**North Country Regional Public Health Emergency Annex**

**for Coös and Northern Grafton Counties**

Municipalities of 2nd Collegiate Grant, A.G Grant, Bath, Benton, Berlin, Bethlehem, Cambridge, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dixville Grant, Dummer, Easton, Errol, Franconia, Gorham, Haverhill, Jefferson, Kilkenney, Lancaster, Landaff, Lincoln, Littleton, Lyman, Milan, Millsfield, Monroe, Northumberland, Odell, Pittsburg, Randolph, Shelburne, Stark, Stewartstown, Stratford, Success, Sugar Hill, Wentworth Location, Whitfield

**January 2013**

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In an emergency, the 24/7 regional point of contact for North Country Public Health Region will be:

**Grafton County Dispatch – 603.787.6911**

Activation procedure is contained in Attachment ***9*** of this plan.**Telephone Contact List**

|  |  |
| --- | --- |
| **State and County Organizations**  | **Telephone number**  |
| **NH Department of Health and Human Services**Bureau of Communicable Disease Control ……………………….Bureau of Communicable Disease Surveillance…………………..Director, Division of Public Health Services……………………...Health Officer Liaison ……………………………………………Public Health Laboratories………………………………………..Public Information Office…………………………………………State Epidemiologist……………………………………………… | 603. 271.4496 or after hours: 1.800.852.3345 x4496603. 271.0279 or after hours: 800.852.3345 x0279603. 271.4501603. 271.4781603. 271.4661603. 271.4822603. 271.4476 |
| **DHHS Incident Command Center (ICC)**Incident Command………………………………………………Operations………..………………………………………………Logistics…………………………………………………………Planning / PIO……………………………………………………Finance………………………………………………………….. | 271.7522icc@dhhs.state.nh.us271.7523271.7520271.7524(fax) 271.4332publicaffairs@dhhs.state.nh.us271.7521 |
| **NH Homeland Security Emergency Management (HSEM)**…..Grafton County Field Representative, Paul HatchCoos County Field Representative, Heidi Lawton | 603. 271.2231 or 1.800.852.3792 603. 223.3635603.419.0950 |
| **State EOC**ESF8 Coordinator………………………………………………… | 223.3729 Dhhs.state.nh.us |
| **NH Bureau of Emergency Medical Services (EMS)**…………... | 603. 223.4228 |
| **Northern New England Poison Center**………………………… | 1.800.222.1222 |
| **New Hampshire State Police** ……………………………………PO Box 440, Route 302 Twin Mountain, NH 03595 | 603. 846.3333 |
| **Grafton County Sheriff** …………………………………………3785 Dartmouth College Hwy, Box 6North Haverhill, NH 03774 | 603. 787.6911 (emergency)603. 787.2111 (administrative) |
| **Coos County Sheriff**……………………………………………...55 School Street, Suite 201 Lancaster, NH 03584 | 603. 788.5598After hours: 603. 788.4641 |

|  |  |
| --- | --- |
| **LOCAL EMERGENCY CONTACTS**  | **Telephone number**  |
| **2nd Collegiate Grant** | Unincorporated Township |
| **A.G Grant** | Unincorporated Township |
| **Bath**  | Police, Chief Bret Beausoleil | 603.747.2222603.787.6911603.787.0497 fax |
| Fire, Chief William Minot | 603.747.2035 / 747.3720 (H) |
| EMS, Woodsville Ambulance | 603.747.3311 / 787.2111 (D) |
| Health Officer, Karen Fesler | 603.747.4001 (H)603.747.2454 |
| Town Management, Board of Selectmen | 603.747.2454 |
| Emergency Manager, Linda Lauer | 603.747.4001 (H)603.747.2454802.479.0121 pager |
| **Benton** | Police, NH State Police | 603.846.5517 or 846.3333 |
| Fire, North Haverhill & Haverhill | 603.787.6911 |
| EMS, Woodsville Ambulance | 603.747.3311 / 787.2111 (D) |
| Health Officer, Board of Selectmen | 603.787.6541 |
| Town Management, Board of Selectmen | 603.787.6541 |
| Emergency Manager, Sam Boutin | 603.787.6541 |
| **Berlin** | Police, Chief Peter Morency | 603.752.3131bpdchief@berlinpolice.org |
| Fire, Chief Randal Trull | 603.752.3135fire\_chief@berlinnh.gov |
| EMS, Jonathan Dubey | 603.752.1020 |
| Health Officer, Angela Martin-Giroux | 603.752.2120Amartin-giroux@berlinnh.gov |
| City Manager, Jim Wheeler | 603.752.7532 |
| Emergency Manager, Randy Trull | 603.752.3135 |
| **Bethlehem** | Police, Chief Michael Ho Sing Loy | 603.869.5811police@bethlehemnh.org |
| Fire, Chief Jack Anderson | 603.869.5822 / 869.2272 (H)jack@PNGUSA.netbfdchief@roadrunner.com |
| EMS, Bethlehem Ambulance | 603.869.5822 / 869.2272 (H)jack@PNGUSA.net |
| Health Officer, Stan Borkowski | 603.869.3351 |
| Town Management, Board of Selectmen | 603.869.3351 |
| Emergency Manager, Jack Anderson | 603.869.5822 / 869.2272 (H)jack@PNGUSA.net |
| **Cambridge** |  | Unincorporated Township |
| **Carroll** | Police, John Trammell | 603.846.2200 |
| Fire, Jeremy Oleson | 603.846.5545 twinmtfd@adelphia.net |
| EMS, Dan Walker | 603.846.1016dcwalkerSS@hotmail.com  |
| Health Officer, Dr. Evan Karpf | 603.846.5505ekarpfnh@hotmail.com |
| Town Manager, “Becki” Pederson will call selectboard | 603.846.5494twintclerk@roadrunner.com |
| Emergency Manager, Dan Walker | 603.846.1016 |
| **Clarksville** | Police, Pittsburg Police ChiefChief Richard Lapoint | Town of Pittsburg538-7003Police@Pittsburg-NH.com |
| Fire, Pittsburg – Kevin Lassonde | Town of Pittsburg 538-7003Fire@Pittsburg-NH.com |
| EMS, Chief Rob Darling | 45th parallel EMS 237-5593 |
| Health Officer, Deborah Dimmitt |  603. 388.2441603 538.7477deborahdimmitt@indianstream.org |
| Town Manager, Helen Dionne |  603. 246.7751Town ClerkTwnclark@peoplepc.com |
| Emergency Manager, Peter Dimmitt |  603. 538.7477 |
| **Colebrook** | Police, Chief Steve Cass |  603. 237.4487Colebrookpd@myfairpoint.net |
| Fire, Chief Brett Brooks |  603. 237.5504 work |
| EMS, 45th Parallel EMS, Chief Rob Darling |  603. 237.5593rdarling@45thems.org  |
| Health Officer, Dr. Robert Soucy |  603. 237.4971rsoucy@ucvh.org |
| Town Manager, Becky Merrow | 603.237.4142b-merrow@myfairpoint.net |
| Emergency Manager, Wayne Frizzell | 603.237.5551 |
| **Columbia** | Police, State Police Satellite | 846.3333 |
| Fire, Brett Brooks | 603.237.5504 |
| EMS, Chief Rob Darling |  603. 237.5593rdarling@45thems.org  |
| Health Officer, Dr. Robert Soucy |  603. 237.4971603.237.5008rsoucy@ucvh.org |
| Town Clerk Marcia Parkhurst | 603.237.5255603 237 8270 Faxtowncolumbia@myfairpoint.net |
| Emergency ManagerCERT of Columbia | Richard Johnsen237.5500rick@columbianh.orgjohnsen@ncia.net |
| **Dalton** | Police, John Tholl |  603.837.2703Police.chief@townofdalton.com |
| Fire,  | 603-837-3100firedepartment@townofdalton.com |
| EMS, John Tholl |  603.837.2093Police.chief@townofdalton.com |
| Health Officer, Shawn St. Cyr |  603.837.2092info@townofdalton.com |
| Town Manager, Board of Selectmen | 603.837.2092info@townofdalton.com |
| Emergency Manager, John Tholl | 603.837.2703Police.chief@townofdalton.com |
| **Dixville**  | Police, Colebrook Chief Steve Cass  | Colebrook Police Dept.237-4487 |
| Fire, Colebrook Chief Brett Brooks | Colebrook Fire Dept 237-5504 |
| EMS, Chief Rob Darling | 45th parallel 237-5593 |
| Health Officer,  | Beverly Drouin, State of NHBeverly.droin@dhhs.nh.state.us |
| Town Manager,  | Unincorporated Township |
| Emergency Manager | Unincorporated Township |
| **Dummer** | Police,  | State Police846.3333 |
| Fire, Milan Fire Dept |  No Fire Dept. 449.2223 |
| EMS,  |  Berlin EMS752.1020 |
| Health Officer, Diane Labbe |  603.449.2940dlabbe@gorhamnh.org |
| Town Clerk, Mariann Letarte | 603.449.2006 |
| Emergency Manager, Diane Labbe | 603.449.2940dlabbe@gorhamnh.org  |
| **Easton** | Police, *position vacant* | 911 |
| Fire, Chief Charles Casey | 603.823.5531 / 823.5045 (H) |
| EMS, Ned Cutler/Franconia Life Squad | 603.823.8821 |
| Health Officer, vacant | 603.823.8017eastonselectboard@aaahawk.com |
| Town Management, Board of Selectmen | 603.823.8017 |
| Emergency Manager, Board of Selectmen | 603.823.8017 |
| **Errol** | Police, State police  | 603.846.3333 |
| Fire, Carlton Eames | 603.482.3351 |
| EMS, Rebecca Bean | 603.482.3351 |
| Health Officer, Larry S. Enman  | 603.482.3351 / 603.482.3303errolselectmen@ncia.net |
| Town Clerk, Yvette Bilodeau | 603.482.3351 |
| Emergency Manager Irving “chip” Joseph | 603.482.3223 |
| **Franconia** | Police, Chief John Monaghan | 603.823.7025police@franconianh.org |
| Fire, Chief Rick Gaudette | 603.823.8821 firechief@franconianh.org |
| EMS, Franconia Life SquadPaul Schmucker, Chief | 603.823.8123 |
| Health Officer, William Demers, RN | 603.823.5910williamdemers70@gmail.com |
| Town Management, Board of Selectmen | 603.823.7752selectmen@franconianh.org |
| Emergency Manager, Mark Montminy / MarkTaylor | 603.823.7025 |
| **Gorham** | Police, PJ Cyr | 603.466.2334pcyr@gorhamnh.org |
| Fire, Chief George Eichler | 603.466.2549chief@gorhamfire.org |
| EMS, Terry O'Neil | 603.466.5611terry@gorhamems.org |
| Health Officer, Fire Chief George Eichler | 603.466.2549chief@gorhamfire.org |
| Town Manager, Robin Frost | 603.466.3322rfrost@gorhamnh.org |
| Emergency Manager, Chad Miller | 603.466.5611 cmiller@gorhamnh.org |
| **Haverhill** | Police, Chief Byron Charles | 603.787.2222hpd@haverhill-nh.com |
| Fire, Haverhill Corner, Chief Michael Lavoie | 603.989.5655 / 989.3317 (H) |
| Fire, North Haverhill, Chief Don Hammond | 603.787.6991 / 787.6373 (H) |
| Fire, Woodsville, Chief Brad Kennedy | 603.747.3353 / 747.2431 (H) |
| EMS, Woodsville Ambulance | 603.747.3311 / 787.2111 (D) |
| Health Officer, Stephen Robbins | 603.747.3142 (H) / 520.0483 (C) |
| Town Management, Glenn English | 603.787.6800townmanager@haverhill-nh.com |
| Emergency Manager, Steve Robbins | 603.747.3142 (H) / 520.0483 (C) |
| **Jefferson** | Police, State Police  | 603.846.3333 |
| Fire, Chris Milligan  | 603.593.4444 / 586.4526 (H)jfd33k1@hotmail.com |
| EMS, Jeffrey Wiseman | 631.1019 cell586.4436 w jeffwise@ncia.net  |
| Health Officer, Paul H. Ingersoll Jr. | 603.586.4553hjeffersontown@ne.rr.com |
| Town Manager, Opal Bronson  | 603.586.4553hjeffersontown@ne.rr.com |
| Emergency Manager, Jeffrey Wiseman | 631.1019 cell586.4436 w jeffwise@ncia.net  |
| **Kilkenney** |  | Unincorporated Township |
| **Lancaster** | Police, Chief William Colburn | 603.788.4402policechief@lancasternh.org |
| Fire, Randy Flynn  | fire@lancasternh.org788.3221 |
| EMS, Steven Jones | 603.788.3221 ambulance bay603.788.3391 town hallfire@lancasternh.org |
| Health Officer, Steven Jones | 603.788.3221 ambulance bay603.788.3391 town hallfire@lancasternh.org |
| Town Manager, Ed Samson | 603.788.3391townmanager@lancasternh.org |
| Emergency Manager, Ron Wert | 603.788.3221 ambulance bay603.788.3391 town hall603.788.3007 home603.723.2050 cell603.615.5220 pagerrwert1@myfairpoint.net |
| **Landaff** | Police, Chief  |  |
| Fire, Chief Harry McGovern | 603.838.8908 |
| EMS, Lisbon Fire Department | 603.838.2211 |
| Health Officer, Board of Selectmen & Errol PetersTown Management, Board of SelectmenAdmin. Assistant Karen Bean | 603.838.6220603.838.5225 faxselectmen@landaffnh.org603.838.6220 |
| Emergency Manager, Patrick Webb | 603.838.6406 |
| **Lisbon** | Police, Chief Joe Tavernier | 603.838.6712lisbonpd@roadrunner.com |
| Fire, Chief George Stevens | 603.838.2211lisbonnhfd@roadrunner.com |
| EMS, Lisbon Life Squad | 603.838.2211info@lisbonlifesquad.org |
| Health Officer, Stan Borkowski | 603.838.6376 / 838.5545 (H) |
| Town Administrator, vacantAdmin. Assistant Barbara Menchin | 603.838.6377lisbonnhadmin@roadrunner.com |
| Emergency Manager, Mike Carver | 603.838.6377603.838.6790 faxcarver@ncia.net |
| **Littleton**  | Police, Chief Paul Smith | 603.444.7711 |
| Fire, Chief Joe Mercieri, | 603.444.2137 |
| EMS, Ross Ambulance & Littleton Fire Department  | 603.444.5377 |
|  Health Officer, Stephen Barnett | 603.616.3344 |
| Town Management, Charles E. Connell | 603.444.3996 x13 |
| Emergency Manager, Joe Mercieri | 603.444.2137 |
| **Lyman**   | Police, NH State Police | 603.846.5517 or 846.3333 |
| Fire, Lisbon Fire Department | 603.838.2211 |
| EMS, Ross Ambulance | 603.444.5377 |
| Health Officer, Stanley Borkowski | 603.838.5900 |
| Town Management, Board of Selectmen | 603.838.5900 |
| EMD, Michael O’Brien | 603.838.5933 |
| **Milan** | Police(Covered by Berlin PD and NH State Police) | 449-2661 |
| Fire,  | 449-2223 |
| EMS, Peter Roberts  | 603.449.7307 |
| Health Officer, Randy Fortin  | 603.449.2484TownOfMilan@netzero.net |
| Town Clerk, Dawn Minor  | 603.449.3461 |
| Emergency Manager, George Pozzuto | 603.449.3363grpozzuto@hotmail.com |
| **Millsfield** |  | Unincorporated Township |
| **Monroe** | Police, Chief Maynard Farr | 603.449.2661 |
| Fire, Chief Russell Brown | 603.638.2585 / 638.2244 (H) |
| EMS, Woodsville Ambulance | 603.747.3311 / 787.2111 (D) |
| Health Officer, Gayle Wormer | 603.638.2644gwormer@ourmonroeschool.org |
| Town Management, Board of Selectmen | 603.638.2644 |
| Emergency Manager, Chief Maynard Farr | 603.638.2612 |
| **Northumberland** | Police, Marcel Platt  | 603.636.1120 |
| Fire, Terry Bedell  | 603.636.2181 |
| EMS, Sandy Mason | 603.636.1057 |
| Health Officer, Richard Brooks  | 603.636.1057northumberlandaa@yahoo.com |
| Town Manager, Board of Selectman | 603.636.1450 |
| Emergency Manager, Rob GauthierDeputy James Gibson EMD | 603.482.7764 w 636.0049 cell603.636.1057 |
| **Odell** |   | Unincorporated Township |
| **Pittsburg**  | Police, Chief Richard Lapoint  | 603.538.7003 |
| Fire, Kevin Lassonde  | 603.538.7409 |
| EMS, 45th Parallel, Chief Rob Darling | 603. 237.5593rdarling@45thems.org |
| Health Officer, Roy Amey | 603.538.6697603.538.6068 |
| Town Clerk, Marise Burns |  603.538.6699 |
| Emergency Manager, Richard Lapoint | 603.538.7003 |
| **Randolph**  | Police, G. Alan Lowe, Jr.  |   |
| Fire, Dana Horne | 603.466.3911 |
| EMS, Life SquadBill Arnold | 911 |
| Health Officer, Dr. John McDowell | 603.466.5711 / 752.2200john.mcdowell@avhnh.org |
| Town Clerk, Anne Kennison  | 603.466.5771 |
| Emergency Manager, Vacant |  |
| **Shelburne** | Police, State Police Satellite Office | 449-2364 |
| Fire, Warren "Tom" Hayes | 603.466.3345 |
| EMS, Fast SquadGeorge Corriveau | 603.466.3345 |
| Health Officer, Lucy Evans | 603.466.2262Townofshelburnenh@gmail.com |
| Selectman, Lucy Evans | 603.466.2262townofshelburnenh@gmail.com  |
| Emergency Manager, Stanley Judge | 603.466.2262 |
| **Stark** | Police, State Police Satellite Office | 449-2364 |
| Fire, Stark Fire Department | 636-2848 |
| EMS, Groveton EMS | 636.1057 |
| Health Officer, James Gibson, Jr. | 603.636.1051 |
| Town Clerk, Susan Croteau | 603.636.2118 |
| Emergency Manager Colin Wentworth | 449.3345 |
| **Stewartstown** | State Police |  |
| Fire,Colebrook Fire – Brent Bracks | 237-5798 |
| EMS, 45th Parallel EMS | 237-5593 |
| Health Officer, Francoise Madore | 603.246.3329 |
|  |  |
| Emergency Manager, Wilman Allen | 603.246.3089 |
| **Stratford** | Police, Stewart Walling | 603.922.3821 |
| Fire, Charles Stinson | 603.636.2375 |
| EMS, |  |
| Health Officer, Claire Schooner | 603.922.5533stratfordnh@gmail.com |
| Town Clerk,  | 603.922.5598 |
| Emergency Manager, Charles Stinson | 603.991.3750 cell 636.6207 home |
| **Success** |  | Unincorporated Township |
| **Sugar Hill** | Police, Chief Dave Wentworth | 603.823.8725 |
| Fire, Chief Allan Clark | 603.823.8415 / 823.5748 (H) |
| EMS, Franconia Life Squad | 603.823.8415 |
| Health Officer, Margo Connors | 603.823.8575 (H)margoconnors@adelphia.net |
| Town Manager, John Strasser | 603.823.8468 |
| Emergency Manager, Chief Allan Clark | 603.823.8415 |
| **Whitefield**  | Police, Chief Edward Samson, III | 603.837.9266whitefieldpd@ne.rr.com |
| Fire, James "Jay" Watkins | 603.837.2655whitefieldfireandrescue@ne.rr.com |
| EMS, James "Jay" Watkins | 603.837.2655whitefieldfireandrescue@ne.rr.com |
| Health Officer, James Watkins | 603.837.2655whitefieldfireandrescue@ne.rr.com |
| Selectman Assistant, Judith Ramsdell | 603.837.9871 |
| Emergency Manager, "Jay" Watkins | 603.837.2655whitefieldfireandrescue@ne.rr.com |

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| **North country Public health regional coordinating cOMMITTEE** | **Contact Information** |
| **Littleton Regional Hospital**CEO, Warren WestEmergency Preparedness, George WhittumDirector of Community Relations, Gail ClarkInfection Control, Kelli Keiler | 603.444.9501603.444.9201603.444.9304603.444.9520 |
| **Cottage Hospital** Administrator, Maria RyanCoordinator of Emergency Preparedness, Valerie BrooksDirector of Community Relations, Maryanne AldrichInfection Control,  | 603.747.9193 or 747.9000603.747.9000603.747.9189603.747.9288 |
| **Ammonoosuc Community Health Services** Ed Shanshala, Executive Director | 444.8223 (W)991.7756 (C) |
| **North Country Health Consortium**Amy Holmes, Community & Public Health DirectorNancy Frank, Executive Director | 259.3700 x 228aholmes@nchcnh.orgnfrank@nchcnh.org |
| **North Country Home Health and Hospice** Elaine Busey, DirectorJean Simonson, CQI Coordinator | 444.5317 |
| **Northern Human Services** **Littleton****Berlin** | 444.5358752.7404 |
| **American Red Cross** Kristen Binauk, Binauk@nhredcross.orgAshleyPushkarewicza, pushkarewicza@nhredcross.org | 800.464.6692 603.225.6697 |
| **Catholic Charities**Tony Poekert, Outreach Coordinator LittletonNicole Plourde, Outreach Coordinator Berlin | 444.7727 x 11752.1325 x 11 |
| **Community Health Institute/JSI****Amy Cullum****Alyson Cobb** | Amy\_cullum@jsi.comAlyson\_cobb@jsi.com |
| **Disaster Behavioral Health Response Team**Mark Lindberg, Liaison | 444.5358271.2231 (via HSEM 24/7)991.3366 (C) 823.9822 (H) |
| **Glencliff Home for the Elderly** , Director | 603.989.3111 |
| **Grafton County Nursing Home** Nancy Bishop, Administrator | 787.6971 x 201 |
| **Grafton County**Julie Cough, Executive Director | 787.6941 |
| **Medical Reserve Corps**Elaine Belanger, NCHC NNH MRC Coordinator | 259.3700ebelanger@nchcnh.org |
| **Daughters of the Charity of the Sacred Heart of Jesus**Sister Carol Mackenzie | 444.5346 |
| **White Mountains Community College**Melanie Collins, Program Coordinator | 444.1326 |
| **Gregg Public Safety Academy** Chris Collman, Program Coordinator | 444.9889 (W)823.7457 (H) |

|  |  |
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| **Upper Connecticut Valley Hospital**Administrator, Patricia VargasCOO, Charlie WhiteSafety Officer, Patricia VargasInfection Control, Thomas MaralloIndian Stream Health CenterJill Gregoire | 603.237.4971pvargas@ucvh.orgtmarallo@ucvh.org603)388-2422 |
| **Weeks Medical Center**Administrator, Scott HoweDirector Of Clinical Services, Donna WalkerDirector of Facilities Management, Emergency Preparedness, James Santorello Denise LavalleeSarah Cookson | 603. 788.5042Donna.Walker@weeksmedical.orgJames.Santorello@weeksmedical.orgDenise.Lavallee@weeksmedical.orgSara.Cookson@weeksmedical.org |
| **Androscoggin Valley Hospital**Administrator, Russell KeeneDirector of Facilities Management, Director of Community Relations, Infection Control, Karen Flint | russell.keene@avhnh.org603.752.2200karen.flint@avhnh.org |
| **Berlin Health Department / Berlin EMD / Berlin HO**James Wheeler, Town Manager | 603.752.1272 (o) |
| **Berlin Fire Dept**Chief Randall Trull | 603.752.3135ChiefTwoFive@AOL.com |
| **Berlin Police Department**Barney ValliereChief Lougee | 603.752.3131BarneyValliere@Berlinpolice.orgBpd5811@yahoo.com |
| **Berlin Emergency Services**Jonathan Dubey | 603.752.1020rotundojr@yahoo.com |
| **Tri county Cap**Kathy Mckenna, . Volunteer CoordinatorBev Raymond | 603.752.1070kmckenna@tccap.orgbraymond@tccap.org |
| **Lancaster EMS / EMD**Ron Wert | 603.788.3221rwert1@myfairpoint.net |
| **Town of Littleton, Fire Department**Chief Joe Mercieri, jmercieri@littletonfirerescue.org |  |
| **Littleton Police Department****chief@littletonpd.org** |  |
| **Town of Franconia**Chief Mark Montminy | m.montminy@franconianh.org |
| **Town of Franconia, Police Department**Mark Taylor, Sgt | fpdsarge@hotmail.com |
| **Weeks EMS Coordinator**James Santorello | 603.788.4911James.santorello@weeksmedical.org |
| **Coos County Family Health Services**Patty CoutureAdele Woods, Administrator | 603.752.4678pcouture@ccfhs.orgawoods@ccfhs.org |
| **NH Homeland Security Representative**Heidi LawtonPaul Hatch | 603. 419.0950 (c)Heidi.lawton@hsem.nh.govPaul.Hatch@hsem.nh.gov |
| **Coos County Nursing Home**Louise Belanger, AdministratorConnie Croteau, RN | 603.752.2343603.752.2344Louise.belanger@cooscountynh.usConnie.croteau@cooscountynh.us |
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| **45th Parallel EMS**Michelle HydeRob Darling | myde@45thems.orgrdarling@45thems.org |

|  |  |
| --- | --- |
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| **Town of Colebrook**Becky Merrow, Town Manager | beckymerrow@myfairpoint.net |
| **Town of Dummer, EMD**Diane Labbe | 603.449.2296dlabbe@gorhamnh.org  |
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| **Consultants**Jane Hubbard, Hubbard ConsultingBonnie Lockwood | Jhubb-99@yahoo.combonlockwood@yahoo.com |
| **POD/SNS Planning Advisory Group** |  |
| Chief Rob Darling, Colebrook | Emergency Management Agency |
| Chief Jack Anderson, Bethlehem | Emergency Medical Services |
| Heidi Lawton, Field Rep | State office of homeland security |
| Chief Joe Mercieri, Fire, Littleton | Fire |
| Patty Couture, CCFHS, Berlin | Health Dept |
| Wayne Frizzell, Colebrook Bank | Private Business Rep |
| Mary Reed, Home Health | Home Health |
| Chief Ron Wert | MMRS Representative |
| Frank Claffey, Bethlehem Selectman | Finance |
| Mark Lindberg, DBHRT | Mental Health |
| Barney Valliere, Berlin Police | Law enforcement |
| Karen Flint, AVH | Hospital |
| Elaine Belanger | MRC Vol Coord |
| Amy Cullum, CHI | Other |
|  |  |
|  |  |
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**I. INTRODUCTION**

**1. Purpose**

A public health emergency is broadly defined as the occurrence of a sudden event that affects the public’s health. A public health emergency can be caused by natural disasters, biological terrorism, chemical terrorism/accidents, radiological terrorism/accidents, or naturally occurring communicable disease outbreaks. Natural disasters have public health implications, also; extended power outages because of winter storms may necessitate establishing medical needs shelters, flooding events may compromise the safety of public water supplies and result in disease outbreaks, psychological trauma from large scale natural disasters may result in the need for community behavioral health interventions. Elements of this plan may be useful in these cases.

This plan contains three phases under the operations section: preparedness, response, and recovery. The NH Department of Health and Human Services (DHHS) recognizes that preparedness is an ongoing effort and describes a desired state of affairs as well as an area for continuous improvement. Communities will move to the response phase once a public health emergency has been identified, and then to the recovery phase after the immediate threat of further illness or injury has subsided.

**2. Local Authority**

Each town in the State has a local Health Officer and an Emergency Management Director; their roles and responsibilities in the event of a public health emergency are as follows:

* Assist the State in distributing fact sheets and other educational information to the region
* Assist in logistical support
* Assist in mobilizing region resources
* Collect local information regarding disease outbreaks (e.g., assist the NH Communicable Disease Control Section [CDCS] in locating contacts within a region and/or assist Homeland Security and Emergency Management [HSEM] by locating citizens that may be homebound)
* Assist DHHS in public education efforts, as well as assisting in identifying potential audiences for public education
* Assist the local region to establish shelters
* Provide information to citizens regarding where local services (e.g., mental health counseling or local welfare) can be accessed
* Act as a liaison between the local and State and federal contacts, and serve as a conduit of information to the public
* Participate in after-action meetings to discuss the public health emergency response(s)
* Coordinate their roles locally with the Incident Commander of their region
* Follow up on collecting information and data that the State may need in its response efforts in the event of a public health emergency
* Assist in the closure of buildings for sanitary and public health purposes
* Work with the State Medical Examiner’s office to establish temporary mortuaries
* Participate in the recovery process following an emergency (e.g., conduct sanitary inspections of water supplies, housing, septic systems, public bathing facilities, and, in some communities, food establishments)

**3. The Regional Coordinating Committee**

The Regional Coordinating Committee develops local community plans and interagency collaborations in the event of a pandemic or other public health emergency. This committee is comprised of interdisciplinary health and safety professionals from Coos and Northern Grafton Counties. They were convened to develop a public health all hazards plan for Coos and Northern Grafton Counties, designated by the State of New Hampshire as North Country Public Health Region. The region includes the communities of Bath, Benton, Bethlehem, Easton, Franconia, Haverhill, Landaff, Lisbon, Littleton, Lyman, Monroe, Sugar Hill, Berlin, Carroll, Clarksville, Colebrook, Columbia, Dalton, Dixville, Dummer, Errol, Gorham, Jefferson, Kilkenney, Lancaster, Milan, Millsfield, Northumberland, Pittsburg, Randolph, Shelburne, Stark, Stewartstown, Stratford, Success, Wentworth Location, and Whitefield. In addition it contains the unincorporated townships of 2nd Collegiate Grant, A.G Grant, Cambridge, Dixville Grant and Odell.

The area encompasses a total of 2,560.59 sq. miles In the event of a public health emergency, their roles and responsibilities under this plan will be:

* Provide medical and human service expertise to decision makers
* Coordinate with the Unified Command to identify and organize health and human service resources, including personnel
* Outreach to client populations to facilitate participation in public health activities

**4. Demographics and Description of the Region**

**Population**: Northern Grafton County is home of the county seat, which include the sheriff’s department, the county nursing home, court house, and department of corrections. The towns in the region have signed mutual aid agreements for fire, police, and EMS coverage in the event of an emergency; some of these agreements extend across the border into Vermont. This is a rural area with significant seasonal population fluctuations due to tourism, with highs in the winter and fall, and a low in the spring. The area is covered by two critical access hospitals, each of which has a 25 bed.

Coös County otherwise known as the “Great North Woods” is in situated in the northern part of New Hampshire. The population is 33,019, according the web site updated on 6/7/2010. Coös is mostly rural with Berlin being the northern most city in New Hampshire. Winter, summer and autumn see a surge in tourist populations that may double or triple. Coös County is the largest county in NH and is divided into three POD Group areas according to Hospital Service Areas. Colebrook, Berlin, and Lancaster. There is a critical access hospital located in each POD Group area, for a total of 3. Weeks Medical in Lancaster NH has 25 beds, Androscoggin Valley Hospital located in Berlin has a total of 25 beds, and Upper Connecticut Valley Hospital located in Colebrook has a total of 8 beds. Bed availability for a population of over 33,000 is of great concern. There are two county nursing homes, one in West Stewartstown, and in Berlin; a county correctional facility located in West Stewartstown, a State Prison in Berlin, and a Federal Prison still being constructed also in Berlin due to open in the autumn of 2010.

The towns in the region have signed mutual aid agreements for fire, police and EMS in case of emergency events. Coös County is bordered by Maine, Vermont and Canada. Some towns have signed agreements with Vermont and/or Maine.

Total population for this region according to the 2010 New Hampshire Public Health Region population data is 52,899.

Past pandemics’ illness and death data as well as recent predictions indicate that influenza, while affecting individuals of every age, may more significantly affect certain aged populations. For this reason, it is important to assess the region’s age demographic. The New Hampshire Public Health Region’s 2010 population data for the towns in Northern Grafton and Coös Counties is summarized below.

Bath: population 1077; Area 38.6 sq. mi.

Benton: population 364; Area 48.7 sq. mi.

Berlin: population 10,051; Area 61.5 sq. mi.

Bethlehem: population 2,526; Area 90.9 sq. mi.

Carroll: population 763: Area 50.3 sq. mi.

Clarkesville: population 265; Area 60.4 sq. mi.

Colebrook: population 2,301; Area 40.8 sq. mi.

Columbia: population 757; Area 61.2 sq. mi.

Dalton: population 979; Area 27.5 sq. mi.

Dixville 12

Dummer: population 304; Area 47.9 sq. mi.

Easton: population 254; Area 31.1 sq. mi.

Errol: population 291; Area 60.8 sq. mi.

Franconia: population 1104; Area 65.8 sq. mi.

Gorham: population 2,848; Area 31.9 sq. mi.

Haverhill: population 4,697; Area 52.4 sq. mi.

Jefferson: population 1107; Area 50.1 sq. mi.

Lancaster: population 3,507; Area 50.2 sq. mi.

Landaff: population 415; Area 28.5 sq. mi.

Lisbon: population 1595

Littleton: population 5,928; Area 54 sq. mi.

Lyman: population 533; Area 28.7 sq. mi.

Milan: population 1,337; Area 63.9 sq. mi.

Millsfieldship 23

Monroe: population 788; Area 23.8 sq. mi.

Northumberland: population 2,288; Area 36.7 sq. mi.

Odell 4

Pinkhams 9

Pittsburg: population 869; Area 282.3 sq. mi.

Randolph: population 310; Area 47.1 sq. mi.

Shelburne: population 372; Area 47.9 sq. mi.

Stark: population 556; Area 59.2 sq. mi.

Stewartstown: population 1004; Area 46.5 sq. mi.

Stratford: population 746; Area 79.9 sq. mil.

Sugar Hill: population 563; Area 17.2 sq. mi.

wentworth location 33

Whitefield: population 2,306; Area 34.3 sq. mi.

**Unincorporated Townships:** No statistical significant population for unincorporated townships

2nd Collegiate Grant: Coös County

A.G Grant: Coös County

Cambridge: Coös County

Dixville: Coös County

Dixville grant: Coös County

Kilkenney: Coös County

Millsfield: Coös County

Odell: Coös County

Success: Coös County

Wentworth Location: Coös County

**Special facilities populations:** (numbers not included in population calculations but medication for these individuals would need to be provided and requested from SNS / State)

Grafton County Nursing Home **135 Residents**

Grafton County Jail                    **up to 150 inmates**

Glenncliff Home (in Benton)  **120 Residents**

NH State Prison   **AS OF JULY 1, 2012  for Men up to 1439 inmates; for Women 147 inmates,  Northern NH Correction Facility 625 inmates**

Federal Prison  - **Berlin   260 beds**

Coos County Nursing Home   **100 Residents  in Berlin,  78 Residents in West Stewartstown**

Coos County Jail (West Stewartstown)  **61**

Lafayette Center (Franconia)

**Surge populations:** Patterns of seasonal tourism in northern Grafton County result in population surges throughout the year. Summer recreation brings 10,000s of visitors each year to Franconia Notch State Park and the White Mountain National Forest in June through August. The North Haverhill Fair in late August and the Lancaster Fair in early September draws 1,000’s of people from throughout New England into that small community. Fall foliage season draws the most visitors to the area during late September through early October. Cannon Mountain Ski Area in Franconia, NH and Bretton Woods Ski area in Carroll are winter destinations for vacationers from December through March. In addition there are snowmobile events in the northern towns of the region throughout the winter the biggest being the “Snowdeo” held in Pittsburg mid February. This event is known to draw 1,000s of people to a typically low population area..

Daily population surges are seen most dramatically in the communities of Haverhill and Littleton, Lancaster, Colebrook, and Berlin where employment and shopping draws 100’s of individuals from other NH communities and Vermont. Significantly, these communities are home to the two regional hospitals and are sites of other health services. A significant number of the patients of the hospital and clinical practices located here are residents of Vermont, and are likely to seek healthcare services from their provider home. Likewise, and estimated 40% of healthcare workers in this region reside in Vermont. This may have implications on the availability of healthcare workers in a public health emergency that is effecting NH and neighboring states simultaneously.

More specific information can be found in each town’s Local Emergency Operations Plan (LEOP).

**Health Status:** Northern Grafton County and Coös County are similar in its demographics, healthcare infrastructure, and economics. Based on self report, healthcare utilization data, and other data sources, we know that residents in this region are more likely than residents in more populous parts of the state to have a chronic disease or disability. A greater percentage of the population is over 65, and a greater percentage of people over 65 are living independently. Residents are more likely to smoke and engage in other health risk behaviors. They are less likely to have insurance or to have seen a doctor in the last 30 days. Family and individual incomes in the North Country are, on average, lower than in NH and U.S. The travel distance from most North Country communities to a health care provider is 25 miles or more. People are less able to afford the health care they need.

Individuals who lack insurance, have no primary care home, and live with untreated or poorly managed illness are more vulnerable to the most dire effects of a public health emergency. System wide shortages of nurses, doctors, dentists and other health professionals in the North Country will impact the region’s ability to respond.

The rurality of this region, while complicating response in some regards, is a benefit in others. The smallest communities in the region report that they are aware of the location and needs of their elderly and disabled citizens. Regional residents are accustomed to self-isolating in severe winter storms and report higher rates of preparedness to stay at home for an extended duration than in southern counties. Since most of the regional geography is sparsely populated, community containment measures will be easier to put into effect in a contagious disease outbreak. These strengths were heavily drawn upon in the development of this regional plan.

 **Table 3. Age Demographic: NH Public Health Region 2010 population data**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Under 5** | **5 to 19** | **20-64** | **65+** |
| **Bath**  | **42** | **197** | **649** | **189** |
| **Benton**  | **16** | **37** | **211** | **100** |
| **Berlin** | **456** | **1587** | **5997** | **2011** |
| **Bethlehem**  | **126** | **455** | **1607** | **338** |
| **Carroll** | **31** | **102** | **484** | **146** |
| **Clarkesville** | **8** | **32** | **157** | **68** |
| **Colebrook** | **115** | **374** | **1362** | **450** |
| **Columbia** | **33** | **112** | **446** | **166** |
| **Dalton** | **43** | **157** | **604** | **175** |
| **Dummer** | **6** | **54** | **184** | **60** |
| **Easton**  | **7** | **34** | **147** | **70** |
| **Errol** | **11** | **20** | **187** | **73** |
| **Franconia**  | **31** | **154** | **612** | **307** |
| **Gorham** | **108** | **502** | **1703** | **535** |
| **Haverhill**  | **219** | **794** | **2808** | **876** |
| **Jefferson** | **39** | **190** | **745** | **194** |
| **Lancaster** | **173** | **680** | **1975** | **679** |
| **Landaff** | **23** | **57** | **260** | **75** |
| **Lisbon**  | **86** | **310** | **971** | **228** |
| **Littleton**  | **331** | **1,059** | **3495** | **1,043** |
| **Lyman** | **23** | **65** | **340** | **105** |
| **Milan** | **55** | **220** | **878** | **184** |
| **Monroe**  | **27** | **144** | **456** | **161** |
| **Northumberland** | **122** | **418** | **1362** | **386** |
| **Pittsburg** | **25** | **117** | **523** | **243** |
| **Randolph** | **5** | **32** | **204** | **69** |
| **Shelburne** | **9** | **51** | **237** | **75** |
| **Stark** | **26** | **93** | **328** | **109** |
| **Stewartstown** | **49** | **174** | **566** | **215** |
| **Stratford** | **41** | **121** | **445** | **139** |
| **Sugar Hill** | **26** | **84** | **338** | **115** |
| **Whitefield** | **105** | **426** | **1361** | **414** |
| **TOTAL** | **2417** | **8852** | **31542** | **9994** |

**5. Hazard Analysis**

Surge populations, as described above, not only complicate effective response to a public health emergency, but also increase the risk of a public health event. Visitors are attracted to this region from throughout New England, from Canada, and internationally to ski, hike, snowmobile and view the fall foliage. The influx of tourists from other areas increases the likelihood that a contagious disease could be brought to the region while an outbreak is occurring in another part of the word. Further, during peak tourism seasons, visitors from out of the area are likely to access health care through emergency departments, contributing to a medical surge event, as they are away from their own healthcare provider source.

More specifically, large events like the North Haverhill Fair Lancaster Fair and the Snowdeo, which draw thousands of people and last for several days, could be a source of a food-borne illness, or contribute to the spread of a contagious disease, or be the site of a mass casualty event.

As described in the demographic sections, higher rates of individuals without access to primary care can contribute to vulnerabilities in individuals with chronic conditions (specifically respiratory and immuno-compromised conditions) and the slower distribution of accurate health information in a public health emergency. Higher rates of emergency department utilization in normal conditions will most likely translate to emergency patient overflow in a public health event.

Vulnerability assessments and hazard mitigation plans regarding possible targets of bioterrorism or chemical attacks (for example, infrastructure, facilities, buildings) can be found in each towns’ LEOP.

***See Attachment 8 .Special Needs Population Plan*** for a list of facilities in the region that may have particular vulnerability in terms of occupants’ public health and human service needs in the event of an emergency.

**6. Transportation Assets in North Country Public Health Region**

Mass transportation is a vital component to public health emergencies. Residents, patients, casualties, and fatalities may need to be transported.

**Table 1a** lists not-for-profit agencies with non-medical emergency transportation assets. *It is important to note* that many, or all, of these assets are regulated by the Federal Transit Administration and subject to federal regulations that *may* prohibit the use of these vehicles for any purpose other than their regular public transit routes except by federal order or in the case of a federally declared state of emergency.

**Table 1a: Non-medical emergency transportation assets, private, not-for-profit**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Asset** | **Address** | **Phone** | **County** | **Sub Region** |
| Littleton Regional Hospital | 3 van seats, 2 wheelchair spaces | 600 St. Johnsbury Rd., Littleton, NH 03561 | 603. 444.9000 | N. Grafton | Pod Group 4 (Littleton) |
| Littleton Area Senior Center, Grafton County Senior Citizens Council | 16 van seats, 2 wheelchair spaces | Cottage St., Littleton, NH 03561 | 603. 444.6050 | N. Grafton | POD Group 4 (Littleton) |
| Service Link | 12 van seats, 2 wheelchair spaces | 38 Cottage St., Littleton, NH 03561 | 603. 444.0271 | N. Grafton | POD Group 4 (Littleton) |
| Tri.County CAP Friendship House | 30 van seats, 6 SUV seats | PO Box 717Bethlehem, NH 03574 | 603. 869.2210 | N. Grafton | POD Group 5 (Bethlehem) |
| Common Ground / White Mountain Mental Health | 12 van seats, 2 wheelchair spaces | Common Ground29 Maple Street, Box 599Littleton, NH 03561 | 603. 444.6894 | N. Grafton | POD Group 4 (Littleton) |
| North Country Charter Academy | Unknown | 260 Cottage StreetSuite ALittleton, NH 03561 | 603. 444.1535 | N. Grafton | POD Group 4 (Littleton) |
| White Mountain School | Unknown  | West Farm Road Bethlehem, NH 03574 | 603. 444.2928 | N. Grafton | POD Group 5 (Bethlehem) |
| Tri.County CAP / North Country Transit | 78 van seats, 8 wheelchair spaces | 31 Pleasant St.Berlin , NH 03570 | 603.752.1741 | Coös | POD group 2 (Berlin) |

**Table 1b** list private and public airports located within North Country Public Health Region, Additional information can be obtained from individual websites or by contacting the Airport Manager.

**Table 1b: North Country Public Health Regional Airports with Contacts**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Address** | **Airport Manager** | **Contact Info** | **County** | **Sub Region** |
| Mt Washington Regional Airport (HIE) | Airport RdWhitefield, NH 03598 | Bruce Hutchings | 603.837.9532603.631.1548 | Coös | POD Group 3 (Lancaster) |
| Errol Airport (ERR) | PO Box 43Errol, NH03579 | D C Heasley | 603.482.3320 | Coös | POD Group 2 (Berlin) |
| Franconia Airport (1B5) | 1302 Easton Rd.Franconia, NH03580 | Richard Morriss | 603.823.5542 | N. Grafton | POD Group 5 (Bethlehem) |
| Twin Mt. Airport (8B2) | P.O. Box 146Twin Mtn, NH03595 | Evan Karpf | 603.846.5505 | Coös | POD Group 3 (Lancaster) |
| Gorham Airport (2G8) | 8 Main St.Gorham, NH03581 | Lee Carroll | 603.466.5065 | Coös | POD Group 2 (Berlin) |
| Colebrook Airport (4C4) | 14 Depot St.Colebrook, NH03576 | Douglas Brooks | 603.237.4914 | Coös | POD Group 1 (Colebrook) |
| Berlin / Milan Airport (BML) | 800 Eastside River RoadMilan, NH03588 | Erik Kaminsky | 603.449.2168 | Coös | POD group 2 (Berlin) |
| Haverhill "Dean" Airport (5B9) | PO Box 298Pike, NH03780 | James Fortier | 603.989.5845 | N. Grafton | POD Group 6 (Haverhill) |

**Table 1c** lists private business that charter buses for use as non-medical emergency transportation assets. School buses most commonly have 50 seats, no bathroom, and no A/C. Some may have wheelchair accessible seating. A Deluxe Motor Coach will have seating ranging from 47 to 55, an on-board restroom and A/C. Mini buses commonly seat 25, no restroom, but A/C. Additional private, charter resources can be found on the web by searching “Bus charter and rental.”

**Table 1b: Non-medical emergency transportation assets, school bus and private charter companies**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Asset** | **Address** | **Phone** | **County** | **Sub Region** |
| First Student |  |  |  | Coös | POD Group 3 (Lancaster) |
| Caleb Group |  | 38 King SqWhitefield, NH 03598 | 603.837.9179 | Coös | POD Group 3 (Lancaster) |
| [W W Berry Transportation Company](http://directory.nh.com/W%2BW%2BBerry%2BTransportation%2BCompany.393208.108178733.home.html)  | School Bus | 10 Moore St, Lisbon, NH 03585 | 603. 838.6700 | N. Grafton | POD Group 7 (Haverhill) |
| North Country Transportation  |  |  | 1.888.997.2020 or 603.752.1741  | Coös County | POD Group 2 (Berlin) |
| **Not Located in North Country Public Health Region** |
| First Student – Bristol | School Bus | Bristol, NH 03222 | 603.744.3278 |  |  |
| First Student . Moultonborough | School Bus | Moultonborough, NH 03254 | 603.476.5564 |  |  |
| First Student – Berlin, VT | School Bus | Berlin, VT 05602 | 802.229.4404 |  |  |
| Robertson’s Transit, Inc. | School Bus | Mad River RdCampton, NH 03223 | **603. 726.7366** |  |  |
| Premier Coach Company, Inc. | Deluxe Motor Coach | St Johnsbury Center, VT 05863 | 800.532.1811 |  |  |
| Vermont Transit | Deluxe Motor Coach | Montpelier, VT 05602 | 802.223.7112 |  |  |
| Vermont Charters & Tours | Deluxe Motor Coach,Minibus, School Bus | Montpelier, VT 05602 | 888.544.8687 |  |  |
| Bennett Transportation | School Bus | Fryeburg, ME 04037 | 207.925.2190 |  |  |

# II. SITUATIONS, ASSUMPTIONS AND LIMITATIONS

## **A. Situations**

Public health emergencies can be caused by natural disasters, biological terrorism, chemical terrorism, or naturally occurring communicable disease outbreaks. The goal of this plan in a public health emergency is to minimize the impact of adverse events on our population. **Table 2** describes several specific examples of public health emergencies that might affect Northern Grafton and Coös Counties.

## **Table 2. Examples of Public Health Emergencies**

|  |
| --- |
| Pandemic Influenza |
| Smallpox Outbreak |
| Flooding that interrupts services, displaces residents, or interferes with sanitation |
| A bus crash on Interstate 93 |
| A widespread food borne illness outbreak, like E. coli |
| A Hazardous materials release affects a sizeable population |
| Biological terrorism attack, like the release of Anthrax |

## **B. Assumptions**

1. The North Country Public Health Region (PHR) is responsible for the protection of the health and welfare of the citizens within its designated region.
2. The North Country PHR is vulnerable to a naturally occurring infectious disease emergency and a terrorist attack.
3. A public health emergency may involve as few as one and as many as thousands of exposed or infected individuals.
4. The source of the illness may be within or outside of the region’s boundaries.
5. The use of a biologic agent may only be apparent days or weeks after its release.
6. A response to the occurrence of a public health emergency is dependent on the credibility, scope, and nature of the incident.
7. A public health emergency is a multijurisdictional and multidisciplinary event that will require broad interagency planning and response approaches as well as cooperative partnerships between the federal, state, and local governments as well as nongovernmental organizations (NGO).
8. The North Country PHR has signed a formal Memoranda of Understanding (MOU) with the following communities to work together in the development of this plan:
	* Bath
	* Benton
	* Berlin
	* Bethlehem
	* Carroll
	* Clarkesville
	* Colebrook
	* Dalton
	* Dummer
	* Easton
	* Errol
	* Franconia
	* Gorham
	* Haverhill
	* Jefferson
	* Lancaster
	* Landaff
	* Littleton
	* Lyman
	* Milan
	* Monroe
	* Northumberland
	* Pittsburg
	* Randolph
	* Shelburne
	* Stark
	* Stewartstown
	* Stratford
	* Sugar Hill
	* Whitefield
9. Upon recognizing the deliberate release of a biologic agent, the event becomes a criminal investigation under the jurisdiction of the FBI.
10. Public health services and routine community activities may be reduced or temporarily discontinued in the event of a public health emergency.
11. Hospital capacity is limited; in a mass casualty event there may be a need to alter standards of care.
12. This plan may be activated by events occurring in other regions.

## **C**. **Limitations**

1. This document is a work in progress. Many of the assumptions contained in this document are changing as we understand more about particular health threats.
2. Several towns in this area have no police departments of their own and are covered exclusively by state troopers. The number of police officers per square mile is an area of great concern.
3. Police and Fire and other emergency response personnel may not be reimbursed for responding to a public health disaster as the Federal “Stafford Act” does not currently specify that a declared public health emergency is a “naturally occurring disaster”.
4. The area is covered by 5 critical access hospitals, 4 of which has only 25 beds and one of which (Upper Connecticut Valley) has only 8, which is an area of concern related to medical surge capacity.
5. The population figures in this plan come from the most recent available New Hampshire public health figures and are not necessarily an accurate reflection of the population within that community at every point of the year.
6. In this version of the plan, all of the variations of daily and seasonal population fluctuation have *not* been accounted for.
7. It is unlikely that the medical equipment, supplies and healthcare workforce available locally will be sufficient to respond to a region wide public health emergency for the resident population alone.
8. Transportation assets regulated by the Federal Transit Administration are subject to federal regulations that prohibit the use of these vehicles for any purpose other than their regular public transit routes except by federal order or in the case of a federally declared state of emergency.
9. Workforce shortages are expected and in some public health emergencies, such as those involving infectious disease, may be severe. Questions exist regarding the region’s ability, under certain circumstances, to mobilize as many healthcare and safety personnel as necessary to effectively carry out the strategies outlined in this plan.

**III. OPERATIONS PLANS**

**A. Preparedness**

## **1. Role of the Health Emergency Planning Team (HEPT) and The Great North Woods Pandemic Planning Committee (GNWPPC), from now on referred to collectively as the Regional Coordinating Council (RCC).**

## During the **preparedness phase**, the RCC is expected by the State to address the following issues:

Develop strong community partnerships that will enable public health emergency planning to integrate with the State Emergency Operations Plan (EOP).

Ensure that an emergency public health risk communication plan is in place.

Have access to call-down lists of public health support and volunteers in case of an emergency.

Establish and maintain standard operating procedures (SOPs) and policies related to **all** aspects of public health emergency response including notification and call-down procedures, safe handling of specimens, chain of custody, chain of command, as well as a detention plan for quarantine of person(s), etc. Procedures that have been approved by the State and reviewed by the RCC are included in this and other plans.

Maintain Internet service to connect to the State Health Alert Network (HAN) *if possible*.

Ensure more than one mode of communication is available to transmit and receive emergency information.

Identify special needs populations.

Ensure opportunities for staff training, volunteer training, and other forms of workforce development that will ensure a qualified workforce.

Provide safety equipment needed to protect personnel at appropriate response levels. (e.g. Incident Command System [ICS] training, Personal Protective Equipment [PPE] training, drills and exercises, etc.).

## **2. Surveillance**

## Successful surveillance will facilitate the detection, evaluation, and design of effective responses to public health emergencies. Surveillance in the North Country PHR is primarily a passive reporting system in which health care providers, hospitals, pharmacies, schools, and other entities report confirmed or suspect cases and/or clusters to the State CDCS, according to RSA141.C:7 Reporting of Communicable Disease. Should a public health emergency occur, hospitals and other healthcare providing agencies will participate in surveillance efforts to the extent possible by reporting into existing and developing state systems. Disease reports and updates will be provided to regional officials from DHHS through the Unified Command.

Health provider practices, the hospitals, and pharmacies play a role in regional disease and syndromic surveillance. Over-the-counter pharmaceutical surveillance is conducted through a NH system that reports pharmaceutical sales from a major chain within the state. This is augmented by OTC data as collected through the RODS hosted by the University of Pittsburgh.

Littleton Regional Hospital and Cottage Hospital are working with the Bureau of Disease Control and Health Statistics to implement the Automated Hospital Emergency Department Data (AHEDD) in their emergency departments in August, 2007. AHEDD is a sustained bioterrorism emergency preparedness tool that functions through collaboration between DPHS and hospitals to provide automated, statewide disease surveillance. It provides real-time syndrome charting, investigation, and follow-up for DPHS and hospitals. The manual syndromic surveillance application used at Littleton Regional and Cottage Hospitals was discontinued at the end of August 2006.

## **3. Risk Communication and Public Education**

Individual communities conduct outreach and education with their residents as part of their preparedness activities. The RCC supports communities in their outreach activities by providing information to assist in the development of educational materials and the cost printing and mailing for distribution. Joint Information Systems are established based on previous and current experience to allow smooth coordination of message developed and distribution throughout the region. Relationships with media outlets regarding public health messages in the preparedness phase lay the groundwork for good working relations in a crisis.

## **See Appendix 2 – Public Information and Warning**

## **4. Special Needs and Fixed Populations**

## Certain segments of the population may require special assistance or services either in activities of daily living, or to comply with emergency directions from public officials. During a public health emergency, individuals may be asked to remain in their homes for extended periods of time, to come to a public clinic for treatment or care, or to care for themselves and their ill family members at home rather than going to see a health professional. The RCC has identified special populations currently within the region’s area of responsibility.

## **See Attachment 8: Special Populations**  for more information about community preparedness, response, and recovery support strategies and a list of agencies serving vulnerable populations.

# B. Response (Emergency) Phase

1.Role of the North Country PHR “RCC”

Note: It is understood by all parties that any regional response is to be coordinated by representation from all sub regions and that sharing of resources will be guided by the availability of resources and volunteers for each sub region. The exception to this rule is Regional Public Health Supplies and volunteers maintained and managed by North Country PHN Coordinator. It is understood by all parties that the above mentioned resources will be allocated by an equal percentage based on population, in the event of a disaster.

During the **response / emergency phase,** The RCC will work with regional municipalities and the NH DHHS Incident Command Center (ICC) to:

Ensure a system for the rapid distribution of risk communication materials during a public health emergency.

Activate risk communication plan. Provide information on the nature of the emergency and protective action messages across various media for the public to implement and follow.

Mobilize necessary local staff and volunteers to respond to public health emergencies.

Mobilize local, regional, and/or state partnerships to set up and execute appropriate necessary responses (e.g., mass care clinic(s), mass vaccination clinic(s), mass mortuary assistance, mental health support, etc.).

Facilitate access to mental health, social services, and other necessary services for populations affected by a crisis.

Protect health and ensure safety of North Country PHN residents and volunteers in the case of a biological event by ensuring infection control and worker safety precautions are being followed.

Protect the health and safety of residents and volunteers by enforcing laws and regulations such as quarantine and/or isolation.

## **2. Activation**

In an emergency, Grafton County Dispatch will be the first point of contact for activating this plan. Grafton County Dispatch will notify the appropriate regional players as described in Attachment ***9–ActivationProcedures.*** Emergency activation could be triggered by the state through the Department of Health and Human Services or from Homeland Security Emergency Management. It is possible that the activation of the regional plan may also be initiated at a local level by a hospital or a municipality. The level of activation will be determined by the geographic scope or impact potential of the event.

In a pandemic situation, or other public health emergency for which there is advanced warning, the Regional Coordinating Committee will be provided with regular status updates and a Unified Command may be activated in preparation or for risk communications purposes prior to a local incident. In a pandemic situation, Epidemic Respiratory Infection (ERI) Alert Matrix level YELLOW (effective human-to-human transmission in the U.S., Canada or Mexico) will be a trigger for the emergency notification procedures.

In a region-wide emergency, a municipal official from each of the seven sub-regions and a coordinating representative from the RCC will be notified. These key individuals can be found in Attachment 9.Activation Procedures – POD activation. In a public health event that is localized within a sub-region, a municipal official from that sub-region and the RCC coordinating representative will be notified. Determination will be made after that initial notification whether to establish a public health Unified Command. First and second tier partners will be convened virtually or in-person to coordinate preparation and action.

## **3. Command and Control**

In the event of a public health emergency, the Incident Command System/Unified Command System (ICS/UCS) will be utilized. In the event of a public health incident or emergencies requiring a coordinated response the region would operate under Unified Command to coordinate the sharing of resources across the region.

* In each town in Northern Grafton and Coös Counties the designated Incident Commander shall exercise executive authority over all emergency operations in accordance with the missions and assignments specified in this plan.
* The public health official who may play the role as Incident Commander or as a member of the Unified Command System is designated in each municipality’s LEOP.
* A covert attack, without an incident or scene will most likely not require a field incident command post. The IC will be selected on the basis of primary authority for overall control of the incident. This plan shall identify who will authorize the decision to initiate and further implement response plans.
* The establishment of a regional public health Unified Command will follow ICS/UCS protocols.

***See Appendix 1: MACE***

**4. Emergency Operations Center (EOC)**

* The local EOC, the site from which municipal emergency direction and control will take place, is usually identified in an LEOP. Local EOCs will have jurisdiction over emergency resources deployed from or into their municipality, as defined by mutual aid agreements.
* A person or persons from the Regional Coordinating Council (RCC) may be assigned to staff a local EOC. This person will be identified in the LEOP
* Information about the current public health emergency will be provided to the local EOCs by the appropriate state and regional entities. Communication will be coordinated among the EOC activated as specified in existing mutual aid agreements. Communications between Medical Command (hospitals) and local EOCs will be coordinated as specified in the LEOP.
* The following is a list of possible public health emergency triggers that would require a local EOC to open. Refer to the LEOP for accurate EOC activation levels.

|  |  |
| --- | --- |
| **Public Health Emergency Trigger (examples include)** | **Emergency Operations Center****Activation Level** |
| Reports of unexplained sudden increase in Emergency Department / EMS Use | Minimum Staffing (Monitoring the situation) |
| Reports of unexplained surge in school absenteeism | Moderate Staffing (Active Investigation) |
| Positive reports of lab tests of clinical specimens | All EOC Positions Filled (EOC Fully Operational) |
| Documented or suspected case in another/ nearby jurisdiction regardless of reason | All EOC Positions Filled(EOC Fully Operational) |

The RCC *as a whole* will not have a role in a regional public health response. Many of the members of the Regional Coordinating Committee have roles within the ICS structure of their own organizations and departments. However, partnering agencies are available to link with the appropriate command structure in an emergency through the relevant branch to provide additional community response capacity. A comprehensive list of partner agencies is included at the front of this plan. Other community resources are listed at the back of this plan.

In an emergency, municipal Emergency Operations Centers (EOC) in affected areas will open in accordance with their Local Emergency Operations Plans (LEOP). Community, health and human services resources listed in this plan will be available to assist in a community response.

**Multi-Agency Coordinating Entity (MACE):**

The NCPHN Multi-Agency Coordination Entity (MACE) serves as the regional public health emergency management team for the North County. **Multi Agency Coordination Entities (MACE)** coordinate activities above the field level and prioritize the incident demands for critical or competing resources, thereby assisting the coordination of the operations in the field. In addition to the MACE, other command structures may be involved. This will be different in each case, but will be consistent with ICS.

***See Appendix 1: MACE***

## **5. Communication**

Communication among public health and public safety partners will be achieved through the RCC and regional Public Health Network. Messages disseminated from various state agencies to local departments will be shared using this network. Region.specific messages may be crafted based on public requests for information made of any one agency or department in the region, to ensure consistent communication to the public.

The Department of Health and Human Services, Public Information Office is responsible for providing information on any public health emergency to the general public. Public education during a regional or statewide response to an emergency will be driven by the messages provided by the state, and tailored for the region using as directed by the Regional Coordinating Council. Each municipal Public Information Officer (PIO) is responsible to provide information to residents, as defined by the town’s Local Emergency Operations Plan (LEOP). The hospital PIOs will provide specific information and expertise to municipalities and be spokespersons for the local news. A Joint Information Center will be operated as a function of the Unified Command System if Unified Command is activated. The need to coordinate public communication may be a trigger for the establishment of a Unified Command, since risk communication will likely be initiated prior to the activation other regional responses. In a pandemic situation, Epidemic Respiratory Infection (ERI) Alert Matrix level YELLOW (effective human-to-human transmission in the U.S., Canada or Mexico) will be a trigger for the emergency notification procedures in order to activate the Joint Information System.

***See Appendix 2: Public Information and Warning***

**6. Surveillance**

Throughout the response to a public health emergency, surveillance will continue to play an important role. DHHS may request that entities in Northern Grafton and Coös Counties increase surveillance from the normally passive system to a more enhanced reporting of probable, suspect and confirmed cases and/or clusters of illness. There may eventually be a time in the response phase where such surveillance will no longer be useful, and therefore may cease. The local Health Officer should maintain communication with DHHS for consultation on the appropriate level of surveillance.

During a public health emergency involving infectious disease or a bioterrorism agent, surveillance will be increased. Current systems will be enhanced and new systems put into place. Hospitals and other healthcare providing agencies will participate in surveillance efforts to the extent possible by reporting into existing and developing state systems.

## **7. Laboratory Diagnosis and Specimen Submission**

## Preliminary testing occurs in a physician’s office, an emergency department or at a lab collection point. Commercial or hospital labs may make definitive identification of an organism. For unusual organisms, the specimen is sent to the NH Public Health Laboratory (PHL) to make definitive identification. The PHL may send the specimen to another lab in the Laboratory Response Network or to the CDC in Atlanta, GA.

When a bioterrorism event is suspected, the PHL accepts samples from the FBI or State Police ONLY. Samples are collected and screened under HazMat Team direction and are delivered under chain of custody conditions. Samples are logged in and signed over to the analyst. This procedure ensures chain of custody is preserved throughout.

## **8. Mass Immunization, Prophylaxis and Pharmaceutical Dispensing**

In the event that a vaccine or prophylaxis is available for distribution to large segments of the population, the North Country PHR contains six Points of Dispensing (PODs). Local communities will be responsible for establishing and managing clinic sites, as planned, including clinic staffing. Funds for costs incurred will be requested from the federal government in a declared emergency. Strategic National Stockpile resources will be used to respond to a variety of public health emergencies. HSEM and DHHS will arrange for secure delivery to clinic sites and coordinate with local officials for the receipt and distribution of clinic supplies. Communities may need to procure supplies initially. Some regional public health supplies are available for PODS and ACS’s. These regional supplies are currently housed in Haverhill at the town storage building and are accessible by authorized representatives as defined by the Public Health Network Coordinator.

It is recommended that the towns hosting POD locations open up their Emergency Operations Center (EOC) for the management of logistics and supplies. POD operations will be contained at the POD location using Incident Command System and connected with the Town EOC through a Liaison Officer.

**Population per POD Group Area**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **POD Group** | **POD Group 1** | **POD Group 2** | **POD Group 3** | **POD Group 4** | **POD Group 5** |
| **Town** | **Colebrook** | **Berlin** | **Lancaster** | **Bethlehem** | **Haverhill Area** |
| **POD Location/POD Manager and Point of Contact** | Colebrook ElementaryBrett Brooks Fire Chief, 237-5798 | Berlin High SchoolRandall Trull Berlin Fire Chief 752-1272 | Lancaster ElementaryRandy Flynn Lancaster Fire Chief 788-4026 | Profile Middle/High School (primary) Lafayette Elementary (secondary)Jack Anderson Beth Fire Chief 869-2232 and 869-5822 | Haverhill Cooperative Middle SchoolMichael Lavoie Haverhill Fire Chief787-6911 |
| **EOC Location/Point of Contact** | 45th ParallelRob Darling 237-5593 | Berlin Town HallBerlin Police Dispatch 752-3131 | Lancaster AmbulanceRon Wert EMD 788-3221 | Franconia FDMark Montminy823-7025 | Grafton County EOCTom Andross787-2111 x115 |
|  | Pittsburg 869 | Dummer 304 | Stratford 746 | Bethlehem (2526) | Bath (1077) |
|  | Clarksville 265 | Errol 291 | Stark (556 | Easton (254) | Benton (364) |
|  | Stewartstown 1004 | Cambridge (0) | Northumberland 2288 | Franconia (1104) | Haverhill (4697) |
|  | Colebrook 2301 | Berlin 10051 | Jefferson 1107 | Sugar Hill 563) | Landaff (415) |
|  | Unincorporated townships | Milan 1337 | Lancaster 3507 | Littleton (5928) | Lisbon (1595) |
|  |  | Randolph 310 | Kilkenney (0) |  | Lyman (533) |
|  |  | Shelburne 372 | Whitefield (2306) |  | Monroe (788) |
|  |  | Gorham 2848 | Dalton (979) |  |  |
|  |  | Success (0) | Carroll (763) |  |  |
|  | Population: 4439 | Population:15513  | Population:12252 | Population: 4447 | Population8148 |
|  | Est. Surge:1,000 | Est. Surge:3,000 | Est. Surge:3,000 | Est. Surge: 1,678 | Est. Surge: 3,000 |
|  | **Total:****5,439** | **Total:****18,513** | **Total: 15,252** | **Total: 12,053** | **Total: 12,469** |

***See Appendix 4. Point of Dispensing***

## **9. Volunteerism**

Volunteers play a critical role at the local level during the emergency and recovery phases of a public health emergency. See ***Appendix 5 – Volunteer Management*** for more details.

**10. Medical Surge Capacity**

Medical Surge Capacity is the ability of an affected community or region to provide medical care in emergencies that overwhelm the normal medical infrastructure (number or type of patients or loss of infrastructure)

The Region has identified two strategies for increasing community surge capacity of the region.

1. Alternate Care Site (ACS): An in-patient facility established to provide medical care in a community based location. ACSs are community based healthcare surge facilities that provide limited care to patients that would normally require admission to an acute care hospital. ACSs will not manage critical care patients, such as victims requiring artificial ventilation.

|  |
| --- |
| **ACS #1**, (5 beds) – Indian Stream Health Center, 141 Corliss Lane, Colebrook NH, 03576POC. Jill Gregoire BSN, (603.237.8336) |
| **ACS #2**, (14 Beds) . White Mountain Community College in Berlin, NH, 03570POC . 603.752.1113, Berlin Health Dept.: 603.752.1272 |
| **ACS #3** (10 Beds) – Lancaster Ambulance Bay, 19 Mechanic St., Lancaster NH,03584POC. Ron Wert, 603.788.3221 |
| **ACS #4** (21 Beds) –Daughters of the Charity of the Sacred Heart of Jesus, Grove St., Littleton NH, 03561POC . Sister Carol A. MacKenzie, cell number 603 616 7878, fax number 603 444 5348, 444.5346 |

##### 2. Neighborhood Emergency Help Center (NEHC): An out-patient facility established to

* Function as a high volume point of dispensing (POD) for prophylactic medication
* Self help information
* Instruction (e.g., home care, medical follow-up), resource and discharge planning
* Triage large numbers of people seeking care, especially to identify those that require inpatient care and to ensure that they are stabilized for evacuation to either an ACS or hospital, depending on the patient’s level of acuity.

Neighborhood Emergency Help Centers (NEHC) could be established at any of the seven facilities serving as PODs in Colebrook, Berlin, Lancaster, Littleton, Bethlehem, Haverhill (locations shown in the table below). Existing Health Care Clinics may also be utilized to fulfill the functions of the NEHC in small scale disasters of responses. The suitability of a NEHC facility will be determined at the time of the public health event.

|  |
| --- |
| **Potential NEHC Facilities** |
| **POD Group** | **Community** | **Location** | **Point of Contact** |
| POD Group 1, (Colebrook) | Colebrook | Colebrook Elementary School 22 Dumont Street Colebrook, NH | Mary Jolles Phone: 603.237.4801mjolles@colebrook.k12.nh.us |
| POD Group 2, (Berlin) | Berlin | Coos County Family Health Services, 133 Pleasant St, Berlin NH  | Patty Couture603-752-2040pcouture@ccfhs.org |
| POD Group 3 (Lancaster) | Lancaster | Lancaster Elementary51 Bridge St. Lancaster, NH | Patricia McLeanBusiness Phone: 603.788.4924pmclean@sau36.org |
| POD Group 4 (Bethlehem) | Bethlehem(primary) /Franconia (secondary)  | Profile Middle/High School 691 Profile RdBethlehem, NH/ Lafayette Regional School129 Main StFranconia, NH | Mike Kelley, PrincipalBuisness Phone: 603.823.7411Gordi Johnk, PrincipalBusiness Phone: 603.823.7741 |
| POD Group 5 (Haverhill) | Haverhill | Haverhill Cooperative Middle School175 Norrill Dr N. Haverhill, NH | Brent WalkerBusiness Phone: 603.787.2100bwalker@sau23.org |

***See Appendix 3 . Medical Surge***

## **11. Isolation and Quarantine**

NH DHHS is responsible for controlling, and, when possible, eradicating communicable diseases when they occur. Isolation, Quarantine and Community Based Containment Measures are three strategies employed by DHHS to control communicable diseases.

The Regional Coordinating Committee will work with NH DHHS to assist in the following ways:

* Providing care and necessities to individuals in their homes through community volunteers and health and human service agencies.
* Educating residents in advance on how to prepare for an extended in-home isolation or quarantine by stockpiling food and preparing for periods without utilities and other services.
* Outlining the responsibilities of Health Officers, Hospitals, Law Enforcement, Community Facilities, and caregivers in assisting DHHS with Isolation and Quarantine.
* The region has identified a location that could provide food and shelter for 20 individuals requiring isolation/quarantine but don’t have the resources to stay at home.

Primary Site: Daughters of the Charity of the Sacred Heart of Jesus

 226 Grove Street, Littleton NH

 Tel: 603.444.5346

***See Appendix 6 .Isolation & Quarantaine***

**12. Patient Decontamination**

In the event of a public health emergency, it may be necessary to perform patient decontamination. Plans written by local fire departments and hospitals will dictate when and how to conduct patient decontamination. **RSA 141.C:16.a** gives the commissioner of DHHSthe authoritytoclose, direct and compel the evacuation of or decontamination of any facility where there is reasonable cause to believe that there is a danger to the public health. The commissioner may also decontaminate, or cause to be decontaminated, or destroy any material of which there is reasonable cause to believe may present imminent danger to the public health. Destruction of any material shall be considered a taking of private property and shall be subject to the compensation provisions of RSA 4:46.

**13. Security and Crowd Control**

Security and crowd control are an integral part of the plans for each public health emergency activity. Please refer to the POD plans, Community Medical Surge Appendix, Isolation and Quarantine Appendix, and Mass Fatality Appendix for specific discussion of security measures in each instance. If the situation is declared a state of emergency, the security and crowd control will be coordinated by ESF.13 and the National Guard.

**14. Mass Care and Sheltering**

Mass care deals with the actions that are taken to protect evacuees and other victims from the effects of any emergency. These actions include providing temporary shelter, food, clothing, and other non-medical needs to those displaced from their homes due to an emergency or threat of an emergency. Local Emergency Operations Plans (LEOPs) include provisions for providing mass care to residents in each community. The resources identified in this plan can augment the LEOP by providing additional capacity to care for the physical, psychosocial, and medical needs of residents who are being sheltered.

**15. Mental Health Care**

The state of New Hampshire has charged the Department of Homeland Security and Emergency Management (HSEM) with the responsibility to coordinate behavioral health preparedness and response activities integrating these efforts with state and local emergency management operations. HSEM has developed a statewide plan to respond to the behavioral health needs of the State of New Hampshire that arise as the result of a disaster. This plan describes the organization, scope and expectations for provision of disaster preparedness and response activities. HSEM has developed a Disaster Behavioral Health Response Plan to provide an effective, organized system to manage the consequences of emergencies and disasters which impact consumers, staff, and area residents. The response may include immediate crisis intervention, short term and long-term support for emotional needs, community networking, assessment of the scope of disaster and support of first responders. Since a disaster is an unplanned, disruptive event, behavioral health response and interventions will emphasize the utilization of local community mental health services, regional Disaster Behavioral Health Response Teams and other human service agencies within the affected area.

The provision of mental health care is of critical importance in a public health emergency. Individuals may be frightened and unsure about how the situation will impact them, people may feel symptoms as a result of their fear and panic, and individuals may be facing the severe illness and death of loved ones or of familiar people in the community. RCC members Northern Human Services and The Disaster Behavioral Health Response Team have taken the lead on developing a response plan for Northern Grafton County.

The Disaster Behavioral Health Response Team (DBHRT) is a resource team for the area of mental health and crisis intervention. DBHRT is accessed 24 hours a day via the Bureau of Emergency Management at 603.271.2231.

Northern Human Services (NHS) provides outpatient services and treatment to individuals with mental and behavioral health needs for the entire region. NHS is making provisions internal to its organization to provide psychosocial support to the community at large in the event of an emergency. This contingency is included in it business emergency plan. Training for staff and for management have been undertaken to enhance the organization’s capacity to meet this responsibility in the event of an emergency.

**Table 3** outlines the steps that are being taken to provide mental and behavioral health support to the regional community in the event of a public health emergency.

**Table 3: Mental and Behavioral Health Response Plan**

|  |  |
| --- | --- |
| **Activity** | **Objective** |
| **Preparation Phase:** Recruitment and training of Disaster Behavioral Health Response Team volunteers | Increase the capacity for disaster mental and behavioral health response in the region. |
| **Preparation Phase:** Training in psychological first aid for ‘natural helpers’ (clergy, volunteers, EMS, etc.) | Increase the community’s resilience to disaster by teaching how to help neighbors and family.  |
| **Response Phase:** Establish information and support hotline for the general community using NHS’s existing infrastructure.  | Reduce fear and panic among the general population; provide public education; enhance information and referral capability; provide disaster behavioral health support. |
| **Response Phase:** Engage DBHRT volunteers | Reduce fear and panic among the general population; provide public education; provide disaster behavioral health support; enhance effectiveness of response activities. |
| **Response Phase:** Provide treatment through existing mental health provider system  | Individuals identified for longer term intervention and treatment can be assisted of referred through NHS’s existing system of case management and care provision. |
| **Recovery Phase:** Promote resilience by maintaining community cohesion | Volunteer and paid professionals are engaged with the larger community to reinforce messages of support, health and hope; events and memorials may be organized to acknowledge the community’s sacrifices and losses. |

**16. Protection of Public Health Staff and Other First Responders**

In the event of a public health emergency, health professionals and first responders may be exposed to infectious disease or contamination. Healthcare workers may need to provide direct patient care to contagiously ill patients.

The CDCS recommends that healthcare employees and first responders be trained in precaution methods to limit the likelihood of exposure. First responders’ training and equipment will be coordinated by their home agency (i.e., fire fighters by the local Fire Department).

The Regional Coordinating Committee (RCC) is working to coordinate the procurement and distribution of personal protective equipment (PPE) for health professional and first responders throughout the region.

RCC is also working with the Northern NH Area Health Education Center to facilitate and develop trainings on the use of PPE, risk reduction measures, and infection control procedures.

**17. Fatality Management**

In a mass fatalities event involving a naturally occurring disease, the region will follow the plan contained in ***Appendix 7 – Fatality Management,*** which is based on guidance provided from the State.

**18. Finance and Accounting**

In a State or Federally declared emergency, there is the possibility of reimbursement for costs incurred. To what degree costs will be reimbursed is unclear, and will depend on the extent of the emergency.

Throughout a regional response to an influenza pandemic, it will be critical for municipalities, health provider agencies, and any organization active in response to track all costs incurred. Without careful accounting and recording of justified costs and expenses, reimbursement is often difficult. The tracking of these expenses should begin at the outset of the pandemic response.

**D. Recovery Phase**

**1. Role of the (RCC) Regional Coordinating Committee**

During the **recovery phase**, the team shall work in consultation with DHHS, as needed, to:

Continue with response phase activities, as required.

Correct deficiencies in emergency response operations as may be determined during the recovery phase.

Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.

Assist staff, as needed, with completing required documentation of expenditures for state and federal reimbursement purposes, as applicable.

**2. Communications**

As in the response phase, public education after a public health emergency will be driven by the messages provided by the state, and disseminated by municipal PIOs, in coordination with hospital PIOs and the North Country PHR Regional Coordinating Committee.

Messages at this stage of the event will include the following:

* Disaster Behavioral Health education and resources
* How to access social support, financial aid (if applicable), human services, and other resources
* What the community is doing to return to ‘normal’ life
* How to assist (volunteer recruitment, if necessary)

***See Appendix 2: Public Information and Warning***

**3. Psychosocial Support and Human Services**

It will be important during the recovery phase to inform residents how to seek social support, economic assistance, and bereavement counseling.

It is likely that a mass casualty incident will affect a great many in the community personally or peripherally. Deliberate and consistent community interventions, like behavioral health education, making counseling available to individuals and groups, having public discussions and coordinating memorial services will help the community process the psychological, emotional and social impacts of the experience and get back to normal functioning. Longer term support for some individuals may be required, putting an extended demand on mental and behavioral health resources.

It is possible that a public health emergency could interrupt services and may have impacts on the regional economy. If this is the case, human service providers and community support programs will need to coordinate response to ensure that residents have basic necessities, like food, medicine, and heat. Northern Grafton and Coös Counties has a strong tradition of coordinating human service response to emergencies and crises, as demonstrated by the longevity and success of groups like *North Country Health Consortium* and the *Caregivers in Action*. A meeting of the partners listed in this plan will be convened by the *North Country Health Consortium* or another entity to determine how best to use combined resources to meet the need and fill the gaps in services.

**IV. PLAN MAINTENANCE**

This plan is a fluid document that continues to grow to meet the needs of the community, and it adapts as those needs change. The ability to adapt to a constantly changing environment and circumstances is a direct function of how well this plan is maintained. Successful plan maintenance will be achieved through regular review, updating, training, and drills & exercises.

**A. Plan Updating and Revision**

**1. Responsibilities for Plan Revision**

As positions, assignments and the environment surrounding this plan change, it must be updated to reflect new information. This plan will be updated at such time as may be necessary, specifically, following an exercise of the plan or when a significant item in the plan changes. Execution of this plan in response to an actual event will be considered a test and will require critique and after action report. Those items subject to frequent change shall be reviewed for possible updating, including:

* Community and facility notification and alerting lists
* Identity and contact numbers for response personnel/organizations
* Inventories of critical equipment, supplies and other resources
* Memoranda of Understanding / Agreement (MOU / MOA)
* Applicable laws and statutes

The *North Country Health Consortium*, as the North Country Public Health Network, will assume responsibility for keeping the plan updated annually in coordination with partners and municipalities for as long as resources allow. Updated versions of this plan will be distributed to all partners as changes are made.

**2. Role of the Regional Coordinating Committee (RCC)**

During the **evaluation and maintenance** phase, the team shall:

Participate in drills, exercises and other methods of plan evaluation with emergency planning partners.

Modify this plan to improve the effectiveness of the local response.

Up-date this plan as more information becomes available, and as circumstances change.

Provide or arrange for staff training necessary for skills development enhancement as indicated by after action reports resulting from drills and/or exercises.

**B. Drills and Exercises**

The RCC will participate in both internal and external emergency response drills and exercises used to test the effectiveness and readiness of the Regional Public Health Emergency Preparedness Annex. Following any exercise of this plan, an after action review will be performed and used in the revision of the plan and in planning future exercises and drills. Exercises, evaluations and plan improvement processes will be consistent with the Homeland Security Exercise and Evaluation Program (HSEEP).