

Sioux County Bio-emergency Response Plan
Introduction, Scope, Applicability

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COMMUNITY HEALTH PARTNERS OF SIOUX COUNTY

Date: _____

PLAN VERSION 2

Sioux County Board of Health Chairperson

Sioux County Board of Supervisors

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PREFACE

A bio-emergency is an intentional or unintentional outbreak of a serious illness that threatens to overwhelm public and private health systems. Such outbreaks can range from a single case of hepatitis A in a food handler or a few cases of meningitis in high school students to thousands of people infected as a result of an influenza pandemic or bioterrorist attack. Bio-emergencies include not only these types of infectious diseases but also diseases caused by non-infectious agents of a biological nature, such as botulinum toxin. The initial response to the health and societal consequences of a bio-emergency will generally occur at the local level, with assistance from the Iowa Department of Public Health. A comprehensive bio-emergency plan provides a framework for organizing and executing a coordinated response to a bio-emergency. As part of the ongoing maintenance of this plan, it should be exercised on a regular basis (at least once a year) to ensure its practicality, relevance, and completeness; and to familiarize participants with its activities. Also, individuals expected to carry out the activities described in the plan should receive training sufficient to carry out their responsibilities in a safe and professional manner. Training levels should be assessed at least annually to identify knowledge/skill gaps resulting from turnover, regulatory changes, or changes in this plan or related emergency plans and procedures.

GOALS

The goals of this plan are to:

1. Ensure that all organizations in the public and private sectors with a bio-emergency response role have an opportunity to participate in the planning process.
2. Build collaborative networks between public health and emergency response agencies.
3. Define relationships, responsibilities, and communication among organizations at the local, regional, and state levels.
4. Assure that appropriate legal authorities are in place for a bio-emergency.
5. Obtain the necessary support and resources from partners, stakeholders, lawmakers, and decision-makers in advance of a bio-emergency.
6. Focus on actions that are most crucial to an effective bio-emergency response at the local, regional, and state levels. Include the following actions, at a minimum:
 - a. Devise and articulate a realistic concept of operations (i.e., the command structure and lines of authority and communication for managing activities during a bio-emergency);
 - b. Develop policies and procedures for distributing and monitoring coverage of vaccines and/or pharmaceuticals;
 - c. Develop a comprehensive communications plan for effective interactions with the media, the medical community, the general public, neighboring jurisdictions, and state government;
 - d. Develop contingency plans designed to ensure the maintenance of essential community services (e.g., “human infrastructure”),

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including the provision of adequate medical care, when primary delivery systems have been diminished, disrupted, or destroyed.

e. Develop infectious disease prevention and mitigation strategies, including:

- An initiative to increase immunity with annual influenza vaccination for all currently recommended at-risk groups;
- Contingency plans for augmenting essential-services personnel;
- Contingency plans, developed in conjunction with the appropriate authorities, for closing schools and canceling large community events.

INTRODUCTION

PURPOSE

The purpose of the Sioux County, Iowa Bio-Emergency Response Plan is to provide an organized, comprehensive statement of the county's intended response to a bio-emergency, such as an influenza pandemic or a terrorist attack involving a biological agent.

The plan also serves as a written basis for agreement among all parties with significant statutory and/or contractual responsibility to take action in the event of such an emergency. It identifies emergency response organizations, facilities, and other resources that can be utilized during a bio-emergency.

The ultimate objectives of the response efforts outlined in this plan are to minimize morbidity and mortality resulting from a bio-emergency, and to maintain public health, health care, and other essential community services during periods of high absenteeism due to illness.

SCOPE

This plan is written from the perspective of the local public health agency, and it focuses primarily on describing expected actions of, as well as coordination among, locally-based governmental and private sector entities, particularly those responsible for public health, health care, and emergency response.

The basic elements of a bio-emergency response, as addressed in this plan, are: assignment of roles and responsibilities; direction, control, and coordination; crisis communications; disease surveillance and detection; epidemiologic investigation; implementation of disease control/prevention measures; and patient transport and medical treatment.

The plan has been designed to work either in concert with or as a part of the county's multi-hazard emergency response plan. Every effort has been made to maintain consistency with existing authorities, planning assumptions, systems, procedures, and organizational structures.

Communication with other levels of government is also addressed.

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POLICIES

The services rendered to the public as a result of implementing this plan will be delivered without regard to race, religion, ethnicity, socio-economic status, or sexual orientation.

To the fullest extent practicable, all reasonable accommodations will be made, in both the development and implementation of this plan, to meet the needs of groups of people whose situations or characteristics require considerations other than those afforded to the general population. These groups include, but are not limited to, those with physical or mental disabilities, those not fluent in English, children, the frail elderly, and incarcerated individuals.

APPLICABILITY

Sioux County, Iowa will use this plan for emergency response to a bio-emergency. The jurisdictions/municipalities to which this plan applies are listed below:

Alton	Hawarden	Maurice
Boyden	Hospers	Orange City
Chatsworth	Hull	Rock Valley
Granville	Ireton	Sioux Center
Matlock	Sioux County	

PLAN ORGANIZATION

This plan is organized along functional lines, rather than by a specific type of bio-emergency or responding entity. Information pertaining to all applicable response functions is included in the main body of the plan, and is called the “Basic Plan.” The Basic Plan follows this introductory section. More detailed information pertaining to each specific function is contained in the “annexes” that follow the Basic Plan. Attachments are located after the annexes. Community-specific information, such as the identification of response partners and other critical resources, are identified in attachments. Specific names and contact info for individuals is not contained in this plan, it is a separate document.

BASIC PLAN

ASSUMPTIONS: ANY TYPE OF BIO-EMERGENCY

1. In the event of a bio-emergency, local officials, the healthcare community, and the general public will look to the local and state public health agencies to coordinate the response.
2. There will be widespread circulation of conflicting information, misinformation and rumors. Communication must be coordinated among all relevant agencies and the media to ensure consistent messages to all entities involved in the response as well as to the general public.

3. Even during a relatively routine event, such as a case of hepatitis A in a food-handler or one case of measles on a college campus, the local public health agency will normally be responsible for surveillance, investigation, and epidemiologic response, and for coordinating the distribution and/or administration of vaccine, immune globulin, and other bio-emergency-related pharmaceuticals.

ASSUMPTIONS: INFLUENZA PANDEMIC

1. In an influenza pandemic, there may be very little warning. Most experts believe that we will have between one and six months between the time that a novel influenza strain is identified outside of the U.S. and the time that outbreaks begin to occur in the U.S.

2. Outbreaks may occur simultaneously throughout much of the U.S., preventing shifts in human and material resources that normally occur with other natural localized or regional disasters.

3. The effect of influenza on individual communities will be relatively prolonged—weeks to months.

4. The impact of the next pandemic could have a devastating effect on the health and well being of the American public.

5. Effective preventive and therapeutic measures—including vaccines and antiviral agents—will likely be in short supply, as well as antibiotics to treat secondary infections.

6. Health-care workers and other first responders will likely be at even higher risk of exposure and illness than the general population, creating the potential to further impede care of victims.

7. Widespread illness in the community will increase the likelihood of sudden and potentially significant shortages of personnel in other sectors that provide critical community services, including military personnel, police, firefighters, utility workers, and transportation workers.

8. Isolation and quarantine and enforcement of same will be high priority.

ASSUMPTIONS: BIOTERRORISM

1. Although possible, an act of bioterrorism in Iowa is unlikely.

2. The release of a biological agent will likely go unnoticed until infected people present for medical treatment.

3. Most local public health systems will be overwhelmed by community requests for information, prophylaxis, and treatment when a bioterrorist threat or actual attack becomes public information.

4. Public health officials will need to work closely with law enforcement and other first responder organizations during a bioterrorism attack.

5. Illnesses resulting from a bioterrorist release may be very difficult to differentiate from a naturally occurring outbreak of disease, especially during the early stages.

CONCEPT OF OPERATIONS

The protection of the health and welfare of the residents of Sioux County, Iowa will be managed at the local level. IDPH, and other state agencies when appropriate, as well as the Centers for Disease Control and Prevention (CDC), will provide technical assistance when requested or in cases where emergency needs exceed the capability of local response resources. In extreme circumstances, such as the incapacitation of local authorities, the state may move beyond an advisory role and assume direction and control responsibilities.

In a very large outbreak of disease, many or all Iowa communities will be affected and the state may not be able to meet all requests for assistance. Under these circumstances the state will use available mechanisms, including the Federal Response Plan, for obtaining resources and other assistance from the federal government.

With assistance from state and, in some instances, federal agencies, local public health will be responsible for:

1. Management of epidemiologic surveillance and response activities, including contact tracing and the selection and implementation of disease control and prevention measures, such as vaccine/pharmaceutical administration for prophylactic or treatment purposes or isolation/quarantine.
2. Communication of information regarding prevention and control measures and the local effects of a disease to health care providers, the media, and the general public.
3. In the case of smallpox or treatable infectious diseases: maintaining control until the SNS arrives.

ORGANIZATION AND RESPONSIBILITIES

1. The local health agency will perform the following functions:
 - epidemiologic surveillance and investigation and contact tracing.
 - Establish provisions for public notification, comments, etc.;
 - Develop and maintain this plan in collaboration with other local agencies;
 - Identify resources (personnel, supplies, reference materials) to carry out an emergency vaccination or medication dispensing/administration clinic;
 - Obtain information from neighboring jurisdictions, as needed to develop and maintain this plan;
 - Coordinate bio-emergency exercises as needed;
 - Conduct, or otherwise arrange to provide, bio-emergency-related training as needed.
2. Departments and agencies with responsibilities under this plan will develop and maintain procedures for implementing this plan.
3. The State of Iowa will provide assistance to the local jurisdiction as provided for in state statute and the Iowa Emergency Response Plan.

PLAN REVIEW AND MAINTENANCE

This plan will be reviewed and updated as necessary, such as after an exercise or an actual outbreak, but not less than annually. The local public health agency director will provide each proposed update to the local Board of Health to review and approve

prior to including it in the plan.

Those items that should be reviewed include, but are not limited to:

1. Community and facility notification and alerting lists, including 24/7 contact information for appropriate personnel.
2. Inventories and/or identified sources of critical equipment, supplies, and other resources.
3. Facility and community-specific functions and procedures.

The following policies apply to the review and maintenance of this plan:

1. It is the responsibility of the local public health agency director or his/her designee to coordinate the review and maintenance of this plan. The public officials, departments, agencies, community members, facilities, and others who have a role in bio-emergency response under the plan will provide support.
2. The plan must have been reviewed within the past year.
3. Departments, agencies and facilities that maintain annexes and/or procedures that are a part of this plan should review the portions of the plan pertaining to their function on an annual basis.
4. The local public health agency director is responsible for maintaining a list of plan holders and ensuring that plan changes are disseminated in a timely manner.

LIST OF ABBREVIATIONS

BOH Board of Health

CDC U. S. Centers For Disease Control and Prevention

HAN Health Alert Network

IDPH Iowa Department of Public Health

LPHA Local Public Health Agency

PIO Public Information Officer

EOC Emergency Operations Center

SNS Strategic National Stockpile (formerly National Pharmaceutical Stockpile, or NPS)

CHP Community Health Partners

US United States

ICS Incident command s