencies and the public.

#### **Potential for Further Exposure**

This parameter depends on the circumstances of possible exposure, the likelihood of the agent being introduced into the surroundings, and to some degree whether or not the etiologic agent is communicable. Agents may be transmitted to a sizable population from a specific source, such as food, water, animals, or bioterrorist exposure. If the agent is communicable, potential for further person-to-person exposure exists. The infectivity of the agent and the survival of the agent outside of the body also influence the likelihood of continued exposure. Non-communicable agents may continue to spread through contaminated surfaces or air currents if the agent is hardy enough.

Those exposed will generally fall into three categories: those who have already developed symptoms, those who have not developed symptoms, and those who may risk secondary exposure. Prophylaxis is most beneficial to those exposed who have not developed symptoms or who may be at risk for secondary exposure. For those who have already developed symptoms, treatment (if available) rather than prophylaxis is indicated.

If the potential exists for further exposure to large numbers of people, either from an infected person or an environmental source, mass prophylaxis is considered. If this potential does not exist, mass prophylaxis is not recommended, and prophylaxis is provided only for those directly exposed.

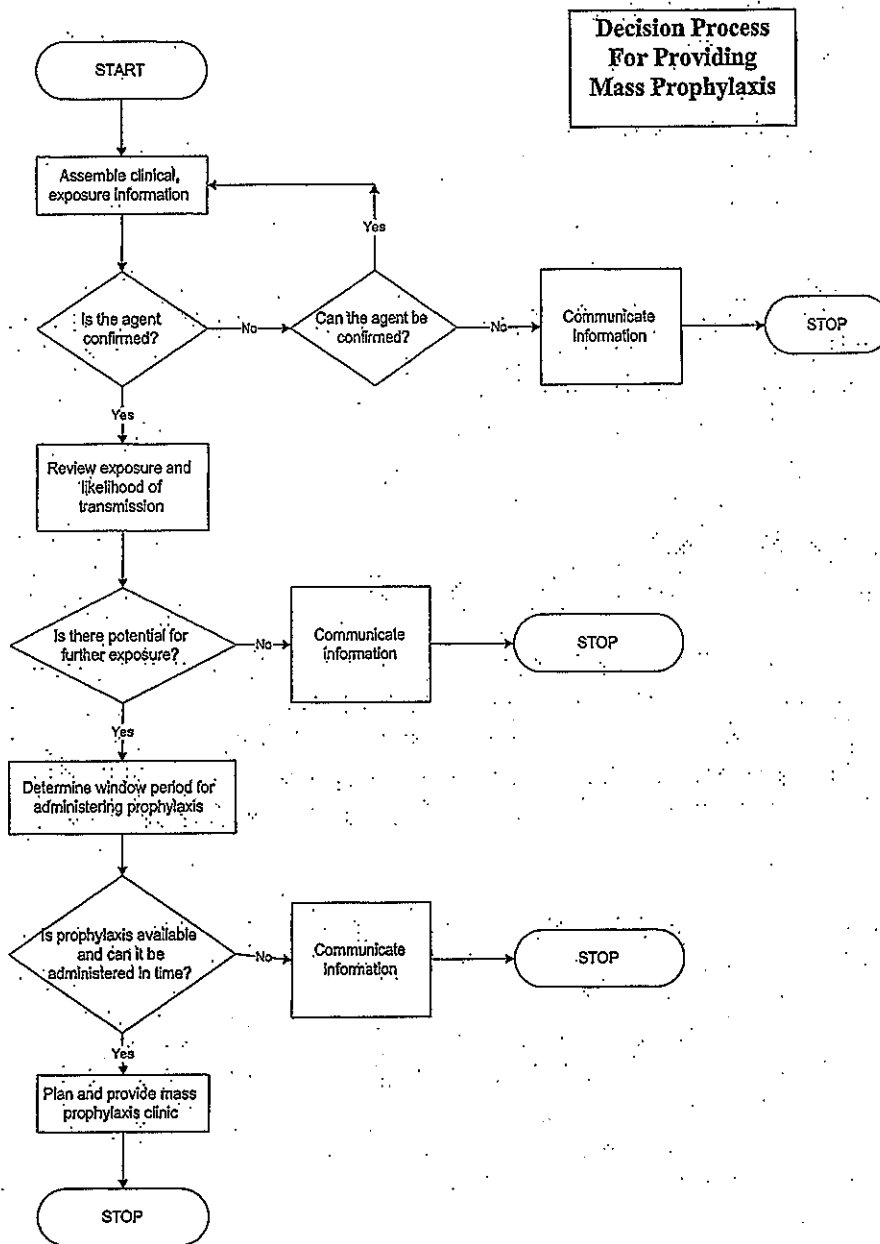
#### **Availability and Distribution of Pharmaceuticals**

Even if the etiologic agent is identified and potential for further exposure exists, mass intervention cannot be implemented if the necessary pharmaceuticals are not available in large quantities or cannot be administered within the time frame required to prevent infection. The ISDH contacts pharmaceutical distributors to determine supply availability and directs distribution. Shortages of vaccine, immune globulin or antimicrobials may necessitate prioritization of distribution to high-risk groups within the exposed or potentially exposed population.

Prophylaxis must be administered within a given time period, depending on the etiologic agent, to reduce the likelihood of infection. If pharmaceuticals can be administered within the given time period, (generally the incubation period of the agent), mass prophylaxis is considered. If pharmaceuticals cannot be administered within the given time period, mass prophylaxis is not useful. If the exposure period is unknown or ongoing, such

as with an influenza pandemic, mass intervention may be considered with the understanding that infection may still occur. Education regarding availability and distribution of pharmaceuticals to concerned agencies, the media and the public is extremely important.

**B- 4 Flowchart of Decision Process for Providing Mass Prophylaxis**



### **B-5 Determining Exposure Risk**

If the decision has been made to provide mass prophylaxis this plan will be activated and necessary operations will begin. However, there are several populations accounted for in this plan and not all will need to receive service simultaneously. Provision of prophylaxis to the following populations must be accounted for during planning:

- Essential Personnel & First Responders and their respective Household Members
- General Public
- Institutionalized
- Special Populations, including, but no limited to:
  - Institutionalized
  - Disabled Children, Adults and Seniors
  - Non-English Speaking Minorities
  - Homebound
  - Homeless

For each of these populations, the local health department must determine and address:

- *Who* is the population at risk?
- *Where* will prophylaxis be provided?
- *When* will prophylaxis be provided?
- What is the *source* for *emergency supplies*?
- *Staffing?* Who will staff the clinic?
- *Notification* of Staff?
- What *Public Information* will be released

Certain populations are at greater risk of exposure and must receive prophylaxis earlier in the operation. The epidemiological investigation will provide evidence to support the timeline for determining exposure risk. The following is a model timeline for determining exposure risk. This can be adjusted based upon the characteristics of the disaster and resources available in a community. Provision of prophylaxis based upon risk of exposure should be as follows:

- 1) Official first responders and essential service providers must receive prophylaxis first in order to be available and able to perform necessary functions during jurisdiction-wide disaster operations.
  - This would include mass prophylaxis of clinic staff, first responders, health care personnel, key government officials, public health personnel, emergency management personnel, etc.
  - This must be completed during the first 12 hours of an emergency.
  - The clinics will be conducted at pre-determined locations that are addressed in the Appendix.
- 2) The General Population is most likely to contain large numbers of individuals exposed to the agent.

- Mass Prophylaxis clinic operations should begin as soon as clinic staff has received prophylaxis or when supplies arrive, but not later than 24 hours after the decision has been made.
- Important to provide prophylaxis as soon as possible. Also important to allow enough time for set-up to ensure that clinic operations will run as efficiently as possible.
- Each client must fill out a State-provided NAPH (name, address, & personal history) form information along with number of family members requesting medication before receiving any supplies.

3) The Special Needs populations have a range of exposure risk. Homebound and Institutionalized individuals are less likely to have been exposed to the agent. Language minorities, homeless, and illegal aliens are more likely to have been active in the community and are at high risk of exposure. However, this is an operation that will require more active case finding and thus requires Mobile Health teams to travel out into the community.

- Beginning as soon as is reasonable after the catastrophic event has occurred and/or been identified and continuing until all affected have been served.
- Services may be provided through Mobile Health teams, home health agencies, institution staff, shelters, and additional community organizations.

#### **B-6 Requesting the Strategic National Stockpile (SNS)**

Additional public health supplies from the Strategic National Stockpile (SNS) can be requested as a result of the conference call between the Floyd County Health Department Decision Team and the Indiana State Department of Health (ISDH) Decision Team. The actual decision and request are discussed in detail in Appendix A-4.



## **SECTION C: ESSENTIAL PERSONNEL AND HOUSEHOLD MEMBER PLAN**

### **C-1 Introduction:**

This section is a summary of the Essential Personnel and Household Members plan. The purpose of this document is to provide a short summary of major issues addressed in the more detailed sections of the plan.

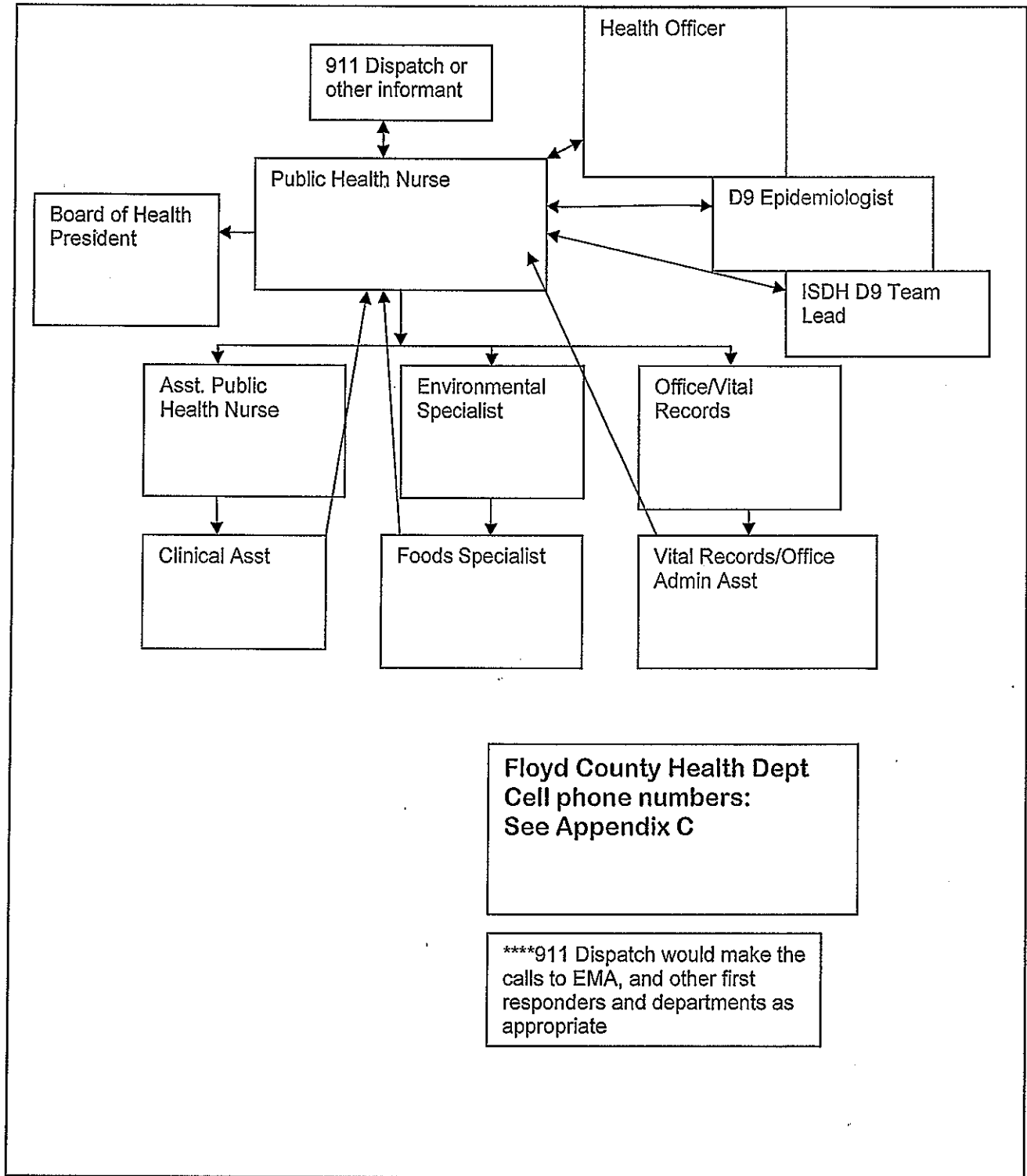
### **C-1 Essential Personnel and Household Member**

- **Who:** County-designated first responders and essential service providers, along with household members as determined by the Decision Team
  - This could include mass prophylaxis clinic staff, first responders, health care personnel, key government officials, public health personnel, emergency management personnel, etc.
- **Where:** At the Primary POD location or a secondary location as determined by the Floyd County Health Department (See Appendix F-4 for additional information on sites)
- **When:** Mass prophylaxis should be provided to this population as soon as practical.
  - This population must be protected first.
  - Need to be available to staff clinics, treat patients, and maintain the public infrastructure during a disaster. (People still have heart attacks and water mains may break even during disasters.)
  - Household members must also be included in this plan to try to ensure the maximum numbers of staff are willing to work
  - The number of doses to be distributed to a household or head of household will be at our discretion depending on the incident and supply of medications. It will be determined, depending on the situation, if an unaccompanied minor will be able to pick up prophylaxis. The minimum identification which may be required will be determined at the time of the incident, depending on the situation. In most cases, there may be no identification necessary unless it is a situation of identifying an unaccompanied minor.
- **Prophylaxis Source:** Local Supplies, if available (supplemented by State and Federal resources if needed) (See Appendix A-4, for additional information)
  - A local pharmaceutical listing is located in Appendix B-6.
- **Staffing:** Floyd County Health Department staff, medical professionals, law enforcement, fire department members, and volunteers
  - This plan also considers non-medical staffing needs such as security, facility maintenance, and general staff including runners.
  - Hospital staff will unlikely be available to assist.
  - All Floyd County employees will be compensated by compensatory time from regular duties.
- **Notification:** Call down lists. (See Appendix C for essential personnel contact information)
  - Rosters and Contact information for essential personnel have been developed for all health department staff.
  - Redundancy in modes of communications has been established with the use of cell phones, email, or telephone

- **Public Information:** Reassuring information about the event and general information about response activities will be distributed. (See Appendix D-2) for Crisis Communication Plan)
  - Inform the public about the investigation and response without yet providing details about clinic location and operation.
  - Information released about location and times for dispensing prophylaxis to essential personnel and families should be carefully reviewed in order to reduce security risks.
  - Provide general information to the public about the illness and symptoms and encourage anyone experiencing those symptoms to seek medical treatment

### **C-2 Activation**

Initiation of Essential Personnel for mass prophylaxis will be at the direction of the Floyd County Health Officer with the help of the Administrator of Floyd County Health Department. The decision will be made in consultation with the Decision Team in tandem with the Indiana State Department of Health, CDC, EMA, and other agencies that may have been consulted depending on the nature of the disaster.



**Floyd County Health Dept  
Cell phone numbers:  
See Appendix C**

\*\*\*\*911 Dispatch would make the calls to EMA, and other first responders and departments as appropriate

## **SECTION D: GENERAL POPULATION PLAN**

### **D-1 Introduction:**

This section is a summary of the General Population plan. The purpose of this document is to provide a list of major issues addressed in the more detailed sections of the plan. For purposes of this plan, once again,

### **D-1: General Population**

- **Who:** All affected individuals who are able to come to Mass Prophylaxis Clinic sites.
  - This decision will be based upon date and information from the epidemiologic investigation.
  - Number of doses to be distributed to an individual or head of household will be at our discretion at the time of the incident
  - Transportation methods must be considered during planning and could include: private vehicles, school buses, taxis, or even walking.
  - It will be determined, depending on the situation, if an unaccompanied minor will be able to pick up prophylaxis. The minimum identification which may be required will be determined at the time of the incident, depending on the situation. In most cases, there may be no identification necessary unless it is a situation of identifying an unaccompanied minor, which will be decided on a case by case situation by the PoD manager.
- **Where:** Clinic sites with easy, but controlled access, sufficient space, and climate control. Examples of clinic sites include schools, and fairgrounds, etc. (See F-4 Appendix Section for detailed information regarding mass prophylaxis clinic sites.)
- **When:** Clinic operations will begin as soon as clinic staff have received prophylaxis or when supplies arrive, and as soon as reasonably possible.
  - Important to provide prophylaxis as soon as possible.
  - It is important to allow enough time for set-up to ensure that clinic operations will run as efficiently as possible. Physical setup will begin immediately after the decision to provide mass prophylaxis has been made.
- **Prophylaxis Source:** Local supplies, (supplemented by State/Federal/SNS resources as needed.) See Appendix G-4 for supply checklist and local pharmaceutical inventory.
  - A local pharmaceutical supply survey is being conducted for Floyd County.
  - As local supplies become exhausted, ISDH will be asked to help locate additional resources in their jurisdictions
- **Clinic Staff:** LHD Staff, plus medical, non-medical, and volunteer staff
  - The plan also considers non-medical staffing needs such as security, facility maintenance, and general staff including runners
  - Staff can be recruited from a variety of local organizations:
    - Fraternal service organizations
    - Red Cross
    - Salvation Army
    - Interfaith council
    - Churches
    - Schools

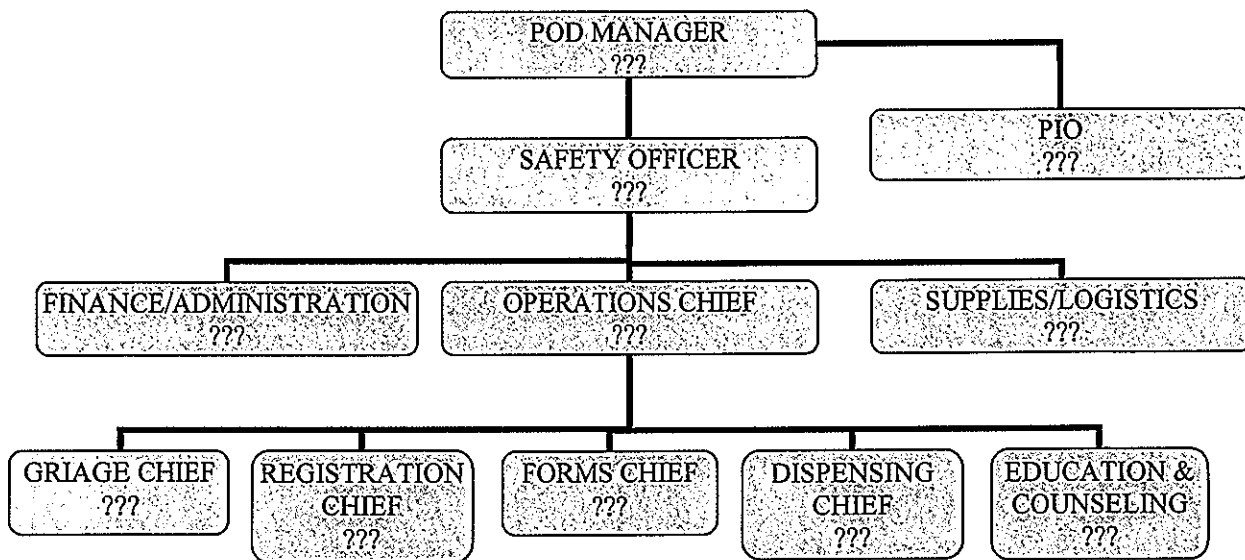
- **Staff Notification:** Activate staffing rosters through call down lists and phone trees.
  - Call for additional staff as necessary. Call down trees and LHD employee rosters have been developed for all health department staff and Health Officer. This information has been verified and can be found in Appendix C-1.
  - District 9, ISDH call trees have been developed and will continue to be drilled. Neighboring jurisdictions will be contacted for assistance as needed
  - Be sure to tell staff where to report, what credentials and personal supplies are needed, and who to contact with questions.
- **Public Information:** Specific information regarding illness and mass prophylaxis clinics. See Appendix D-2 for the FCHD Crisis Communication Plan.
  - Floyd County Department of Health will constantly provide information about symptoms of illness and to distinguish between where to seek MEDICAL TREATMENT versus PROPHYLAXIS
  - The number of clients served per hour (or throughput) at a mass prophylaxis clinic will be significantly lower if staff must evaluate large numbers of symptomatic patients.
  - Additional information that will be provided in public information:
    - Who should attend mass prophylaxis clinics
    - What personal information or medical history should be collected
    - What information will be provided to clients
    - Such as education on the illness or medications
    - When and where the clinics will be opened
    - Who to contact with questions

**D-2 General and Command Staff Notification**

Notification of the general and command staff will be accomplished as shown below: A list of numbers can also be found in the Appendix.

- **Notification:** Call down lists.
  - Contact information for command staff is located in Appendix Cxxxx
  - Redundancy in modes of communication has been established.

**PoD Management Organizational Chart**



## **SECTION E: SPECIAL NEEDS POPULATIONS PLAN**

### **E: Introduction**

This section is a summary of the Special Needs Population plan. The purpose of this document is to provide a list of major issues addressed in the more detailed sections of the plan.

### **E-2 Special Needs Populations**

- **Who:** This population includes individuals who are unable to attend the mass prophylaxis clinic and are not included in the Essential Personnel and Household Members population.

**This decision will be based upon up to date information from the epidemiologic investigation.**

This population includes:

- Institutionalized
- Long Term Care facilities, Jails, Hospitals, etc.
- Disabled, to include hearing impaired
- Homebound
- Homeless
- Low-literacy
- Mentally Ill
- Language minorities and illegal immigrants
- Number of doses to be distributed to an individual or head of household will be at the discretion of the Health Officer at the time of the incident. Distribution of prophylaxis to an unaccompanied minor will be at the discretion of the PoD Manager.
- **Where:** This will vary depending upon the characteristics of the population.
  - **Institutions:** will be expected to use internal plans and mechanisms to distribute prophylaxis to at-risk population.
    - The FCHD will provide supplies to institutions to ensure adequate protection of the population.
    - Plans also include mechanisms for limiting exposure of the population to outside persons in the event of a disaster. If the exposure is community based, it is less likely that this population would be exposed. Thus protection methods can also focus on screening individuals entering and leaving the facility.
  - **Disabled:** Several websites send out weekly (and in emergencies, daily) newsletters to the deaf community who own computers to notify them of important information. We have arranged to use one of these sites to notify our population which is deaf and hard of hearing that distribution points are to be held. These details are found in Appendix E-3.
  - **Handicap Accessibility:** All designated Mass Clinic sites are ADA compliant and accessible to all clients. Staff shall be available for those clients requiring assistance as they proceed through the clinic stations.





- **Staffing:** would include:
  - Institutions: employees and volunteers as needed.
  - Mobile Health Teams: home health agency staff, medical staff, nursing or medical students, trained volunteers, etc.
  - Teams comprised of knowledgeable trusted individuals that are familiar with the culture of this group.
  - Individuals who are bilingual and active in these communities.
  - Trust is critical for cooperation and compliance.
- **Notification:** Call down lists and phone trees.
  - Contact previously identified institutions, agencies, and individuals as listed in Appendix F-1 Section
  - Redundancy of Communication methods is important for all notification procedures.
  - Consider obtaining: landlines, fax, cell phones, pagers, email, etc.
  - Local media could also be useful in this process.
- **Public Information:** Continue to provide information about the agent, symptoms, and how to seek treatment for active disease. See Floyd County Health Department Crisis Communication Plan.
  - Provide general information to the public about the illness and symptoms and encourage anyone experiencing those symptoms to seek medical treatment.
  - Additionally for Institutions: See Appendix F-5.
  - Mainly internal notification of clients regarding the agent, symptoms, and method of prophylaxis.
  - Public information could also be used to reassure family members of individuals in these institutions that their family has been protected.
  - Additionally for the Homebound: See Appendix F-5.
  - How to request services, what information is needed, what education and medications will be provided, and when services will be provided.
  - Additionally for other populations:
  - Flyers and Posters located in familiar languages and locations such as churches, shelters, etc.
- Announcements or faxes will be by designated the Public Information Officer through the media
- **Where:** Through outreach agencies, peer educators, mobile medical teams.
- **When:** Beginning at a reasonable time and continuing until all affected have been served.
  - The Mass Prophylaxis Clinics will be open to these individuals; however they may be unable or reluctant to attend.
  - Trusted individuals or community figures should educate this population and provide prophylaxis.
  - This population will have as great a risk of exposure as the general population.
- **Prophylaxis source:** Local supplies, supplemented by SNS resources.
- **Staff:** Teams comprised of knowledgeable trusted individuals that are familiar with the culture of this group.

- Individuals who are bilingual and active in these communities.
- Trust is critical for cooperation and compliance.
- **Staff Notification:** Contact previously identified agencies and individuals on outreach teams.
  - Redundancy of Communication methods is important for all notification procedures.
  - Consider obtaining: landlines, fax, cell phones, pagers, email, etc.
  - Local media could also be useful in this process.
- **Public Information:**
  - Flyers and Posters located in familiar languages and locations.
    - at churches, shelters, etc.
  - Announcements by fax by designated public information officer to media.
  - It is possible that this population will require active case finding.

### Homebound

- **Who:** Those confined to homes, such as the elderly or disabled.
- **Where:** In home setting.
  - Organizations such as Meals on Wheels or Home Health care agencies will assist in reaching this population. MOUs and other information are located in Appendix F-5.
- **When:** Beginning at a reasonable time and continuing until all affected have been served.
  - An important point to remember:
    - This population is less likely to have been exposed to the agent!
    - If they have not been active in the community they are at low risk for exposure and thus disease.
- **Prophylaxis Source:** Local supplies, supplemented by SNS resources as needed.
- **Staff:** Home health teams with assistance from Floyd County Health Department as needed.
  - Additional sources of staff could include churches, retired healthcare professionals, and trained volunteers.
- **Staff Notification:** Notify home health teams and recruit additional staff as necessary.
- **Public Information:**
  - Continue to provide information about the agent, symptoms, and how to seek treatment for active disease.
  - Additionally for the homebound:
    - How to request services, what information is needed, what education and medications will be provided, and when services will be provided.

### Institutionalized

- **Who:** Long term care residents, educational institutions, inmates, etc.
- **Where:** At each institution, through usual health care mechanism.
- **When:** Beginning at a reasonable time and continuing until all affected have been served.
  - Again, this population is **less likely to have been exposed!**

- If the agent is communicable, ensure that institution staff receives prophylaxis and have no symptoms prior to reporting for work.
- **Prophylaxis source:** Local supplies, supplemented by SNS resources.
- **Staff:** Institution health care staff.
  - Additional staff could be recruited from the health care field, retired health care professionals, nursing or medical students, etc.
- **Staff Notification:** Internal notification of institution staff.
  - This could include a blast fax to all infection control practitioners or nurses at these facilities.
- **Public Information:** Internal notification of clients.
  - There would likely be little information released to the public about this process.
  - Mainly internal notification of clients regarding the agent, symptoms, and method of prophylaxis.

## **SECTION F: ACTIVATION OF THE MASS PROPHYLAXIS PLAN**

### **Introduction**

This section includes the resources needed and the activities that occur during the period of time from activation of the plan by the Floyd County Health Officer or Administrator until all staff have been notified of the situation including assignment of responsibilities.

The activation of the mass prophylaxis clinic will occur once the Floyd County Health Officer has notified a Site Commander. The Site Commander will immediately begin organizing the incident command structure for the POD based on the specific event. See **Appendix F-10 Section** or the corresponding Job Action Sheets (JAS). Upon activation, all personnel will assume their designated duties assigned as per the Job Action Sheet for their role. Additional duties, not described on the Job Action Sheets, may be required. (See Appendix B-5 Section for the Incident Command System (ICS) Model and the corresponding Job Action Sheets (JAS))

### **F-1 Command and General Staff Notification**

The Floyd County Health Department will maintain a 24/7 call roster and redundant contact information by title and position. This will be used for emergency notification and will follow the order of calling proscribed in the call roster list (Appendix F-1) Rosters and calling tree information will be maintained by the Public Health Coordinator for Health Department and other key staff. Other Command and General staff once alerted will be responsible for maintaining rosters and contact information for their own areas of responsibility according to their standing operating procedures.

NIMS protocol will be used in establishing duties and responsibilities of designated individuals who will be included in the staffing rosters for mass prophylaxis clinics.

Notification procedures, by position, are detailed in the appendix. These positions will be responsible for implementing calling trees designated as their responsibilities. (Appendix Section F-1)

Additional contact rosters and information will be developed and maintained by Health Department Staff and Clinic leadership based on each particular duty and responsibility.

### **F-2 Clinic site Agreements and Contracts.**

The Floyd County Health Department will maintain a 24/7 call roster and redundant contact information by title and position, for staff of each of the identified clinic sites. This will be used for emergency notification and will follow the order of calling proscribed in the call roster list (Appendix F-1 Section) Rosters and calling tree information will be maintained by the Public Health Coordinator or designated agent. Assigned calling tree responsibilities will be designated in both the primary roster (Appendix F-1 Section) and in the clinic contact roster (Appendix G-13 Section). Mass prophylaxis site identification and location will be included. (Appendix G-10 Section)

Memorandums of Understanding (MOU) for each site, signed by all parties involved will be maintained in an appendix to this section (Appendix F-4 Section)

**F-3 Additional resources and agreements.**

The Floyd County Health Department will maintain a 24/7 call roster and redundant contact information for agencies and vendors providing additional support or aid during clinic operations. Prior agreements and response requirements for each support element will be detailed in Memorandums of Understandings (MOUs) signed by all parties involved. These will include but not be limited to the following, since a completed county CEMP outlines agencies and their responsibilities during an emergency. Contact will be made with the EMA as warrants, to ensure support from other agencies.

- a. Emergency Management Agency
- b. New Albany/Floyd County Governments Clinic Sites
- c. Pharmacy Support
- d. Waste disposal to include Bio-Waste
- e. Food service providers for clinic staff
- f. American Red Cross
- g. Floyd Memorial Hospital & Health Services
- h. New Albany/Floyd County EMT's
- i. Floyd County Sheriff's Department
- j. Printer Plus - printing supplies

## **SECTION G: MOBILIZATION OF THE MASS PROPHYLAXIS PLAN**

### **G-1 Introduction**

The following procedures represent the period of time from the end of the activation phase, or when all staff has been notified of the situation and their responsibilities, until the clinic is completely set-up, supplies are in place, and the clinic operation phase begins.

### **G-2 Public Information**

This section includes public information guidelines, prepared press release(s), media information, and contact information for the district and local Public Information Officer (PIO). See Appendix D-2 Floyd County Crisis Communications Plan.

**Note: During the mobilization phase, initial information on the incident investigation and response, will be provided to the public without yet providing specific details about prophylaxis clinic locations and operations (in order to reduce security threats at clinic(s) site).**

The Public Information Officer (PIO) will establish and maintain a relationship with the local EOC to provide and receive information. The Health Dept's PIO may be the mass clinic representative to the Joint Public Information Center (JPIC) if opened. The PIO will coordinate media activities and information releases with the local EOC.

### **Media Relations**

Public information will ideally be managed through the EOC. Generally, the media will not be allowed at any PoD Site. If necessary, a room may be designated within the clinic for holding press conferences and briefings with the media and dignitaries that may arrive on-site (including but not limited to elected officials). The PIO will be responsible for managing the press/media/VIP room within the clinic. This room would be used to hold on-site press conferences (if necessary) and to hold VIP briefings.

### **Public Outreach**

The primary goal of communicating with the public is to gain their cooperation in responding to the emergency. This is accomplished by earning their confidence through reassurance and education. Successful public outreach will help coordinate the flow of patients to the clinic.

Once the mass clinic site and target population has been determined, the following steps will be initiated to publicize and optimize attendance at the mass clinic(s):

- Obtain broadcast and print media assistance from the EOC.
- Consider method to organize the population to attend based on risk categories
- Advise whom the clinic is intended for and for whom it is not intended.
- If using head of household distribution specific information may be needed for individuals not present (weights, allergies and pregnancy)
- Advise as to how to access mass clinic sites via private transportation.
- Notify the public of services available to special needs populations, including but not limited to transportation for physically handicapped or elderly persons, if available.
- Advise public of hours of mass clinic operations.

- Advise public that vaccination/prophylaxis is free of charge at mass clinics.

See Appendix G-1 for draft Press Releases for television, radio, and print media. These announcements will be available in multiple languages.

During a public health emergency, the health department may also choose to establish a hot line to respond to queries from the public at large.

### **G-3 Mobilization Checklists**

The following checklists are located in this section:

At mobilization the following checklists and actions are to be activated.

- a. Pre-setup checklist and inspection conducted by IC and facility representative to review facility's condition and to help ensure that it is returned to the same state post-event.
- b. Supply check list:
  1. Facility contained supplies and equipment inventory
  2. Go-Kit supplies checklist with inventory and locations
- c. Clinic set up checklist and instructions
- d. Active volunteer call up procedures

➤ Site Checklist

Supply & Set-Up Checklist (see Appendices for other supply lists that may be needed depending on the event and/or etiological agent involved)

## Site Checklist

<u>Clinic Stage</u>	<u>Location</u>
Registration Area	_____
Triage Area	_____
Orientation	_____
Screening and Counseling	_____
Dispensing/Vaccinating Stations	_____
Check-out	_____
<u>General</u>	<u>Location</u>
Parking	_____
Receiving Area	_____
Storage	_____
Kitchen area	_____
Staff Staging	_____
Pharmaceutical Staging Area	_____
Finance and Administration	_____
Incident Command	_____
Child Care	_____
Extra Space	_____
First Aid Station	_____
Media/Briefing Station	_____



**Supply and Set-up Checklist – to be used for clinic set-up**

	√	Quantity	In LHD Stockpile (Y or N)	Storage Location	Possible Vendor/Contact	Phone
Chair						
Clipboard						
Computer, with software/database						
Copier (leased)						
Crowd control system (ropes, etc.)						
Documentation collection bins						
Flip chart, w/ pens						
Extension cord, 25'						
Floodlights (depends on site location)						
Form: Alternate Medicine List						
Form: Renal Dose Reduction						
Form: Patient Contact Information and History						
Form: Consent for Nasal Swab & Release of Information						
Form: Medicine Fact Sheet & FAQ						
Form: Medicine Information (if needed)						
Form: Medicine Information (if needed)						
Form: Medicine Information (if needed)						
Form: Drug labels (antibiotic specific)						
Form: Drug labels (blank)						
Form: Guidance for Physician Referral						
Form: Health Care Facility Referral						

Form: Instructions for Screening & Dispensing Antibiotic Prophylaxis						
Form: List of Personnel Providing Antibiotic Prophylaxis						
Form: Mass Prophylaxis Planning Guide						
Form: Medical Screening						
Form (Patient H&P)						
Form: Notification to Patient's Primary Care Provider						
Form: Patient Log						
Form: Process Flow Chart (Process Flow Description on reverse)						
Form: Provider Protocol for Anthrax Prophylaxis						
Form: Standing Orders for Provision of Antibiotic Prophylaxis						
Form: Treatment Protocol Flowchart (Decision Flowchart on Reverse)						
Form: Unit Activity Log						
Hand stamp, with ink pad						
Medical equipment: ALS medical kit						
Medication: Antibiotic 1 (dependent on agent)						
Medication: Antibiotic 2 (dependent on agent)						
Medication: Antibiotic 3 (dependent on agent)						

Microphone						
Office supplies: 4 black pens, 2 red pens, 2 lined pads, ruler, stapler, staples, staple remover, paper clips, tape w/ dispenser, post-its						
Pen, black ink						
Physical eval/assessment equipment supplies (if needed)						
Pill bottles (or Ziploc bags or pill envelopes)						
Pill-counting trays/setup						
Power strip						
Presentation delivery system (e.g., computer projector/screen)						
Printer (connected to computer/s at same station)						
Printer, high-capacity/speed, networked to computers (leased)						
Radio, battery charger						
Radio, spare battery						
Radio: IC, Ops, Logs, Security (5), Clinical Supv, Greeting, Mental Health, Pharmacy						
Sign-making supplies						
Standardized presentation materials						
Table						
Telephone						
Vehicle (for internal support)						

Water, bottled, pint, case/24 (if needed to reconstitute liquid meds for children)						
------------------------------------------------------------------------------------	--	--	--	--	--	--

**G-4 Training of Staff and Volunteers**

**Training**

All public health care workers who are expected to be involved in mass immunization/ prophylaxis clinics should have received a basic level of training, but JITT will be needed. Staff will be trained through courses provided by state health department, CDC satellite courses, web-based training, videocassettes, CD-ROM courses, and through written training materials, as much as possible.

All staff and volunteers will receive incident-specific training, to be managed by staff staging. Volunteers who arrive on-scene will also receive “just in time” (JIT) training.

**Incident Specific Training**

All staff and volunteers must participate in some form of training prior to their participation at the mass clinic. The training will be a briefing prior to the start of each shift. The purpose of this time is to provide the necessary training and information to each worker to correctly perform their function. It is also a time to provide updates to the situation, or policies and procedures.

Incident specific training will consist of the following:

- An initial summary of the event and review of the disease
- Critical mass clinic information and map
- Personal needs (food, restrooms, breaks, family, Critical Incident Stress Debriefing)
- Position descriptions, chain of command, and Job Action Sheets
- Legal issues (authority, liability, confidentiality, other)
- Safety issues (PPE, emergency procedures)

**Roster:**

The Floyd County Health Department will continue to identify a pool of volunteers that have been pre-screened and credentials verified. An up-to-date roster of these available volunteers will be maintained.

**Credentialing:**

As volunteers arrive at this site their credentials and/or certifications will be verified. The following may be used as ID:

- Photo ID from Employer, Drivers License, Other Photo ID
- Photo ID in ID holder will be affixed with a color-coded label to identify their area of expertise. They will then be assigned to units where their skills are needed.

All volunteers rostered through the county are covered for liability purposes through the county’s insurance in accordance with state law. (IAW IAC § 10-14-3-3 et seq.)

**Badging:**

Badging will be accomplished by the Floyd County Health Department in advance of any disaster. Badging will be completed after the volunteer's application has been verified and accepted. This badging procedure will be required to be completed in advance and we will not accept spontaneous volunteers. The Badging SOG is in Appendix G-15.

**Sign In / Sign Out:**

Sign in/out logs will be kept for each shift. It is imperative that these logs are accurate. We need to know who is on duty, who is off duty, and where they are working. This can be used if there is a need to evacuate or recall for any reason. It is also necessary so that all hours worked can be turned into the finance section.

**G-5 Receipt of Emergency Supplies****Supplies**

Supplies are available to the mass clinic from a variety of sources, depending on the size of the targeted population

**Local Medical Supplies**

Local medical supplies may be available from area pharmacies, hospitals and other local health departments. Priority for these supplies should be given to provide prophylaxis or vaccination to emergency responders, volunteers and their families. Remaining supplies may be used to support clinic operations until additional resources arrive.

The activation and use of these local supplies may or may not be in addition to the formal request for the Strategic National Stockpile; this depends on the scope of the emergency and estimated size of the target population. If the national SNS is requested and the local pharmaceutical stockpile is depleted before its arrival, the EOC may request additional supplies of pharmaceuticals from other sources if available. Transportation of back up supplies will be arranged by the EOC.

**Strategic National Stockpile (SNS)**

To access the stockpile, the Local Health Officer or the EOC must contact the State Health Commissioner. The Indiana State Department of Health will work with appropriate state officials to determine whether or not to request the Stockpile from the federal government. The Governor or their designee will make the formal request. The Local Health Officer should then contact Local Emergency Management and local law enforcement that the request has been approved.

Additional clinic supplies will be provided through the SNS managed inventory. These supplies will be requested and may arrive separately from than the requested SNS vaccine, prophylaxis or full Push Pack. Planners must provide for adequate clinic supplies for window of time between SNS request and its arrival at clinic

### **Receiving Medical Supplies**

The facility used for a mass clinic must have the ability to maintain appropriately controlled temperature settings for specific medications/pharmaceuticals. The U.S. Pharmacopoeia defines "the usual and customary working environment of 20° C to 25° C (68-77° F) that allows for brief deviations between 15° C and 30° C (59-86° F) that are experienced in pharmacies, hospitals, and warehouses". When the mass clinic receives the medications and supplies from State's RSS, the material must be formally accepted and stored immediately by the Supply Coordinator.

The received pharmaceuticals and supplies must be inventoried by the Supply Coordinator and documented. Any discrepancies (excess/deficiency or wrong medications/supplies) between the order and delivery require the Site Commander be notified in order to contact the RSS for reconciliation.

The delivery invoice is checked, signed off by the Logistics Chief, and then copied by the appropriate person in logistics. This is then forwarded to the Administration section, and local EOC.

Designated delivery points within the mass clinic, with clear signage to avoid unauthorized use by clients or staff, will be identified. Ensure all signage and directions are provided in the common foreign language(s) of the area.

### **Pharmaceutical Inventory**

The drug's unique prescription number is key to tracking a drug, its lot number, and the recipient. Documenting the prescription number on the client's intake form will allow for the identification of every client that received a particular drug/lot combination. Additionally, the dispenser/vaccinator must document the date, time, and location of the mass clinic, then sign and date the form.

The log will require counting of inventory by two staff members with signatures

- Beginning biological inventory balance
- Vials/doses received
- Total doses administered by lot number
- Doses wasted with lot number (documentation will include date, dose, lot number, and reason for loss with staff member's signature)
- Ending inventory at end of each day

The forms and details for all this information is located in Appendices H-4 & G-4.

### **Non-medical Supplies**

There is a wide range of non-medical supplies that are also needed to operate the mass clinic. These may or may not be available within the facility. Supplies not available on-site should be pre-arranged with local vendors. The supplies may or may not need to be returned, depending on the type and the contract. The quantity and source of these supplies are included on the clinic inventory sheet.

### **Non-Pharmaceutical Inventory**

All other supplies will be inventoried to provide accountability, and to maintain accurate cost accounting records.

### **Forms**

All forms are available electronically and hardcopy. Forms can be duplicated on-site using the facility's copy machine if available and capable of large copy runs. If no copy machine is available on-site, arrangements have been made with an area vendor, see Appendix F-5. Forms will be available in multiple languages to meet the needs of local communities. Forms will be prepared assuming a 6th grade reading level.

### **G-6 Clinic Security Plan**

The level of security will be dependent on the etiology involved, the size and number of mass clinics, and the time period. Arrangements for security will:

- Follow the direction of the Health Officer/site Commander;
- Function in coordination with the Floyd County Emergency Management Plan; and
- Involve local, state, and federal agencies, as needed.

Security will be available to protect supplies, prevent unauthorized entrance to the building and provide crowd management. A security team will arrive in advance of full clinic staff to establish clinic perimeter

Security as a primary concern for this facility and includes.

- Medication storage areas within the clinic may include security personnel and/or locked limited access to the medications during open hours.
- If the clinic is non-operational, security will involve a locked storage area or actual removal to a secure central location.
- Security personnel will be needed for crowd control, traffic movement, clinic staff safety, and protection of facility structure.
- The need for escort after leaving the clinic will be decided considering the "worried well" that could lead to the stealing of medications.

Law enforcement may have the need to interview patients. This will be provided for in a secure and private area

At least one dedicated law enforcement resource (officer and vehicle) will be available at each mass clinic. The level of law enforcement presence will be determined by the local law enforcement agency (as detailed in the appendix F-4). Additional resources may be considered, but should not engage in actions beyond their authority, such as restraint.

### **Supply Security**

A secure area will be identified for maintaining clinic supplies. A list of clinic supplies and equipment will be kept on hand at the mass clinic site to be used for clinic setup and restocking. When vaccine/medications must be rationed due to short or delayed supply, law enforcement will be requested through the EOC to provide crowd control and security.

### **Crowd Management**

Effective crowd management is frequently grounded in effective communication. In the case of a mass clinic, that communication should address clinic factors unknown to clients-stages

of the clinic; status and speed of clinic lines, particularly if multiple line flows are uneven; delays or holdups-even if advance communications have gone out via the media. The site commander has the right and responsibility to make changes to the flow pattern, on the fly, if it can be improved.

### **Security Assessment Checklist**

- The Media/Press is not allowed access to the PoD Site, unless they are personally escorted by the County Health Officer or his designee.
- Individuals not allowed access to staff work areas without approved identification
- Security of inventory, including locked and limited access to medical supplies
- Identification of backup power sources if required to store vaccine
- Security for transportation of medical supplies
- Maintenance of safe and secure clinic sites, including crowd control, traffic control, safety of clinic personnel, etc
- Security for Public Health nurses while conducting joint investigation in the field during contact tracing interviews
- Security of the Identification staging area (pickup area)
- Security of the clinic site
- Security and investigation of the exposure (crime scene) site; maybe joint investigation with public health staff

### **Site Design**

It is estimated that three (3) points of distribution (PoD) sites and one (1) back up site would be necessary to treat the pre-determined number of citizens within Floyd County. All plans, staff structure and resources are based on this estimate.

The site plan is based on:

1. the initial facility assessment
2. the site design checklist
3. a traffic and parking plan
4. a site security plan

The site designs are flexible. The combination of stations, clinic days and shifts can be recalculated by the PoD Manager to accommodate changes in the number of clients, available staff and/or the scope of the event.

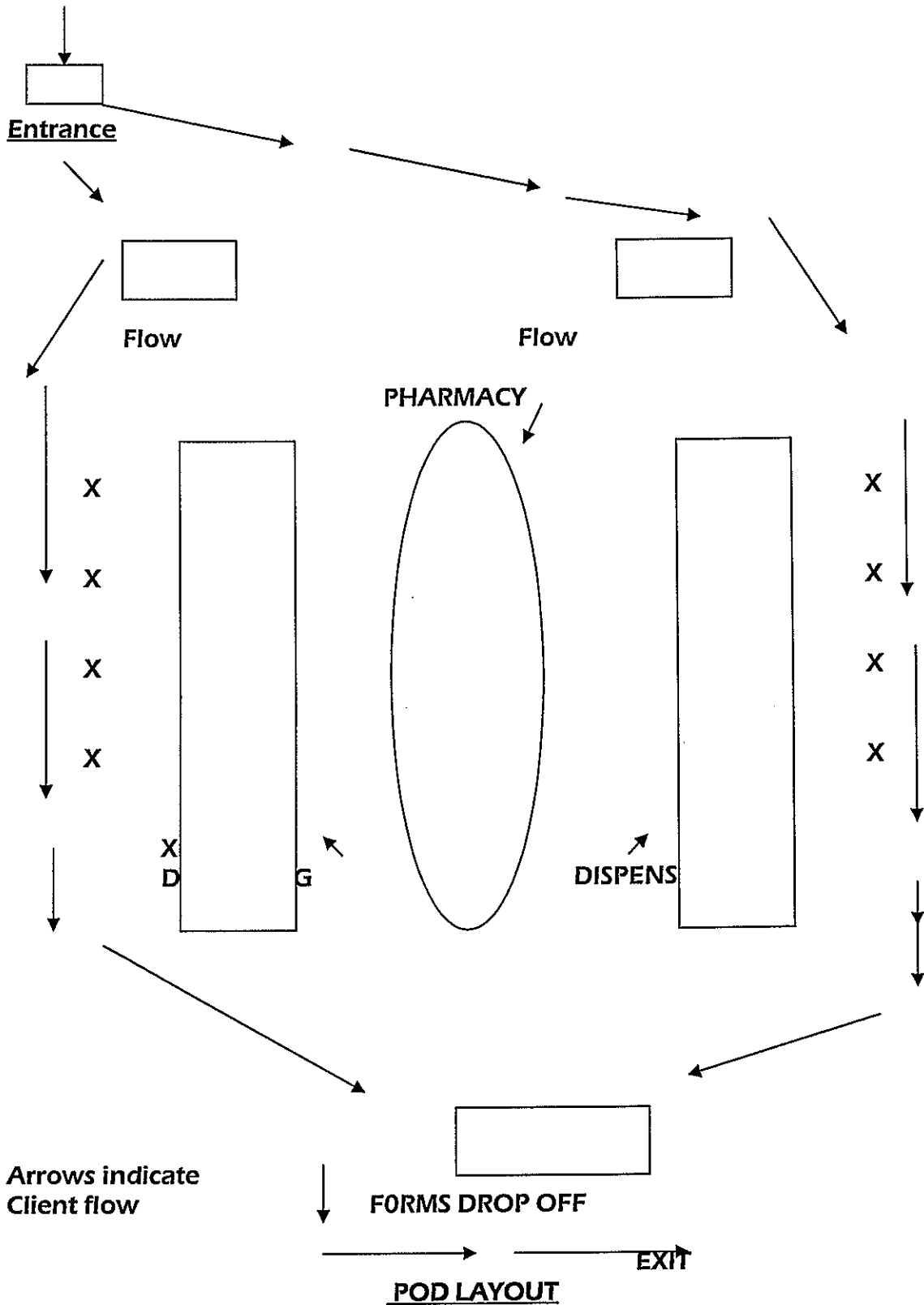
### **Clinic Flow**

Population density and exposure to a specific agent will be used to determine which population segment will be called first. Staggered appointments may be announced to the public through the Public Information Officer. (See Crisis Communication Plan, Appendix D-2)



**Clinic Flow Example**

**POD LAYOUT**



### **G-8 Communications**

The Communications Supervisor will be responsible for coordinating the internal and external communication resources including land-line and cellular phones, 800 MHz radios, other 2-way radios, RACES activities if used, satellite phones, computers, printers, and fax machines. Telecommunications and information technology are crucial because incoming and outgoing information must be efficiently and consistently maintained. Important information, such as: number of radios, frequencies used, and who has what type of equipment must be determined and maintained. The Communications Supervisor will perform an inventory analysis at the end of each shift to account for such material. All offices, appropriate workstations, and administrative areas must have, at minimum, phone lines. See Appendix D-2 Floyd County Crisis Communications Plan.

The primary mode of communication with the mass clinic will be by telephone line. If telephones are inoperable, the integrated Communications Supervisor will determine an alternative method of communication with the EOC. Another resource for external communications at clinic locations may be local volunteer ham radio operators.

On-site communication will be by internal telephone system (if available) or 2-way radios. These radios will be listed under the supplies, and will be made available by the Supply Leader. Runners will also be available on site.

### **G-9 Personnel Management**

- Staff Sign-in and Assignment Sheet
- Note: ICS forms located in the Appendix F-6.

Credentialing and volunteer identification will be done in advance of activation.

Except those people volunteering their personal time, all personnel who are employed by some other agency/entity than the Floyd County Health Department, will be compensated in accordance with their agency's policies. MOUs for specific skills are detailed in Appendix E-3.

ID cards, rosters and all necessary forms will be included in the "Forms" supplies covered in Appendix H.



**CLINIC DISPENSING SITE  
ASSIGNMENT SHEET**

NAME \_\_\_\_\_

DATE OF ASSIGNMENT: \_\_\_\_\_

QUALIFICATIONS/CREDENTIALS (e. g., REGISTERED NURSE, PHYSICIAN, NURSING ASSISTANT): \_\_\_\_\_

ASSIGNMENT FOR CLINIC THIS DAY: \_\_\_\_\_

FOR JOB DESCRIPTION OF ASSIGNMENT SEE ATTACHED LIST OF JOB DISCRIPTIONS. YOUR ASSIGNMENT IS HIGHLIGHTED.

PLEASE READ THE JOB DESCRIPTION. IF YOU UNDERSTAND AND ACCEPT THIS ASSIGNMENT, PLEASE SIGN BELOW.

I, \_\_\_\_\_, UNDERSTAND AND ACCEPT THE CLINIC ASSIGNMENT I HAVE BEEN GIVEN FOR THIS DAY. I AGREE TO PERFORM THIS ASSIGNMENT TO THE BEST OF MY ABILITY AND WILL ASK FOR ASSISTANCE IF I HAVE QUESTIONS ABOUT THIS ASSIGNMENT.

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

## **SECTION H: MASS PROPHYLAXIS POD/CLINIC OPERATIONS PLAN**

### **H-1 Introduction**

The following procedures represent the period of time from the end of the mobilization (when the clinic is completely set-up) until the decision is made to demobilize the clinic.

This section contains information on the clinical operations of the POD site as well as, how the Site Commander at the site will coordinate with other ongoing emergency operations staff. The Site Commander will work closely with the site safety director to ensure that staff and volunteers work within their scope of qualifications and training. If adjustments are needed, the Site Commander will develop a plan/recommendation.

The plan includes operations to support either a mass dispensing or vaccinating clinic. There are five key stages to the process. Either a Medical Director or a Clinic Administrator, described in this section, will manage each stage. This division manages span of control and ensures appropriately trained staff are managing each area of the clinic.

### **Medical Director**

It is necessary for this person be a licensed healthcare professional (preferably a medical doctor or an advanced practice nurse). They are responsible to supervising those individuals that manage the stations that will be providing direct client care. As a result, it is important to have someone with the appropriate experience managing this portion of the clinic. Staff for these roles will require greater training, and will have pre-event training. When trained, they will be able to rotate among stations. If pre-event training has not been conducted for certain staff, adequate staffing will be made available to provide relief. The Floyd County Health Officer will issue standing orders and protocols for the POD sites.

### **Clinic Administrator**

This person does not have to be a licensed healthcare professional. They will supervise the staff responsible for managing each of the following stations. There is no required training or licensure requirement required for individuals to perform any of these functions. As a result, it is staff and volunteers at these stations shall receive broad training, and be available to serve at multiple stations – either to provide relief or to provide flexibility in planning.

### **H-2 Operations Guidelines and Recommendations for Clinic Design**

Make sure all areas are accessible to those with special needs (physical, site, cultural, etc). Use tape on floor and signage to guide people through the clinic. Hang signage high enough for maximum visibility. Avoid hanging signs from tables. Consider using different colors per stage in the clinic to help route and direct clients.

Scaling-back of staff necessary for the refilling of antibiotics to meet the total duration of therapy necessary for prophylaxis must be considered during POD operation.

## **Parking and Transportation**

### **Upon activation of POD, the following will be initiated:**

1. Whenever possible, advanced notification of POD locations, hours of operation, and parking areas will be made available to area media and gathering places within the community (See Appendix D-2 for Communication Plan).
2. Supplies will be transported to the POD locations by designated employees, on trailers which are already loaded with the needed supplies.
3. Prior to POD opening, signs will be placed in prominent locations at the POD location, identifying parking areas, drop off/pick up locations and Triage areas (if communicable disease is suspected), for clients, vendors and staff.
4. Barricades shall be supplied for security or to mark traffic routes. Barriers may be obtained through coordination with the Floyd County Emergency Management Agency and/or the Floyd County Highway Department.

### **Stage 1 - Triage**

The Triage point of a clinic is intended to separate ill and symptomatic clients and/or contacts of likely cases from the rest of the clinic as early as possible.

- Symptomatic clients will be diverted from the parking area, to care facilities, for treatment, and vaccination of other clients with them. If available, EMT's could do initial Triage in parking areas
- Clients who appear symptomatic, or who may be considered symptomatic upon registering will be sent to a care facility (hospital, private physician, etc.)
- Divert symptomatic clients immediately
- Private areas will be available for clients who are unable to transport themselves to a care facility
- The area will be accessible to paramedics, EMTs or others that may need to transport clients to another facility
- Medical professionals (EMTs, paramedics, etc) will perform a basic medical exam to determine appropriate triage for the client
- Utilize volunteer staff to promote clinic flow and routing
- Utilize signs and volunteers to direct clients to next station

### **Stage 2 – Registration**

Clients entering the drive thru clinic or walk in will be greeted by staff, and receive a packet of information. This shall also be the point at which all clients are registered, and given forms and information. Staff serving in this station shall:

- Post signs directing people to registration area.
- Facilitate and route initial client flow.
- Calm clients and talk with them.
- Identify possible special needs.
- Collate forms, vaccine/drug information sheets, and disease information sheets

- Hand out general information sheets (supplementing, or substituting for counseling and briefing if the dispensing clinic lines are too long.)
- Distribute vaccine information statements (VIS) or drug information sheets (DIS).
- Utilize signs and volunteers to direct clients to next station

Name, address, phone, and health history information must be obtained during registration using the State-provided NAPH form. Barriers to overcome include: language, visual impairments, hearing impairments, illiteracy, as well as undocumented individuals who are fearful that providing personal information may lead to arrest or deportation. Additionally, a family member picking up medications for other family members may not have all the information needed for us to accurately prescribe for each member (e.g. a child's weight, likelihood of pregnant female, etc).

### **Stage 3-a – Screening**

Individuals will proceed to the screening area with completed NAPH screening forms. These forms will be reviewed with staff, and are intended to identify contraindications or family members with contraindications.

- Medical screening staff reviews form with each client.
- If client answers positively to any of the listed contraindications for themselves or a family member, they will proceed to the counseling station.
- If there are no identified contraindications, the client will sign applicable consent-portion of the NAPH form and proceed to the next station.

### **Station 3-b – Counseling/Medical Evaluation**

- An area will be available to offer private counseling for clients with certain conditions, contraindications or special needs.
- Medical evaluation staff will determine the pharmaceutical needs of the patient and distribute the correct drug information sheet accordingly

### **Station 4-a – Dispensing Area**

- Clients sign consent-portion of NAPH forms
- Hand medicine out with information sheets
- OPTIONAL: Create separate lines for: the elderly, disabled and others who may not be able to stand for long periods of time; people with children (correct pediatric dosing takes longer than adult dosing.)
- Have a pharmacist preside over dispensing operation, if possible
- The NAPH Form will be the record/log of those who received medication
- Develop contingency plan for family members who pick up prophylaxis for his or her family members (use Head of Household NAPH Form)
- Utilize volunteer staff to facilitate clinic flow and routing
- Utilize signs and volunteers to direct clients to next station

### **Station 4-b – Vaccination Area**

Vaccination stations with 2 staff per station will be available for clients. Clients will be routed to vaccination stations based on the clinic design.

- Clients will have an opportunity to ask remaining questions
- They will be asked to sign a consent-portion of the NAPH indicating they have had all questions answered

- If a client refuses to take the vaccine, they will sign a “refusal roster” indicating they had their questions answered and are refusing the vaccine at this time
- If they are a contact to a case, they are to be instructed on appropriate quarantine measures, symptoms to monitor for and appropriate contact information
- Must have the signed NAPH Form for everyone who received vaccination for real-time or later entry into CHIRP system
- Utilize volunteer staff to facilitate clinic flow and routing
- Utilize signs and volunteers to direct clients to next station

### **Stage 5 – Checkout**

Clients receiving their medication or receiving vaccination will proceed to the checkout station. Staff will provide information and documentation to assist the client in managing their treatment beyond the clinic.

- Answer final client questions
- Consult with medical staff as necessary
- Review & collect NAPH Forms
- Stamp forms or recipient's hand if necessary
- Make sure clients have all necessary information/education and instructions
- For those that were vaccinated, provide follow-up info
- Utilize signs and volunteers to direct clients to clinic exit

### **Mental Health**

Behavioral health counselors will be available throughout the POD assisting with client questions, concerns, and flow management. An area will be provided for private counseling. Counselors will monitor the flow lines to identify where assistance is needed.

### **Patient Education**

Patient education will be conducted with signs throughout the line areas, and written information sheets. PoD staff will be available throughout the line to address questions and concerns as well as manage the client flow. Also, scales will be available throughout the line, with instruction signs, for clients to weigh children weigh less than 90 pounds.

### **Number of Doses within a Regimen**

See Standing Orders.

### **Modified Clinical Processing/Involvement**

The Floyd County Health Officer, or his back-up, may decide that a prophylaxis clinic, as opposed to a vaccination clinic, should be operated in a “Head of Household” format. This would reduce the number of people who need to come to the clinic and would increase the total number of people that would be prophylaxed within a given time period. This decision can be made before any PODs are open, or could be made after PODs are in operation. If the decision is made initially, said directive may be included by the Health Officer in the Standing Orders for the dispensing of medication.

### **Alternate Dispensing Modalities**

Depending on many variables, the Floyd County Health Officer, or his back-up, may decide that a POD may be most efficiently operated as a drive-thru POD. Floyd County does not



presently have any plans nor designs for this eventuality, but this decision could be made and implemented with a minimum of advance planning and notification. Two of our PODs would more readily lend themselves to this mode of distribution than our other PODs.

### **Unaccompanied Minors**

See the PoD Manager.

### **Facility Management**

A representative from the facility with working knowledge of the facility will be available during set-up and throughout each shift. Facility representatives must be familiar with all physical operations of the facility, specifically the temperature control, ventilation and refrigeration. The POD Manager will be in charge of all prophylaxis operations at the site. Communications between the Facility Manager and the POD Manager will be essential to ensure efficient POD operations.

### **Internal Communications**

See Appendix D-2 FCHD Crisis Communication Plan. Two way radios, and face to face communications, during PoD briefings, will be used for POD internal communication.

### **Security**

The following POD security items should continuously be considered:

- Security of inventory, including locked and limited access to medical supplies
- Identification of backup power sources if required to store vaccine
- Security for transportation of medical supplies
- Maintenance of safe and secure clinic sites, including crowd control, traffic control, safety of clinic personnel, etc
- Provides security for Public Health nurses while conducting joint investigation in the field during contact tracing interviews
- Security of the Identification staging area (bus pickup area, if used)
- Security of the POD site (inside and outside)
- Security and investigation of the exposure (crime scene) site; maybe joint investigation with public health staff
- Individuals not allowed access to incident or response sites without approved identification

### **Client Data Entry**

Client information to be completed will be based on the identified threat. Dispensing information can also be documented on separate forms for First Responders, public, and POD staff. Client Data Entry forms will be the State-provided NAPH (name, address, personal history) Form provided with the SNS shipment. Tracking and identification systems (tags, hand stamps, etc.) may be used to ensure accurate, unduplicated client count, in addition to preventing clients from processing more than once.

Client information will be processed at the site or at a designated off-site location. If entered on-site and dependent upon internet access, make sure the room has the required resources and is adequate size for the numbers of staff needed to complete data entry. If processed out of the POD, client forms should be collected, batched and sent to data processing. This will avoid the dependence on continuous on-site Internet access. All client information managed at the clinic is confidential.

**Vaccination**

The Floyd County Health Department will use the Children and Hoosiers Immunizations Registry Program (CHIRP) for purposes of tracking and recalling vaccine recipients, determining doses administered and providing other data analysis. At this time, only limited client data specific to prophylaxis can be entered in CHIRP. The State-provided NAPH Form will be the method of client registration and tracking for any mass dispensing clinics.

**Record and Cost/Time Keeping**

All staff and volunteer time must be accurately recorded in order to receive post-event reimbursement. This is the responsibility of the POD Administration and Finance Chief.

**Clinic Duration**

The duration of a point of distribution (POD) operation or mass clinic will vary depending on a variety of factors, including the threat agent involved, public demand and available resources.

**Storage**

A secure storage area will be used for pharmaceuticals, medical and non-medical supplies. Refrigeration must be available for vaccines. Entry into the storage area must be secure, and only accessible to authorized staff.

**Kitchen Area**

A kitchen area will be used to prepare food and beverages for staff, volunteers and clients. Refrigeration should be available depending on the food and beverages to be served. Coolers and ice can be used if a refrigerator is not available. Food must be able to be stored. Ample room must be maintained in the kitchen area to prepare food.

**Staff Staging**

This area will be used for all staff to report in and out of the clinic. It should be accessible from an entrance other than the clinic's public entrance. It must accommodate at least 2 shifts of persons.

**Shift Changes**

All personnel, staff and volunteers, will work 12 hour shifts during the emergency. In fact, all personnel will need to be on site for about 13 hours each day in order to effectively work a 12 hour shift.

Shift A will begin at 6 AM and personnel will be released at 7 PM. Personnel identified to work this shift will report to their respective PoD site for training at 6 AM. Orientation and Just in Time Training will be conducted for supervisory personnel from 6:00 to 6:15 AM.

Orientation and Just in Time Training for all other personnel will be performed by the supervisory personnel and will begin at 6:20 AM. The PoD will open at 7 AM. From this time until all citizens have been prophylaxed, the PoD will not close.

Shift B will begin at 6 PM and personnel will be released at 7 AM. All other details of the shift's operation will be the same as noted for Shift A.

Ideally personnel from Shift A will work with personnel from Shift B for 15 minutes or so, in order to help the shift change be seamless to the clients/patients/people being served.

Regardless of Shift worked, the Safety Officer and/or Staffing Coordinator will insure all personnel are offered breaks, meals, etc. Additionally, the Safety Officer is responsible for

insuring the PoD Manager and other senior staff members get actual sleep and are fit for duty.

The precise start time of a shift may change depending upon any number of items. If so, everything is just changed by adding 13 hours to the start time to get the release time. The PoD Manager and the Health Officer will make these decisions as needed.

### **Finance and Administration**

The F/A area should be separate from the POD operations area, but easily accessible to those requesting inventory and the staff staging area. The area should also be able to support a photo-copier, printer, fax machine, computer and phone line.

### **Incident Command (IC)**

The IC area will be at the Emergency Operations Center. The area should also be able to support a photo-copier, printer, fax machine, computer and phone line. If possible, both the incident commander and PIO should have access to a private room with phone to communicate with other Operation Centers, media or Joint Information Center (JIC).

### **Extra Space**

Identify significant unused space within the facility and identify potential use. This space may be used during contingency planning.

### **First Aid Station**

This station is intended to provide all care for all injuries and needs un-related to the agent. The area will primarily support staff and volunteers working at the clinic, but may be used to provide first aid to patients. Asymptomatic and non-contagious patients should be cared for at the first aid station (to avoid contact with symptomatic patients in the triage area). The area will be managed by the Safety Officer.

### **Press/VIP Briefing Room**

The Press/VIP briefing room will be managed by the PIO and will ideally NOT be located at any PoD. This area will be used to contain media and VIPs if they arrive on-site. If necessary, this will be the location for press conferences or briefings. Preference would be to hold these events off-site (i.e.; EOC or Health Department) as much as possible.

### **Utilities**

Contact information for the utilities and contractors that service the facility, as well as back-up plans are listed in the facility assessment, Appendix F-4. Priority must be given to preserving the pharmaceutical supplies.

### **Waste Management**

PoDs will follow the most current OSHA, DNR, EPA and CDC guidelines related to handling and disposal of medical waste. Medical waste, including gauze or cotton used during administration of biologics, other potentially contaminated material, and empty vaccine/medication vials will be bagged in appropriately marked biohazard bags and incinerated or autoclaved either on-site or by arrangement of incineration following transport. The waste disposal service will handle sharps and biohazard disposal needs.

**Pharmacy Staging Area**

This staging area will work as an on-site pharmacy, and be managed by a licensed pharmacist (**Pharmaceutical Services Director**). The pharmacist will coordinate the availability of all pharmaceuticals, vaccine and medical supplies during operation of the clinic. The area will be used by the pharmacy manager and anyone under their authority. Space will be used to stage pharmaceuticals used during the PoD's operation. Space must accommodate equipment, power and environmental needs (temperature, humidity). The room should be secure, but accessible.

**Labeling**

It is Floyd County Health Department's intention to NOT change any labels on any bottles. All materials coming from the SNS will be properly labeled. In the event we do have to label a bottle, the following procedures will apply.

Medications must be labeled to comply with state and FDA regulations. Labels will be prepared ahead of time, and available in multiple languages. Minimum information will include, but is not limited to:

- Lot number (preprinted on unit of use bottles)
- Drug name, strength, and quantity (preprinted on unit of use bottles)
- Directions for use (preprinted on unit of use bottles)
- Name/address of dispensing location
- Name of prescribing provider
- Date
- 24 hour telephone number for patient to contact the LHD or PoD
- Prescription number
- Client name
- Initials of dispenser

When creating a label in a foreign language, the English version of the label will have to be edited; print two labels (one in English, one in the other language) on Avery 5395 name badge labels or an equivalent. It will hold all the required information in English.

The English label is placed on the front of a bag/container and will contain the FDA required information. Labels in other languages contain instructions for taking the drug and precautions for using it. Foreign labels cannot be edited.

Unit dose bottles will only require prescribing agency, provider, and 24-hour telephone number for questions.

**Receiving Area**

Area will be used to receive all supplies and equipment. The doors to the area must be able to accommodate all packages received (estimated at 18x18x18inches). The area must be tightly secured, and should only be accessible to authorized staff.

**H-3 Inventory Control**

This section includes forms and guidelines for inventory control. Note: local supplies may be exhausted early in the response period, and it may become necessary for an affected jurisdiction to rely upon ISDH for additional supplies.

The following form can be used for Vaccine/Antibiotic Accountability and control:

*Current as of: 5/25/2010*



telephone or radio the Health Department Liaison Officer at the County's Emergency Operations Center to request a resupply of medications and/or vaccines. Thereafter, the Liaison Officer shall coordinate with other PoD Logistics Chiefs to assess whether medication and/or vaccine can be re-distributed within the County, or whether a re-supply from ISDH is required. The Health Dept Liaison Officer shall follow-up accordingly and insure the requesting PoD is resupplied by any means required.

#### **H-4 Forms**

All forms are available electronically and hardcopy. Forms can be duplicated on-site using the facility's copy machine if available and capable of large copy runs. If no copy machine is available on-site, arrangements have been made with an area vendor. Forms will be available in multiple languages to meet the needs of local communities. Forms will be prepared assuming a 6th grade reading level.

See **Appendix H-1** for Clinical Forms and **F-6** ICS forms.

#### **Chain of Custody**

The Chain of Custody form and a detailed procedure for its use are located in **Appendix H-3**.

#### **H-5 Status Reports**

At the activation of this plan, the **5 step NIMS ICS Planning Process** will be used. The **NIMS ICS Planning Process** includes the following:

1. Understand the situation
  - a.) Initial response and assessment
  - b.) Incident briefing
    - Utilizing ICS Form 201
2. Establish incident objectives and strategy
  - a.) Initial Unified Command meeting
  - b.) Unified Command objectives meeting
  - c.) Command and General Staff meeting
3. Develop the plan
  - a.) Preparation for the tactics meeting
  - b.) Tactics meeting
    - Utilizing ICS Form 215 to complete ICS Form 204 & 204a
  - c.) Preparation of the planning meeting
  - d.) Planning meeting
4. Prepare and disseminate the plan
  - a.) Develop the Incident Action Plan (IAP)
  - b.) Operations briefing
    - Thirty minute briefing where Operations Section Chief disseminates the IAP.
5. Evaluate and revise the plan
  - a.) Assessment of progress

Note: See **Appendix F-6** for ICS Forms and utilization instructions.

**H-6 Staffing Model**

Sample LHD Core Minimum Mass Clinic Personnel Needs

Models below represent a single vaccination or dispensing line. Multiple lines may be required based on the type and duration of event. These core minimum totals do not reflect the total quantity of personnel that may be needed at a mass clinic. Planners will need to identify those personnel functions that will be necessary to support one or multiple lines in their clinics.

<i>Influenza Clinic Personnel</i>		<i>Smallpox Clinic Personnel</i>		<i>Prophylaxis Clinic Personnel</i>	
<i>Qty.</i>	<i>Staff Function</i>	<i>Qty.</i>	<i>Staff Function</i>	<i>Qty.</i>	<i>Staff Function</i>
1	Physician-in-charge (off-site)	1	Physician-in-charge (on-site)	1	Physician-in-Charge (off-site)
	-----	1	Triage		-----
1	Greeter	1	Greeter	1	Greeter
1	Registration	2	Registration	1	Registration
	-----	1	Client Educator		-----
2	Medical Screeners	1	Medical Screener	2	Medical Screeners
1	Arm Cleaner	1	Vaccinator's Assistant	1	Label Preparation
2	Vaccinators	2	Vaccinators	2	Dispensers
1	Vaccine Preparation		-----	1	Supply
1	Exit Review	1	Exit Review	1	Exit Review
1	General Help/ Float Staff	1	General Help/Float Staff	1	General Help/Float Staff
<b>11</b>	<b>Total Staff per line</b>	<b>12</b>	<b>Total Staff per line</b>	<b>11</b>	<b>Total Staff per line</b>

**Complete Clinic Staffing**— The above core minimum staffing functions are noted with an \*asterisk in the ICS flowchart. See the following Organization Trees for a complete listing of mass clinic personnel functions and corresponding clinic ICS flowchart.

**Assumptions:**

*For All PODS—supplies and vaccines/prophylaxis are adequate and present. This is a non-mobile POD. Approximately 700 persons per hour (12 per minute) need be vaccinated/dispensed. If the Head of Household dispensing procedure is used, this is the number of people required to be prophylaxed in one hour, or one minute – not the number of people being processed through the PoD.*

**H.7 Job Action Guidelines**

See Appendix F-10 for all Job Action Sheets (JAS)'s. The JASs have specific information relevant to each function of a POD and/or incident operation. As much as possible, staff and volunteers should know, train, and exercise on their designated job functions. JASs should be available at the staff sign-in area, and/or with each Section Chief, to distribute to staff.

**H.8 Finance/Administration**

Time, procurement and cost accounting are the primary functional activities of this section. This section will make available and manage all paperwork generated at the site. This section is responsible for managing records related to client registration, treatment or its deferral, and disposition of records. Based on the size of the incident the Finance and Administrations functions can support multiple mass clinics or those functions may be coordinated at the local EOC. All client information managed at the clinic is confidential.

**Time Keeping**

All staff and volunteer work time must be accurately recorded in order to receive state and federal reimbursement. See section G and appendices for staffing sign in forms.

**H.9 Public Information**

See the **Appendix D-2: Floyd County Health Department Crisis Communication Plan** and/or **Appendix G-2: Media Information kit**



## **SECTION I: DEMOBILIZATION OF MASS PROPHYLAXIS PLAN**

### **I.1 Introduction**

This section contains procedures that represent the period of time from the decision to scale down clinic dispensing operations until the facilities are returned to their pre-event states, unused supplies are accounted for and returned, and staff is debriefed.

### **I.2 Tear-Down Guidelines**

The Clinic/Facility Manager will begin the demobilization process after the decision is made to close the PoD. As much as possible, the facility must be returned to the same condition as reported on the initial facility assessment report. Remaining supplies and/or resources that were brought to the mass clinic should be returned or destroyed based on agreements. The facility must also be cleaned and disinfected as needed. All unused material from the SNS must be re-packaged and returned to the SNS per their policy.

### **Demobilization Procedures**

The Incident Commander will collaborate with public health and the local government to determine when mass prophylaxis is near completion and demobilization should commence. The Incident Commander will work with the Logistics Chief and the Operations Chief to arrange the following:

#### **1) Staff**

- a) Notification of date/time to be released from duties
- b) Collection and verification of any pertinent payroll records
- c) Arrangements for return to home base

#### **2) Equipment/Supplies**

- a) Tearing down of equipment after all patients have left the premises
- b) Packing of equipment and supplies
- c) Arranging to have equipment/supplies returned to agency providing resources

#### **3) Documentation**

- a) Determination of who will take possession of all records pertinent to the prophylaxis process
- b) Logging of all documentation being turned over, and maintenance of any duplicates as deemed necessary
- c) Packing of records and transfer to appropriate personnel/ authority
- d) Secure facility and return keys/access items to the proper authority

#### **4) Debriefing**

Prior to leaving the facility, PoD Manager should debrief staff. In this process, staff should be offered an opportunity to share:

- a) Evaluation of the process and clinic operations
- b) Any problems that they personally are experiencing as a result of participating in this process
- c) Suggestions they have for improving the process for future

**5) Facility Security**

Prior to leaving, the Operations Section Chief and/or the Logistics Section Chief will make sure that the facility is restored to the pre-clinic condition.

**6) After Action Report**

- a) Event report, including
  - i) Description of clinic operations
  - ii) Number of patients treated
  - iii) Start and stop dates/times
  - iv) Total number of hours of operation/staff hours
  - v) Listing of all personnel involved
- b) Problems identified throughout the process
- c) Suggestions for improvement

**I-3 Inventory and Supply Checklist**

See Appendix H-2 ICS Forms (Logistics).

**I-4 Data and Management Analysis**

It is important to track all total expenditures associated with the event, including hours of those who worked. Following the conclusion of an event, a summary will be prepared to account for clinic-related costs. These reports will be used to provide required documentation and all requests for reimbursement. See Appendices H-2 for ICS Forms.

**I-5 Building Checklist**

See Appendix G-3 for Facility Survey Form.

## **SECTION J: DEBRIEFING/AFTER-ACTION REPORT**

### **J.1 Introduction**

The purpose of this section is to evaluate the process and outcomes of providing mass prophylaxis in order to identify corrective actions and areas for future improvement. See Appendix H-2 for ICS Forms and Appendix J-3 for AAR Forms.

Prior to leaving the facility, PoD Manager should debrief staff. In this process, staff should be offered an opportunity to share:

- Evaluation of the process and clinic operations
- Any problems that they personally are experiencing as a result of participating in this process
- Suggestions they have for improving the process for future clinics

### **J.2 After Action**

The Incident Commander and / or Operations Section Chief will also develop an After Action Report that will include:

- Event report, including:
  - Description of clinic operations
  - Number of patients treated
  - Start and stop dates/times
  - Total number of hours of operation/staff hours
  - Listing of all personnel involved
- Problems identified throughout the process
- Suggestions for improvement

Note: It is not enough to merely identify needed corrective action in the AAR. Plans need to be revised and updated to incorporate the corrective action, and arrangements should be made to re-test the activities identified as needing improvement.