

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

PANDEMIC EVENTS / INFLUENZA

Tasked Organizations: EMS Director

Suggested Liaison **Superintendent District School #50, 51, & 52
Regional Director, SCDHEC County Liaison Regional
Director, SCDSS County Liaison
Self Regional Medical Center Liaison County
Pharmacy Associations American Red Cross
County Liaison Salvation Army County Liaison
United Way County Liaison Chamber of
Commerce Liaison**

Staff augmentation as directed by County Manager

I. INTRODUCTION

- A. Although this appendix is focused on an influenza pandemic, it will be followed for any pandemic event.

- B. Influenza pandemic is an outbreak of a novel Influenza virus that has worldwide consequences. Influenza pandemics present special requirements for disease surveillance, rapid delivery of antiviral drugs and, vaccines allocation of limited medical resources, and expansion of health care services to meet a surge in demand for care.

- C. Pandemics occur in the following six phases defined by the World Health Organization and the Centers for Disease Control and Prevention: Inter-pandemic Period (Phases 1 and 2), Pandemic Alert Period (Phases 3, 4, and 5), and Pandemic Period (Phase 6). Distinguishing characteristics of each phase are described below. The phases will be identified and declared at the national level for the purposes of consistency, comparability, and coordination of response.

- D. The World Health Organization (WHO) has developed a global influenza preparedness plan, which defines the stages of a pandemic, outlines the role of (WHO), and makes recommendations for national measures before and during a pandemic. The phases are:

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

1. Inter-pandemic period

a) Phase 1: No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.

b) Phase 2: No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.

2. Pandemic alert period

a) Phase 3: Human infection(s) with a new subtype but no human-to-human spread, or at most rare instances of spread due to close contact.

b) Phase 4: Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.

c) Phase 5: Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).

3. Pandemic period

Phase 6: Pandemic: Increased and sustained transmission in general population.

Notes:

The distinction between phases 1 and 2 is based on the risk of human infection or disease resulting from circulating strains in animals. The distinction is based on various factors and their relative importance according to current scientific knowledge. Factors may include pathogenicity in animals and humans, occurrence in domesticated animals and livestock or only in wildlife, whether the virus is enzootic or epizootic, geographically localized or widespread, and other scientific parameters.

The distinction among phases 3, 4, and 5 is based on an assessment of the risk of a pandemic. Various factors and their relative importance according to current scientific knowledge may be considered. Factors may include rate of transmission, geographical location and spread, severity of illness, presence of genes from human strains (if derived from an animal strain), and other scientific parameters.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

The four traditional phases of emergency management can be matched with the six phases of a pandemic in the following way:

- a) Preparedness Inter-pandemic (Phases 1 and 2)
- b) Response Pandemic Alert (Phases 3-5), 3. Pandemic (Phase 6)
- c) Recovery Pandemic Over / Inter-pandemic (Phases 1 and 2)
- d) Mitigation Inter-pandemic (primarily) (Phases 1 and 2)

E. Assistance in response to an influenza pandemic consists of health and medical resources, including transportation assets, temporarily realigned from established programs having coordination or direct service capability for communication of medical information, disease surveillance, distribution of medications, public health authority and disease control.

1. COMMUNICATION OF MEDICAL INFORMATION refers to both the information flow within the public health community and the provision of critical information to the public.

2. DISEASE SURVEILLANCE refers to the voluntary and required systematic reporting and analysis of signs, symptoms, and other pertinent indicators of illness to identify disease and characterize its transmission.

3. VACCINE PROGRAMS refers to acquisition, allocation, distribution, and administration of influenza vaccine, and monitoring the safety and effectiveness of influenza vaccinations. Region One, DHEC has primary responsibility for this program. Greenwood County EMS Director will maintain contact with Region One to keep County Council informed on status.

4. DISTRIBUTION OF MEDICATIONS refers to the acquisition, apportionment, and dispensing of pharmaceuticals (other than vaccines) to lessen the impact of the disease and also to minimize secondary infection. This includes strategies involving both antiviral medications and antibiotics.

PUBLIC HEALTH AUTHORITY AND DISEASE CONTROL refers to the aspects of pandemic response requiring executive decisions such as:

- a) Ordering and enforcing quarantine, which is the separation and restriction of movement of persons who, while not yet ill, have been exposed to an infectious agent and therefore may become infectious;
- b) Ordering and enforcing isolation, which is the separation of persons who have a specific infectious illness from those who are healthy and the restriction of their movement to stop the spread of that illness;
- c) Ordering the release of medical information for epidemiological investigation;

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

- d) Expanding or lifting regulations and licensure requirements to allow for the expansion of medical services.
- e) Ordering expansion of medical services under emergency conditions
- f) Issuing other lawful directives in support of the response.

II. MISSION

This plan identifies critical influenza pandemic response functions and assigns responsibilities for those functions within Greenwood County.

III. FACTS AND ASSUMPTIONS

A. Situation.

1. Vaccination of susceptible individuals is the primary means to prevent disease and death from influenza during an epidemic or pandemic.
2. The State's established vaccine delivery infrastructure consists of 46 county health departments, 20 community health centers, approximately 1700 private physicians' offices (primarily pediatric practices), birthing hospitals, and universities with health centers and/or schools of medicine and/or nursing.
3. In the event of a pandemic, the Advisory Committee on Immunization Practices, a federal entity, will publish recommendations to state immunization programs on the use of the pandemic vaccine and priority groups for immunization. These recommendations will be distributed as national guidelines as soon as possible with the expectation that they will be followed in order to ensure a consistent and equitable program.
4. The U.S. Department of Health and Human Services, Centers for Disease Control and Prevention will control the allocation and distribution of influenza vaccine to the states during a pandemic period.
5. The SC Department of Health and Environmental Control will control the allocation and distribution of influenza vaccine within Greenwood County and will implement specific Advisory Committee on Immunization Practices recommendations regarding priority groups for immunization

B. Assumptions

1. All persons will lack immunity and will likely require two doses of the influenza vaccine.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

2. After receipt of the influenza vaccine, the goal is to vaccinate the entire population of Greenwood County over a period of four months on a continuous, prioritized basis.
3. When influenza vaccine becomes available, initial supplies will not be sufficient to immunize the whole population and prioritization for vaccine administration will be necessary.
4. Public health clinics will be the predominant locations for influenza vaccine administration during the first month of vaccine availability, and a reduction or cessation of other public health programs may be necessary in order to provide supplemental personnel for specific immunization job actions.
6. Greenwood County's health care workers, emergency response workers, medical examiners, funeral directors, and morticians will face a sudden and massive demand for services and a possible 40% attrition of essential personnel.
7. The projected peak transmission period for a pandemic influenza outbreak will be 6 to 8 weeks.
8. Based on a population attack rate of 15-35%, Greenwood County could anticipate between 10,200 to 23,800 cases of influenza during the peak transmission period.
9. Outpatient visits due to influenza are projected to reach almost 23,000 to 30,000, which translate to over 20 extra patients per day during the peak transmission period for every primary care physician in Greenwood County.
10. Hospitalizations due to influenza and influenza-related complications may reach 1,200 (range 1800 – 4200 persons) – the elderly and those with chronic medical conditions could account for most of these admissions. Individuals 20 to 40 years of age will be the majority of the cases affected by this illness.
11. Greenwood County is expected to experience almost 78 deaths from pandemic influenza (range 52 – 108), during the peak transmission period.
12. The number of hospital beds and the level of mortuary services available to manage the consequences of an influenza pandemic will be inadequate.
13. Antiviral medications will play a more significant role in disease control operations.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

14. In Region One, the Department of Health and Environmental Control has primary responsibility for Health and Medical response in the following counties: Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, and Saluda Counties. The Department of Health and Environmental Control has support responsibility in Abbeville, Anderson, Edgefield, Greenwood, Laurens, McCormick, Oconee, and Saluda Counties.

15. It is anticipated there will be general panic and necessary actions need to be taken to develop an effective public affairs program to develop facts and treatments to handle this illness.

III. CONCEPT OF OPERATIONS

A. The County EMS Director in close coordination with The Regional One Director, SC Department of Health and Environmental Control is responsible for the coordination of all Health measures in Greenwood County, including

supporting Emergency Support Function-8 (ESF -8 Health and Medical Services).

1. Beyond the traditional scope of medical care outlined in the Health and Medical Services Emergency Support Function (Annex VIII), the priorities in an Influenza Pandemic response will be: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, public health authority and disease control.

2. Certain key actions may be accomplished in these priority areas during each phase of an Influenza Pandemic. Action should be taken to acquire listing of resources available from non-profit organizations including church buses, kitchens, shower facilities, shelters and generators.

3. Our initial primary focus until the strain is identified and a vaccine developed.

4. Our initial efforts will be towards prevention, containment and antivirals.

B. Plan Activation.

1. Certain actions described in this plan will be taken by the relevant departments and/or agencies before activation of the County Emergency Operations Plan.

2. All actions will be accomplished in close coordination with Region One, DHEC.

3. DHEC have overall state responsibility for executing the Pandemic Plan

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

statewide and will provide guidance on when preventive and response actions must be taken.

C. County Response:

1. County response to Pandemic Influenza is discussed in detail in respective Health Region Emergency Operations Plans and Regional Mass Casualty Plans.
2. The primary actions and logistics requirements at Greenwood County level are described in this plan. Primary actions include: communication of medical information, disease surveillance, vaccine delivery, distribution of medications, implementation of public health authority, and disease control.
3. The following sections discuss county actions triggered by certain phases of an influenza pandemic. All actions within this plan will be accomplished in close coordination with Region One, DHEC. Secondary actions for Greenwood County are:
 - a) Maintenance of life support goods and service
 - b) Burial and/or disposal of the deceased.
 - c) Triage system and referral to the health care system.
 - d) Communication to the public and education of the public on health care laws.

D. Inter-pandemic (Phases 1 and 2)

1. Communication of Medical Information
 - a) Communicate health advisories, alerts and updates to the general public.
 - b) Communicate educational messages regarding influenza prevention and surveillance to the media and the public.
 - c) Encourage stockpiling of supplies. (Water & food)
 - d) Encourage cross training
2. Disease Surveillance:
 - a) The Director of Greenwood County EMS in conjunction with Region One, DHEC and Self Regional Healthcare will establish a monitoring system of obtaining weekly information for future planning.
 - b) The following actions should be considered in the beginning phases of a pandemic and appropriate guidance developed and disseminated for implementation. These actions should be developed

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

into Standard Operating Procedures (SOPs). The following are not all inclusive but a starting point:

- (1) Educate front line and general public regarding signs and symptoms and proper hand washing techniques.
- (2) Establish guidelines in the workplace about when to stay home and when to come to work; encourage telecommuting.
- (3) Increase surveillance of staff, clients and customers at schools, workplaces and medical facilities.
- (4) Stockpile masks that can be distributed to staff and first responders.
- (5) Develop a plan for processing a triage and referral system. Possibly using off-site and parking lots.
- (6) Ensure providers are using appropriate testing and reporting procedures.
- (7) Educate providers and employers on the importance of tracking individuals with potential exposure.
- (8) Coordinate with DHEC to obtain funding for a website to be established for accurate up to date information on where to take patients, DHEC information, first responders' orders, etc.
- (9) Educate the general public that when in doubt, regarding illness notify health authorities (DHEC).
- (10) Research and develop guidance for responders on laws and authorities regarding identification of individuals with the illness and how and where to report suspect cases. Consider privacy laws and what protection does the individual have in regarded to a health care emergency.
- (11) Develop a notification system or alert system that provides information on where citizens should take affected individuals and where are available beds/facilities to handle the sick to include system of permitting Self Medical Healthcare to know of regional hospital bed availabilities. Consider closer monitoring of non-residences who commute into Greenwood County daily. (DHEC should have a monitoring system in place)
- (12) Develop guidance to EMS regarding at what point they no longer respond to the pandemic and handle only other calls for assistance.
- (13) In coordination with Region One, DHEC, consider the establishment of outpatient facilities to handle patient load.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

c) Vaccine Programs

(1) In coordination with DHEC develop tiered contingency plans for use of pandemic vaccine and priority groups for immunization.

(2) In coordination with DHEC develop plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to nationally defined high-priority target groups – these plans should include:

(a) Mass immunization clinic capability.

(b) Locations of clinics (e.g., central sites, pharmacies, work place, military facilities);

(c) Vaccine storage capability, including current and potential contingency depots for both state and region-level storage;

(d) Numbers of staff needed to run immunization clinics;

(e) Procedures to deploy staff from other areas, from within and outside public health, to assist in immunization;

(f) Advanced discussions with professional organizations regarding tasks outside routine job descriptions during a pandemic;

(g) Implement control measures to prevent distribution to persons other than those in the priority groups.

(3) In coordination with DHEC determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.

(4) In coordination with DHEC determine the number of people who fall within each of the priority groups for vaccination.

(5) Develop plans for vaccine security:

(a) During transport.

(b) During storage.

(c) At clinics.

(6) Determine what information needs to be collected and how this

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

will be done, to facilitate evaluation of pandemic influenza vaccine program activities in the post-pandemic period (including socio-economic evaluations).

d) Distribution of Medication

Obtain and maintain a daily inventory of available medication by health care providers (i.e. hospitals, clinics, pharmacies).

E. Public Health Authority and Disease Control:

1. Coordinate SCDHEC plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.
2. Coordinate with SCDHEC alternate non-traditional medical facilities and services to which patients could be diverted during a pandemic.
3. Implement guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.
4. Facilitate the recruitment of medical volunteers to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antiviral or vaccinations.

F. Pandemic Alert (Phase 3)

1. Communication of Medical Information – Communications same as in preparedness phase, with the addition of following:
 - a) Communicate with stakeholders and partners regarding enhanced surveillance.
 - b) Communicate with stakeholders and partners regarding actions to be taken if a person presents severe respiratory signs and symptoms and a travel history from a high-risk global area.
2. Disease Surveillance – Sentinel provider, sentinel lab and rapid influenza test surveillance activities will continue as in preparedness phase, with the addition of the following:
 - a) Influenza will be changed to an “urgently reportable condition.”
 - b) Influenza reporting requirement will be changed to year-round reporting.
3. Vaccine Programs – Promote pneumococcal vaccination of high-risk groups to reduce the incidence and severity of secondary bacterial pneumonia.
4. Distribution of Medication

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

- a) Confirm with DHEC the availability of medication by health care providers (i.e. hospitals, clinics, pharmacies).
- b) Confirm current inventory of available medication at Department of Health and Environmental Control primary drug wholesaler and additional wholesalers in South Carolina.
- c) Public Health Authority and Disease Control
- d) Review DHEC response plans.
- e) Confirm DHECs notification lists are current for the medical community, and decision makers.
- f) Insure County representation at meetings of the Disease Control subcommittee or other decision makers are needed to recommend courses of action for disease containment.

G. Pandemic Alert (Phase 4)

1. Communication of Medical Information

- a) Communications to health care providers, the media and the general public same as in Pandemic Alert phase 3.
- b) Also, disseminate to the public influenza isolation and quarantine guidelines.

2. Disease Surveillance – Surveillance activities, including enhanced surveillance, are the same as in Pandemic Alert phase 3.

3. Vaccine Programs

- a) Conduct initial availability assessment of supplies (e.g., syringes, adrenalin, and sharps disposal units), equipment and locations potentially required for a vaccine-based response (i.e., mass immunization clinics).
- b) Develop a list of currently qualified vaccinators and sources of potential vaccinators.
- c) Review educational materials concerning administration of vaccines and update as needed.

4. Distribution of Medication – Activities continue as in Pandemic Alert phase 3.

5. Public Health Authority and Disease Control

- a) The EMS Director will coordinate with DHEC if the formulation

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

of a Disease Control subcommittee is warranted.

b) Facilitate DHECs disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.

c) Facilitate dissemination of clinical guidelines for physicians and Emergency Medical Services personnel on appropriate levels of care based on their clinical presentation.

d) Coordinate triage logistics with hospitals and Emergency Medical Services including patient assessment, communication between facilities, and direction of patients to available beds.

e) Implement DHEC guidelines on isolation practices for:

(1) Symptomatic persons with travel risk factors or contact with others having travel risk factors.

(2) Those with culture confirmed and identified novel strain.

(3) Symptomatic persons that are not yet confirmed.

6. Pandemic Alert (Phase 5)

a) Communication of Medical Information – Communication to health care providers, the media and the general public is the same as in the Pandemic Alert phase 4.

b) Disease Surveillance – Surveillance activities are the same as in the Pandemic Alert phase 3.

c) Vaccine Programs

(1) In coordinate with Region One, DHEC keep informed regarding vaccine development initiatives.

(2) Review DHECs plans for storage, distribution, and administration of pandemic influenza vaccine through public health and other providers to high-priority target groups.

(3) Ensure staff is trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

(4) Review DHECs estimates of the number of people who fall within each of the priority groups for vaccination (i.e., high-risk groups, health care workers, emergency service workers, specific age groups). Disseminate this information to the County leadership.

d) Distribution of Medication

(1) Recommend to DHEC effective and cost-effective strategies for use of antiviral drugs within the County.

(2) Communicate to providers distribution

e) Public Health Authority and Disease Control

(1) Coordinate with Region One, DHEC on disease control activities and vaccination activities Make recommendations on closure of public places

(2) Coordinate implementation of isolation practices.

7. Pandemic (Phase 6)

a) Communication of Medical Information. All actions within this plan will be accomplished with close coordination with Region One, DHEC.

(1) Communication to health care providers, the media and the general public is the same as in Pandemic Alert phase 5.

(2) Coordinate disposal of deceased persons.

b) Disease Surveillance – Surveillance activities are the same as in the Pandemic Alert phase 3.

c) Vaccine Programs

(1) General

(a) Continue coordination of information on vaccine initiatives.

(b) Review/revise recommended priority groups for immunization based on available epidemiologic data.

(c) Modify/refine priority target groups depending on circumstances.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

- (d) Modify/refine other aspects of the Health and Human Services/Center for Disease Control and Prevention/Advisory Committee on Immunization Practices guidelines, as needed.
 - (e) Review plans for vaccine security (i.e., during transport, storage, and clinic administration)
- (2) When vaccine is available:

Confirm location of active immunization clinic locations.

- (a) Assist in Implementation of the streamlined Vaccine Adverse Event surveillance.
- (b) Coordinate the direct shipping of vaccine to vendors/clinics.
- (c) Obtain reports from DHEC on the total number people immunized and was immunization one and/or two doses. Provide county leadership this information and report on situation reports.
- (d) Be aware of vaccine supply, demand, distribution, and uptake information.

8. End of first wave:

- a) Expand vaccine programs to cover population not yet immunized.
- b) Summarize and report coverage data (with one and/or two doses) and Vaccine Adverse Event data.
- c) Examine vaccine efficacy.
- d) Continue Vaccine Adverse Event surveillance.
- e) Monitor the restocking of supplies and resume routine programs.
- f) Review/revise policies/procedures/standing orders used during the mass immunization campaigns.
- g) Distribution of Medication
 - (1) Provide or coordinate obtaining pharmaceuticals other than vaccines.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

(2) Assist with the coordination of the distribution of these pharmaceuticals.

h) Public Health Authority and Disease Control

(1) Implement DHEC restrictions on travel, trade, and the prohibition of large public gatherings, closure of schools and other public meetings will be suspended.

(2) Individual quarantines may be authorized and employed.

(3) Enforce quarantine measures.

(4) Make decisions about culling infected animal populations or other animal disease containment activities during a pandemic.

(5) Implement orders for expansion of medical care under emergency conditions.

(6) Consider alternate care sites for different levels of care. In those cases of short staff, use large open wards to house the ill. Open wards permit more individuals being cared rather than using individual rooms for patients. Such facilities as the closed strip malls or similar buildings can service as hospital wards, morgues and storage.

(7) Establish procedures to ensure maintenance requirements for healthcare facilities receive the highest priority of service.

9. Second Wave – Activities will continue as under Pandemic phase 6

a) Pandemic Over / Inter-pandemic

b) Communication of Medical Information – Coordinate with DHEC on their media and the general public news releases regarding decreasing trend of influenza attack rates data.

c) Disease Surveillance – Conduct studies of morbidity and mortality data attack rates in Greenwood County.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

- d) Vaccine Programs – Coordinate with DHEC regarding replenishing medical supplies and when to resume routine programs and services.
- e) Distribution of Medication – Disseminate DHEC guidance on replenishing medical supplies and when to initiate resumption of routine programs.
- f) Public Health Authority and Disease Control: Coordinate with DHEC on the lifting or revoking of public health orders.

H. Mitigation

1. Communication of Medical Information – Communicate with the medical community, stakeholders, the media, and the general public regarding decreasing trend of influenza attack rates data.
2. Disease Surveillance – Obtain data on the morbidity and mortality data attack rates for Greenwood County.
3. Vaccine Programs
 - a) Review, evaluate, and take measures to improve or enhance respective policies and procedures.
 - b) Evaluate the pandemic influenza response capacities and coordinated activities. Prepare an after action review on the county's policies, procedures, and develop an improvement plan. Present to County Manager for implementation.
4. Distribution of Medication – Review, evaluates, and takes measures to improve or enhance policies and procedures.

IV. RESPONSIBILITIES

A. Director Greenwood County EMS, in close coordination with the Office of Regional One, SC Department of Health and Environmental Control insure the following actions and/or tasks are accomplished:

1. Communicate levels of alertness, health advisories, alerts and updates. Recommend "Town Hall" meeting at the various homeowners association to keep the public informed. Must develop an understanding quarantine laws, Public health orders, and who has the authority to execute these requests.
2. Prepared translated information and distributed to persons who are Non-English speaking.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

3. Consider using Reach SC (Reverse 911) to keep the public informed.
4. Educate and communicate to the smaller communities on medical preparedness. Develop procedures to communicate with the various ethnic groups and cultures in the County.
5. Develop community messages regarding businesses, schools and organizations that need to develop prioritization of services and functions.
6. Insure focus is given to group institutions for the need to develop preparedness plans, Schools, Colleges, Medical Facilities, Detention Center, etc.
7. Develop public service messages that encourage businesses permitting employees to remain home to care for themselves or family members or extended families.
8. Develop public service messages that encourage cross training of employees to deal with potential shortages in the workforce.
9. Communicate educational messages regarding influenza prevention and surveillance and treatment to the media and the public. Educate public about self-care and protections. Provide information on stockpiling food, water and prescriptions.
10. In Coordination with Region One, DHEC, accomplish the following actions as deemed necessary to keep EOC staff and County Council informed on current situation and actions:
11. Communicate Influenza-Like Illness surveillance data, as appropriate.
12. Conduct Outpatient Influenza-Like Illness Surveillance.
13. Develop contingency plans for use of pandemic vaccine and priority groups for immunization.
14. Develop plans for storage, distribution, and administration of pandemic influenza vaccine.
15. Determine how receipt of vaccine will be recorded and how a two-dose immunization program would be implemented in terms of necessary recall and record keeping procedures.
16. Determine the number of people who fall within each of the priority groups for vaccination.
17. Develop plans for vaccine security:
18. Establish Memoranda of Agreement with agencies, organizations

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

and individuals capable of providing assistance in obtaining and distributing medication.

19. Develop plans for the distribution of medications.
20. Establish plans for diverting patients who require supportive but not advanced level care to non-traditional care facilities.
22. Establish and maintain a database of alternate non-traditional medical facilities and services to which patients could be diverted during a pandemic.
23. Develop public information about the appropriate use of personal protective devices like disposable masks that could be used during a pandemic.
24. Define risk groups by potential risk of exposure and develop guidelines and recommendations for the use of personal protective equipment by individual risk group or potential exposure setting.
25. Recruit medical volunteers for provision of care and vaccine administration to augment medical, nursing, and other healthcare staffing. Volunteer activities for disease containment will include administering antiviral or vaccinations.
26. Expand surveillance network during response phase.
27. Consider courses of action for disease containment.
28. Disseminate influenza isolation and quarantine guidelines.
29. Develop a list of currently qualified vaccinators and sources of potential vaccinators.
30. Review educational materials concerning administration of vaccines and update as needed.
31. Develop and communicate disease prevention, control, and containment guidelines for physicians providing care during a pandemic to address the provision of basic medical treatment in non-hospital settings.
32. Develop guidelines for Emergency Medical Services personnel to direct patients to the appropriate level of care based on their clinical presentation.
33. Develop processes for patient assessment, communication between facilities, and direction of patients to available beds.
34. Coordinate triage with hospital and Emergency Medical Services.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

35. Recommend employment of isolation practices.
36. Provide for drug distribution, as necessary.
37. Advise the County Council on restrictions on travel, trade, and the prohibition of large public gatherings. Non-essential businesses that may result in large congregations of people will be closed as will schools and other public meetings will be suspended. Enforce quarantine measures.
38. Make decisions in coordination with Animal Emergency Response about culling infected animal populations or other animal disease containment activities during a pandemic.

38. Ensure staffs are trained and infrastructure is in place to record immunizations, including requirements for a two-dose immunization program (i.e., recall and record keeping procedures).
39. Determine the most clinically effective and cost-effective strategies for use of antiviral drugs.
40. Establish and communicate precautions needed for disposal of deceased persons.
41. Collect and compile reports of total people immunized with one and/or two doses.
42. Communicate through ESF-15 to medical community, the media and the general public regarding status of pandemic.
43. Communicate through ESF-15 with the public regarding the potential impact and what to expect during a pandemic.
44. Response and Containment Issues.
 - a) Develop antiviral and vaccination policies and priorities.
 - b) Develop procedures for addressing non-medical facility sick wards, designed sites to be set up, if needed. Consider use of schools as public access points, sick wards or vaccination sites. Consider use of hotel or motel facilities. If this option is considered, insure pre-agreement with facility through memorandum of agreements and pre-signed contracts or have a medical emergency powers act for the county enacted.
 - c) Develop procedures for getting food and prescriptions to families in quarantine. Concentrate of elderly and poor. Use of a volunteer force will be the best option for supporting this action. Churches and volunteer groups such as the United Way, Red

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

Cross and Salvation Army should be contacted for support.

d) Coordinate with ESF 18 (Donated Goods and Volunteer Services) for assistance in manpower requirements to support functions of this plan.

e) In Coordination with Region One, DHEC develop procedures to address such groups as mental and emotional health patients in coping with the pandemic. (Churches and mental health providers may be a good source of assistance.)

f) In Coordination with Region One, DHEC develop plan for using mobile vaccination services.

B. Pharmacy Association Liaison— determine if such organization is represented in Greenwood County and develop liaison to accomplish the following: If no such representation have been developed coordinate with a larger pharmacies in the county.

1. Assist with the procurement of medications. Relaxation of drug refill restrictions.
2. Assist with obtaining volunteer pharmacists for distribution
3. Assist with storage, distribution, and administration of pandemic influenza vaccine to defined high-priority target groups.
4. Assist with development of a list of currently qualified vaccinators and sources of potential vaccinators.

C. School District 50, 51 & 52 Liaison.

1. Assist with temporary storage and transportation of vaccine.
2. Assist ESF 13 in control of roads and transportation to support disease containment efforts.

D. Greenwood County Public Information Officer: Assist with distribution of information to keep the public informed about disease containment and prevention measures and where to go for assistance

E. Self Regional Health Care Liaison:

1. Support disease surveillance activities.
2. Assist with coordination for the administration of pandemic influenza

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

vaccine to defined high-priority target groups.

3. Assist with development of list of currently qualified vaccinators and sources of potential vaccinators.
4. Assist with development of plans for surge capacity and, along with the Department of Health and Environmental Control, establish acceptable standards of care when facilities are at or beyond capacity.
5. Assist with coordination in the expansion of medical services to meet surge in demand.

F. Greenwood County and Municipal Law Enforcement:

1. Under the guidance of Region One, DHEC enhance surveillance efforts including assessment/isolation of symptomatic travelers from high-risk areas.
2. Assist Region One, DHEC with security, storage, distribution, and administration of pandemic influenza vaccine to defined high-priority target groups.
3. Assist with enforcement of quarantine measures and restrictions on travel.
4. Develop plans for vaccine security:
 - a) During transport,
 - b) During storage, and
 - c) During vaccine administration.

G. Greenwood County Coroner

1. Assist with coordination of temporary morgue operations and final disposition of deceased persons.
2. Assist with documentation and recordkeeping relevant to pandemic influenza related mortality.
3. Assist in coordination of next of kin notification operations.

H. Emergency Management Director:

1. Advise the County Council to consider established decision making authorities for all levels of government.
2. Advise the County Council they need to develop a emergency powers act delineating who has authorities to close schools, child care facilities, public facilities and right to assemble.

APPENDIX I PANDEMIC EVENTS / INFLUENZA TO ANNEX 25 SPECIFIC HAZARDS TO GREENWOOD COUNTY EMERGENCY OPERATIONS PLAN

3. Develop procedures to address the need for isolation and quarantine and who makes these decisions.
4. Develop procedures to address who makes the decisions on school, business and other public space closures.
5. Develop a procedure that addresses limited travel within and outside of the county and municipalities.
6. Evaluate effectiveness of statutory and regulatory authorities related to pandemic response.

7. In Coordination with Region One, DHEC make efforts to amend statutory and regulatory authorities to increase the effectiveness of pandemic response.

V. STATE/FEDERAL INTERFACE

A. The State DHEC and Federal Department of Health and Human Services are the principal agencies for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the State Department of Health and Environmental Control and the Centers for Disease Control and Prevention.

B. The Centers for Disease Control and Prevention will also facilitate guidance and information flow between the State and the World Health Organization, which would have significant involvement during an Influenza Pandemic.

C. Liaison between the State Emergency Operations Center and the Department of Homeland Security will provide access to additional Federal health and medical assets.