

**North Country Regional Public Health Emergency Annex
for Northern Grafton and Coös Counties**

Municipalities of 2nd Colleague 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

May 2011

TABLE OF CONTENTS

i. TABLE OF CONTENTS2

ii. CONTACT LISTS

 Regional Point of Contact4

 State and County Contacts5

 Local Emergency Contacts.....6

 North Country Public Health Regional Coordinating Council.....17

I. INTRODUCTION20

 1. Purpose20

 2. Local Authority20

 3. Regional Coordinating Council.....21

 4. Demographics and description of the North Country Public Health Region21

 5. Hazard Analysis26

 6. Transportation Assets in the North Country Public Health Region27

II. SITUATIONS AND ASSUMPTIONS30

A. SITUATIONS.....30

B. ASSUMPTIONS30

C. LIMITATIONS31

III. OPERATION PLANS32

A. PREPAREDNESS32

 1. Roles and Responsibilities of the Regional Coordinating Council32

 2. Surveillance32

 3. Risk Communication and Public Education33

 4. Special Needs and Fixed Populations33

B. RESPONSE / EMERGENCY PHASE34

 1. Roles and Responsibilities of the Regional Coordinating Council34

 2. Activation34

 3. Command and Control35

 4. Emergency Operations Center35

 5. Communications36

 6. Surveillance37

 7. Laboratory Diagnosis and Specimen Submission37

 8. Mass Immunizations, Prophylaxis, and Pharmaceutical Dispensing37

 9. Volunteerism39

 10. Medical Surge Capacity39

 11. Quarantine and Isolation41

 12. Patient Decontamination41

 13. Security and Crowd Control41

 14. Mass Care and Sheltering42

 15. Mental Health Care42

 16. Protection and Safety of Staff & First Responders43

 17. Mass Fatality Management43

 18. Finance and Accounting43

C. RECOVERY PHASE44

 1. Roles and Responsibilities of the Regional Coordinating Council44

 2. Communications44

 3. Psychosocial Support and Human Services44

(continued)

North Country Regional Public Health Emergency Annex
May 2011

IV. PLAN MAINTENANCE46

A. PLAN UPDATING AND REVISION46

 1. Responsibilities for Plan Revision46

 2. Roles and Responsibilities of the Regional Coordinating Council46

B. DRILLS AND EXERCISES46

ATTACHMENTS

- Attachment 1 State and Local Contacts
- Attachment 2: MOU Chart
- Attachment 3: Supply Lists and Trailer Information
- Attachment 4: Regional Facilities and Services Directory
- Attachment 5: North Country Public Health Region Fact Sheet
- Attachment 6: Glossary
- Attachment 7: NH Reportable Disease Form
- Attachment 8: Special Populations
- Attachment 9: Activation Procedures

APPENDIXES

- Appendix 1: Multi Agency Coordinating Entity (MACE)
- Appendix 2: Public Information and Warning
- Appendix 3: Medical Surge
- Appendix 4: Point of Dispensing
- Appendix 5: Volunteer Management
- Appendix 6: Isolation & Quarantine
- Appendix 7: Fatality Management

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 x4496 603. 271.0279 or after hours: 800.852.3345 x0279 603. 271.4501 603. 271.4781 603. 271.4661 603. 271.4822 603. 271.4476 |
| DHHS Incident Command Center (ICC) Incident Command..... Operations..... Logistics..... Planning / PIO..... Finance..... | 271.7522 icc@dhhs.state.nh.us 271.7523 271.7520 271.7524 (fax) 271.4332 publicaffairs@dhhs.state.nh.us 271.7521 |
| NH Homeland Security Emergency Management (HSEM)..... Grafton County Field Representative, Paul Hatch Coos County Field Representative, Heidi Lawton | 603. 271.2231 or 1.800.852.3792 603. 223.3635 603.419.0950 |
| 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 6 North Haverhill, NH 03774 | 603. 787.6911 (emergency) 603. 787.2111 (administrative) |
| Coos County Sheriff 55 School Street, Suite 201 Lancaster, NH 03584 | 603. 788.5598 After hours: 603. 788.4641 |

| LOCAL EMERGENCY CONTACTS | | Telephone number |
|--|--------------------------------------|--|
| 2nd Collegiate Grant | | Unincorporated Township |
| A.G Grant | | Unincorporated Township |
| Bath | Police, Chief Dennis McKay | 603.747.2222 |
| | 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) |
| | Town Management, Board of Selectmen | 603.747.2454 |
| | Emergency Manager, Linda Lauer | 603.747.4001 (H) |
| 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 | 603.752.3131 bpdchief@berlinpolice.org |
| | Fire, Chief Randal Trull | 603.752.3135 fire_chief@berlinnh.gov |
| | EMS, Jonathan Dubey | 603.752.1020 |
| | Health Officer, Angela Martin-Giroux | 603.752.2120 |
| | City Manager, Patrick MacQueen | 603.752.7532 |
| | Emergency Manager, Randy Trull | 603.752.3135 |
| | | |
| Bethlehem | Police, Chief Eric Lougee | 603.869.5811 |
| | Fire, Chief Jack Anderson | 603.869.5822 / 869.2272 (H) jack@PNGUSA.net |
| | 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, Jeff Duncan | 603.846.5545 twinmtd@adelphia.net |
| | EMS, Dan Walker | 603.846.1016 dcwalkerSS@hotmail.com |
| | Health Officer, Dr. Evan Karpf | 603.846.5505 ekarpfnh@hotmail.com |
| | Town Manager, “Becki” Pederson will call selectboard | 603.846.5494 twintclerk@roadrunner.com |
| | Emergency Manager, Dan Walker | 603.846.1016 |
| Clarksville | Police, Pittsburg Police Chief Chief Richard Lapoint | Town of Pittsburg 538-7003 |
| | Fire, Pittsburg – Kevin Lassonde | Town of Pittsburg 538-7003 |
| | EMS, Chief Rob Darling | 45 th parallel EMS 237-5593 |
| | Health Officer, Deborah Dimmitt | 603. 388.2441 deborahdimmitt@indianstream.org |
| | Town Manager, Helen Dionne | 603. 246.7751 Town Clerk TwncClark@peoplepc.com |
| | Emergency Manager, Peter Dimmitt | 603. 538.7477 |
| Colebrook | Police, Chief Steve Cass | 603. 237.4487 Colebrookpd@myfairpoint.net |
| | Fire, Chief Brett Brooks | 603. 237.5504 work |
| | EMS, 45 th Parallel EMS, Chief Rob Darling | 603. 237.5593 rdarling@45thems.org |
| | Health Officer, Dr. Robert Soucy | 603. 237.4971 rsoucy@ucvh.org |

| | | |
|-----------------|------------------------------------|--|
| | Town Manager, Donna Caron | 603.237.4142 Donnacaron@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. 237.5593 rdarling@45thems.org |
| | Health Officer, Dr. Robert Soucy | 603. 237.4971 rsoucy@ucvh.org |
| | Town Manager, | N/A |
| | Emergency Manager | Richard Johnsen 237.5500 |
| Dalton | Police, John Tholl | 603.837.2703 |
| | Fire, | 603-837-3100 |
| | EMS, John Tholl | 603.837.2093 |
| | Health Officer, Shawn St. Cyr | 603.837.2092 info@townofdalton.com |
| | Town Manager, Board of Selectmen | 603.837.2092 info@townofdalton.com |
| | Emergency Manager, John Tholl | 603.837.2703 |
| 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, | Louise Hannan, State of NH |

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| | Town Manager, | Unincorporated Township |
| | Emergency Manager | Unincorporated Township |
| Dummer | Police, | State Police 846.3333 |
| | Fire, Milan Fire Dept | No Fire Dept. 449.2223 |
| | EMS, | Berlin EMS 752.1020 |
| | Health Officer, Jill Dubey, RN | 603.449.2006 jdubey@pthomecare.com |
| | Town Clerk, Mariann Letarte | 603.449.2006 |
| | Emergency Manager, Diane Labbe | 603.449.2006 dlabbe@gorhamnh.org |
| Easton | Police, <i>position vacant</i> | 911 |
| | Fire, Chief Charles Casey | 603.823.5531 / 823.5045 (H) |
| | EMS, Franconia Life Squad | 603.823.8821 |
| | Health Officer, Dr. Campbell McLaren | 603.823.8017 eastonselectboard@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 / 603.482.3303 errolselectmen@ncia.net |
| | Town Clerk, Yvette Bilodeau | 603.482.3351 |
| | Emergency Manager Irving “chip” Joseph | 603.482.3223 |
| Franconia | Police, Chief Mark Montminy | 603.823.7025 |

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| | Fire, Chief Richard McLauchlin | 603.823.8821 / 823.7778 (H) |
| | EMS, Franconia Life Squad | 603.823.8123 |
| | Health Officer, William Demers, RN | 603.823.5910 williamdemers70@gmail.com |
| | Town Management, Board of Selectmen | 603.823.7752 |
| | Emergency Manager, Mark Montminy / Mark Taylor | 603.823.7025 |
| Gorham | Police, PJ Cyr | 603.466.2334 pcyr@gorhamnh.org |
| | Fire, George Eichler | 603.466.2549 chief@gorhamfire.org |
| | EMS, Terry O'Neil | 603.466.5611 terry@gorhamems.org |
| | Health Officer, Richard Eichler | 603.466.2549 chief@gorhamfire.org |
| | Town Manager, Robin Frost | 603.466.3322 rfrost@gorhamnh.org |
| | Emergency Manager, Chad Miller | 603.466.5611 cmiller@gorhamnh.org |
| Haverhill | Police, Chief Byron Charles | 603.787.2222 |
| | 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 | 603.787.6800 |
| | Emergency Manager, Steve Robbins | 603.747.3142 (H) / 520.0483 (C) |
| Jefferson | Police, State Police | 603.846.3333 |

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| | Fire, Chris Milligan | 603.593.4444 / 586.4526 (H) jfd33k1@hotmail.com |
| | EMS, Jeffrey Wiseman | 631.1019 cell 586.4436 w jeffwise@ncia.net |
| | Health Officer, Charles Huttington | 603.586.4553 hjeffersontown@ne.rr.com |
| | Town Manager, Opal Bronson | 603.586.4553 |
| | Emergency Manager, Jeffrey Wiseman | 631.1019 cell 586.4436 w jeffwise@ncia.net |
| Kilkenney | | Unincorporated Township |
| Lancaster | Police, Chief John Gardiner | 603.788.4402 policechief@lancasternh.org |
| | Fire, Randy Flynn | fire@lancasternh.org 788.3221 |
| | EMS, Ron Wert | 603.788.3221 ambulance bay 603.788.3391 town hall 603.788.3007 home 603.723.2050 cell 603.615.5220 pager rwert1@myfairpoint.net |
| | Health Officer, Ron Wert | 603.788.3221 ambulance bay 603.788.3391 town hall 603.788.3007 home 603.723.2050 cell 603.615.5220 pager rwert1@myfairpoint.net |
| | Town Manager, Ed Samson | 603.788.3391 townmanager@lancasternh.org |
| | Emergency Manager, Ron Wert | 603.788.3221 ambulance bay 603.788.3391 town hall 603.788.3007 home 603.723.2050 cell 603.615.5220 pager rwert1@myfairpoint.net |
| Landaff | Police, Chief | |
| | Fire, Chief Harry McGovern | 603.838.8908 |

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| | EMS, Lisbon Fire Department | 603.838.2211 |
| | Health Officer, Board of Selectmen | 603.838.6220 |
| | Town Management, Board of Selectmen | 603.838.6220 |
| | Emergency Manager, Patrick Webb | 603.838.6406 |
| Lisbon | Police, Chief Joe Tavernier | 603.838.6712 |
| | Fire, Chief Gerald Houston | 603.838.2211 / 838.6872 (H) |
| | EMS, Lisbon Life Squad | 603.838.2211 |
| | Health Officer, Stan Borkowski | 603.838.6376 / 838.5545 (H) |
| | Town Administrator, Regan Pride | 603.838.6377 |
| | Emergency Manager, Regan Pride | 603.838.6377 |
| 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, Joe Wiggett | 603.444.3996 x12 |
| | 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, Board of Selectmen | 603.838.5900 |

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| | Town Management, Board of Selectmen | 603.838.5900 |
| | EMD, Michael O'Brien | 603.838.5933 |
| Milan | Police | 449-2661 |
| | Fire, | 449-2223 |
| | EMS, Peter Roberts | 603.449.7307 |
| | Health Officer, Randy Fortin | 603.449.2484 TownOfMilan@netzero.net |
| | Town Clerk, Dawn Minor | 603.449.3461 |
| | Emergency Manager, George Pozzuto | 603.449.3363 grpozzuto@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 | 603.638.2644 gwormer@ourmonroeschool.org |
| | Town Management, Board of Selectmen | 603.638.2644 |
| | Emergency Manager, Chief Maynard Farr | 603.638.2612 |
| Northumberland | | 603.636.1120 |
| | Police, Marcel Platt | |
| | Fire, Terry Bedell | 603.636.2181 |
| | EMS, Sandy Mason | 603.636.1057 |
| | Health Officer, Richard Brooks | 603.636.1057 northumberlandaa@yahoo.com |
| | Town Manager, Board of Selectman | 603.636.1450 |

| | | |
|------------------|--|---|
| | Emergency Manager, Rob Gauthier Deputy James Gibson EMD | 603.482.7764 w 636.0049 cell 603.636.1057 |
| Odell | | Unincorporated Township |
| Pittsburg | Police, Chief Richard Lapoint | 603.538.7003 |
| | Fire, Kevin Lassonde | 603.538.7409 |
| | EMS, 45 th Parallel, Chief Rob Darling | 603. 237.5593 rdarling@45thems.org |
| | Health Officer, Roy Amey | 603.538.6697 |
| | 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 Squad Bill Arnold | 911 |
| | Health Officer, Dr. John McDowell | 603.466.5711 / 752.2200 john.mcdowell@avnh.org |
| | Town Clerk, Anne Kennison | 603.466.5771 |
| | Emergency Manager, None | |
| Shelburne | Police, State Police Satellite Office | 449-2364 |
| | Fire, Warren "Tom" Hayes | 603.466.3345 |
| | EMS, Fast Squad George Corriveau | 603.466.3345 |
| | Health Officer, Lucy Evans | 603.466.2262 Townofshelburnenh@gmail.com |
| | Selectman, Lucy Evans | 603.466.2262 townofshelburnenh@gmail.com |
| | Emergency Manager, Stanley Judge | 603.466.2262 |

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|---------------------|--|--|
| Stark | Police, State Police Satellite Office | 449-2364 |
| | Fire, Stark Fire Department | 636-2848 |
| | EMS, Groveton EMS | 636.1057 |
| | Health Officer, James Gibson | 603.636.1057 jgibson@grovetonambulance.com |
| | Town Clerk, Susan Croteau | 603.636.2118 |
| | Emergency Manager Colin Wentworth | 449.3345 |
| Stewartstown | State Police | |
| | Fire, Colebrook Fire – Brent Bracks | 237-5798 |
| | EMS, 45 th 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 | 603.922.5533 stratfordnh@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 William Colborn | 603.837.9266 whitefieldpd@ne.rr.com |
| | Fire, James "Jay" Watkins | 603.837.2655 whitefieldfireandrescue@ne.rr.com |
| | EMS, James "Jay" Watkins | 603.837.2655 whitefieldfireandrescue@ne.rr.com |
| | Health Officer, Chief William Colborn | 603.837.9266 Colborn1682@ne.rr.com |
| | Selectman Assistant, Judith Ramsdell | 603.837.9871 |
| | Emergency Manager, "Jay" Watkins | 603.837.2655 whitefieldfireandrescue@ne.rr.com |

| NORTH COUNTRY PUBLIC HEALTH REGIONAL COORDINATING COUNCIL | Contact Information |
|---|--|
| Littleton Regional Hospital CEO, Warren West Director of Facilities Management, Henry Wante Director of Community Relations, Gail Clark Infection Control, Kelli Keiler | 603.444.9501 603.444.9201 603.444.9304 603.444.9520 |
| Cottage Hospital Administrator, Maria Ryan Coordinator of Emergency Preparedness, Don Stapelfeld Director of Community Relations, Maryanne Aldrich Infection Control, Mary Ruppert | 603.747.9193 or 747.9000 603.747.9000 603.747.9189 603.747.9288 |
| Ammonoosuc Community Health Services Ed Shanshala, Executive Director | 444.8223 (W) 991.7756 (C) |
| North Country Health Consortium Amy Holmes, Community and Public Health Director | 259.3700 x 228 |
| North Country Home Health and Hospice Gail Tomlinson, Director Jean Simonson, CQI Coordinator | 444.5317 |
| Northern Human Services Jane MacKay, Area Director | 444.5358 |
| American Red Cross | 800.464.6692 603.225.6697 |
| Catholic Charities Tony Poekert, Outreach Coordinator | 444.7727 x 11 |
| Disaster Behavioral Health Response Team Mark Lindberg, Liaison | 444.5358 271.2231 (via HSEM 24/7) 991.3366 (C) 823.9822 (H) |
| Glencliff Home for the Elderly Kim MacKay, Director | 603.989.3111 |
| Grafton County Nursing Home Eileen Bolander, Administrator | 787.6971 x 201 |
| Grafton County Julie Cough, Executive Director | 787.6941 |
| Medical Reserve Corps Elaine Belanger, NNH MRC Coordinator | 837.2519 |
| 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) |

| | Contact Information |
|---|--|
| Upper Connecticut Valley Hospital Administrator, Director of Facilities Management, Director of Community Relations, Infection Control, Thomas Marallo Indian Stream Health Center Jill Gregoire | 603.237.4971 tmarallo@ucvh.org 603)388-2422 |
| Weeks Medical Center Administrator, Scott Howe Director Of Clinical Services, Donna Walker Director of Facilities Management, Director of Community Relations, Infection Control, | 603. 788.5042 Donna.Walker@weeksmedical.org |
| Androscoggin Valley Hospital Administrator, Russell Keene Director of Facilities Management, Director of Community Relations, Infection Control, Karen Flint | russell.keene@avnhh.org 603.752.2200 karen.flint@avnhh.org |
| Berlin Health Department / Berlin EMD / Berlin HO | 603.752.1272 (o) |
| Berlin Fire Dept Chief Randall Trull | 603.752.3135 ChiefTwoFive@AOL.com |
| Berlin Police Department Barney Valliere | 603.752.3131 BarneyValliere@Berlinpolice.org |
| Berlin Emergency Services Jonathan Dubey | 603.752.1020 rotundojr@yahoo.com |
| Tri county Cap Kathy Mckenna, . Volunteer Coordinator | 603.752.1070 kmckenna@tccap.org |
| Lancaster EMS / EMD Ron Wert | 603.788.3221 rwert1@myfairpoint.net |
| Weeks EMS Coordinator James Santorello | 603.788.4911 James.santorello@weeksmedical.org |
| Coos County Family Health Services Patty Couture | 603.752.4678 pcouture@ccfhs.org |
| NH Homeland Security Representative Heidi Lawton | 603. 419.0950 (c) Heidi.lawton@hsem.nh.gov |
| Coos County Nursing Home Jeannette Morneau, Administrator | 603.752.2343 jeannetemorneau@ccnhnh.gov |

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|---|--|
| Gorham EMD Chad Miller | 603.466.5025 cmiller@gorhamnh.org |
| Shelburne Asst. EMD Joe Carpenter | 603.466.2262 Townofshelburnenh@gmail.com |
| Milan EMD George Puzzuto | 603.449.3363 Georgepoz@aol.com |
| Northern Human Services Louise Valliere, RN | 603.752.1005 lvalliere@northernhs.org |
| NH DHHS Community Relations David Roy | 603.752.7800 Ext. 330 droy@dhhs.state.nh.us |
| Androscoggin Valley Hospital, Home Health Home Health Director Debra Berntsen, RN | 603. 326.5869 debra.berntsen@avnhn.org |
| SAU 20 Paul Bousquet, Superintendent | 603.466.3632 pbousquet@sau20.org |
| Town of Carroll HO Evan Karpf | 603.846.5494 ekarpfnh@hotmail.com |
| Town of Dummer, EMD Diane Labbe | 603.449.2296 dlabbe@gorhamnh.org |
| Town of Stratford, EMD Charles Stinson | 603.991.3750 Stratford@ncia.net |
| Town Of Stark, EMD Colin Wentworth | 603.449.3345 |

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 Council

The Regional Coordinating Council is comprised of 2 previously established Health Planning committees who have been dedicated and instrumental in developing local community plans and interagency collaborations in the event of a pandemic or other public health emergency. Those 2 committees are collectively referred to as the “Regional Coordinating Council” and are comprised of:

The Health Emergency Planning Team (HEPT) is a committee of interdisciplinary health and safety professionals from Northern Grafton County who were convened to develop a public health all hazards plan for Northern Grafton County, 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. In addition it contains the unincorporated township of Livermore. This area encompasses a total of 760.2 sq. miles.

The Great North Woods Pandemic Planning Committee (GNWPPC) is a committee of interdisciplinary health and safety professionals from Coos County who were convened to develop a public health all hazards plan for Coos County, designated by the State of New Hampshire as North Country Public Health Region. The region includes the communities of 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. This area encompasses a total of 1,800.59 sq. miles.

The combined 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

Specific activities and roles attributed to partner agencies in this plan are also spelled out in the Memoranda of Understanding attached.

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 situated in the northern part of New Hampshire. The population is 33,019, according to 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 sub regions according to Hospital Service Areas. Colebrook is Sub-Region one, Berlin is Sub-Region two, and Lancaster is Sub-Region three and location of the County Seat and Court House. There is a critical access hospital located in each sub-region, 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 2009 / 2010 New Hampshire Public Health Network population data is 57,478.

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 Network's 2009 / 2010 population data for the towns in Northern Grafton and Coös Counties is summarized in Table 3.

Bath: population 981; Area 38.6 sq. mi.
Benton: population 334; Area 48.7 sq. mi.
Berlin: population 10,089; Area 61.5 sq. mi.
Bethlehem: population 2,457; Area 90.9 sq. mi.
Carroll: population 663; Area 50.3 sq. mi.
Clarksville: population 290; Area 60.4 sq. mi.
Colebrook: population 2,216; Area 40.8 sq. mi.
Columbia: population 732; Area 61.2 sq. mi.
Dalton: population 905; Area 27.5 sq. mi.
Dummer: population 301; Area 47.9 sq. mi.
Easton: population 274; Area 31.1 sq. mi.
Errol: population 321; Area 60.8 sq. mi.
Franconia: population 990; Area 65.8 sq. mi.
Gorham: population 2,745; Area 31.9 sq. mi.
Haverhill: population 4,495; Area 52.4 sq. mi.
Jefferson: population 955; Area 50.1 sq. mi.
Lancaster: population 3,139; Area 50.2 sq. mi.
Landaff: population 402; Area 28.5 sq. mi.
Lincoln: population 1,359; Area 131 sq. mi.
Littleton: population 6,404; Area 54 sq. mi.
Lyman: population 559; Area 28.7 sq. mi.
Milan: population 1,255; Area 63.9 sq. mi.
Monroe: population 855; Area 23.8 sq. mi.

Northumberland: population 2,308; Area 36.7 sq. mi.

Pittsburg: population 851; Area 282.3 sq. mi.

Randolph: population 392; Area 47.1 sq. mi.

Shelburne: population 360; Area 47.9 sq. mi.

Stark: population 491; Area 59.2 sq. mi.

Stewartstown: population 953; Area 46.5 sq. mi.

Stratford: population 913; Area 79.9 sq. mil.

Sugar Hill: population 659; Area 17.2 sq. mi.

Whitefield: population 1,928; 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

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. In mid September, the NH Highland Games brings between 30,000 to 40,000 guests and participants over the course of a weekend to Lincoln, NH. Loon Mountain Ski Area in Lincoln, NH and 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 Network 2009 / 2010 population data

| | Under 5 | 5 to 18 | Over 18 | Over 65 |
|---------------------|----------------|----------------|----------------|----------------|
| Bath | 38 | 147 | 626 | 170 |
| Benton | 10 | 32 | 148 | 145 |
| Berlin | 450 | 1502 | 5723 | 2415 |
| Bethlehem | 116 | 392 | 1631 | 318 |
| Carroll | 26 | 91 | 436 | 110 |
| Clarkesville | 14 | 44 | 190 | 42 |
| Colebrook | 93 | 330 | 1393 | 402 |
| Columbia | 32 | 123 | 452 | 127 |
| Dalton | 45 | 164 | 552 | 145 |
| Dummer | 13 | 48 | 187 | 53 |
| Easton | 8 | 28 | 189 | 70 |
| Errol | 8 | 32 | 213 | 68 |
| Franconia | 32 | 122 | 624 | 253 |
| Gorham | 104 | 396 | 1689 | 557 |
| Haverhill | 219 | 788 | 2881 | 924 |
| Jefferson | 38 | 138 | 617 | 160 |
| Lancaster | 176 | 563 | 1820 | 581 |
| Landaff | 22 | 73 | 236 | 71 |

| | | | | |
|-----------------------|-------------|--------------|--------------|--------------|
| Lisbon | 122 | 354 | 1031 | 224 |
| Littleton | 343 | 1,072 | 3944 | 1,046 |
| Lyman | 20 | 96 | 373 | 85 |
| Milan | 59 | 208 | 812 | 177 |
| Monroe | 25 | 96 | 546 | 188 |
| Northumberland | 108 | 392 | 1421 | 387 |
| Pittsburg | 31 | 106 | 546 | 170 |
| Randolph | 10 | 41 | 261 | 80 |
| Shelburne | 11 | 51 | 227 | 71 |
| Stark | 23 | 86 | 301 | 82 |
| Stewartstown | 46 | 151 | 555 | 199 |
| Stratford | 46 | 138 | 584 | 146 |
| Sugar Hill | 21 | 78 | 420 | 142 |
| Whitefield | 97 | 317 | 1145 | 369 |
| TOTAL | 2528 | 8590 | 33431 | 10401 |

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 world. 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, Snowdeo and the NH Highland Games, 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 717 Bethlehem, NH 03574 | 603. 869.2210 | N. Grafton | POD Group 5 (Bethlehem) |
| Common Ground / White Mountain Mental Health | 12 van seats, 2 wheelchair spaces | Common Ground 29 Maple Street, Box 599 Littleton, NH 03561 | 603. 444.6894 | N. Grafton | POD Group 4 (Littleton) |
| North Country Charter Academy | Unknown | 260 Cottage Street Suite A Littleton, 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 Rd Whitefield, NH 03598 | Bruce Hutchings | 603.837.9532 603.631.1548 | Coös | POD Group 3 (Lancaster) |
| Errol Airport (ERR) | PO Box 43 Errol, NH 03579 | D C Heasley | 603.482.3320 | Coös | POD Group 2 (Berlin) |
| Franconia Airport (1B5) | 1302 Easton Rd. Franconia, NH 03580 | Richard Morriss | 603.823.5542 | N. Grafton | POD Group 5 (Bethlehem) |
| Twin Mt. Airport (8B2) | P.O. Box 146 Twin Mtn, NH 03595 | Evan Karpf | 603.846.5505 | Coös | POD Group 3 (Lancaster) |
| Gorham Airport (2G8) | 8 Main St. Gorham, NH 03581 | Lee Carroll | 603.466.5065 | Coös | POD Group 2 (Berlin) |
| Colebrook Airport (4C4) | 14 Depot St. Colebrook, NH 03576 | Douglas Brooks | 603.237.4914 | Coös | POD Group 1 (Colebrook) |
| Berlin / Milan Airport (BML) | 800 Eastside River Road Milan, NH 03588 | Erik Kaminsky | 603.449.2168 | Coös | POD group 2 (Berlin) |
| Haverhill "Dean" Airport (5B9) | PO Box 298 Pike, NH 03780 | 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 Sq Whitefield, NH 03598 | 603.837.9179 | Coös | POD Group 3 (Lancaster) |
| W W Berry Transportation Company | 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 | | |

June 2011 . North Country Public Health Region Public Health Emergency Response Annex

| | | | | | |
|-----------------------------------|--|-----------------------------------|---------------|--|--|
| 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 Rd Campton, 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 Health Emergency Planning Team (HEPT) and the Great North Woods Pandemic Planning Committee (GNWPPC), AKA: 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 AHHR 1 PHN Director. 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 AHHR 1 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 | POD Group 6 |
|---|---|--|---|---|---|---|
| Town | Colebrook | Berlin | Lancaster | Littleton Area | Franconia Area | Haverhill Area |
| POD Location/ POD Manager and Point of Contact | Colebrook Elementary Brett Brooks Fire Chief, 237-5798 | Berlin High School Randall Trull Berlin Fire Chief 752-1272 | Lancaster Elementary Randy Flynn Lancaster Fire Chief 788-4026 | Littleton High School | Profile Middle/High School (primary) Lafayette Elementary (secondary) Jack Anderson Beth Fire Chief 869-2232 and 869-5822 | Haverhill Cooperative Middle School Michael Lavoie Haverhill Fire Chief 787-6911 |
| EOC Location/ Point of Contact | 45 th Parallel Rob Darling 237-5593 | Berlin Town Hall Berlin Police Dispatch 752-3131 | Lancaster Ambulance Ron Wert EMD 788-3221 | Littleton FD Joe Mercieri Littleton Fire Chief 444-213 | Franconia FD Mark Montminy 823-7025 | Grafton County EOC Tom Andross 787-2111 x115 |
| | Pittsburg (851) | Dummer (301) | Stratford (913) | Littleton (6404) | Bethlehem (2457) | Bath (981) |
| | Clarksville (290) | Errol (321) | Stark (491) | Lyman (559) | Easton (295) | Benton (334) |
| | Stewartstown (953) | Cambridge (0) | Northumberland (2,308) | Monroe (855) | Franconia (1030) | Haverhill (4812) |
| | Colebrook (2,216) | Berlin (10,089) | Jefferson (955) | | Sugar Hill (659) | Landaff (402) |
| | Unincorporated townships | Milan (1,255) | Lancaster (3,139) | | | Lisbon (1731) |
| | | Randolph (392) | Kilkenney (0) | | | |
| | | Shelburne (360) | Whitefield (1,928) | | | |

| | | | | | | |
|--|-------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|--------------------------------|
| | | Gorham (2,745) | Dalton (905) | | | |
| | | Success (0) | Carroll (663) | | | |
| | Population: 5,042 | Population: 15,463 | Population: 11,302 | Population: 7,818 | Population: 4,441 | Population 8,260 |
| | Est. Surge: 1,000 | Est. Surge: 3,000 | Est. Surge: 3,000 | Est. Surge: 3,000 | Est. Surge: 1,678 | Est. Surge: 3,000 |
| | Total: 6,042 | Total: 18,463 | Total: 14,302 | Total: 10,818 | Total: 6,119 | Total: 11,260 |

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, 03576 POC. Jill Gregoire BSN, (603.237.8336) |
| ACS #2 , (14 Beds) . White Mountain Community College in Berlin, NH, 03570 POC . 603.752.1113, Berlin Health Dept.: 603.752.1272 |
| ACS #3 (10 Beds) – Lancaster Ambulance Bay, 19 Mechanic St., Lancaster NH,03584 POC. Ron Wert, 603.788.3221 |
| ACS #4 (21 Beds) –Daughters of the Charity of the Sacred Heart of Jesus, Grove St., Littleton NH, 03561 POC . 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 or 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: 603.237.4801 mjolles@colebrook.k12.nh.us |
| POD Group 2, (Berlin) | Berlin | Coos County Family Health Services, 133 Pleasant St, Berlin NH | Patty Couture 603-752-2040 pcouture@ccfhs.org |
| POD Group 3 (Lancaster) | Lancaster | Lancaster Elementary 51 Bridge St. Lancaster, NH | Patricia McLean Business Phone: 603.788.4924 pmclean@sau36.org |
| POD Group 4 (Littleton) | Littleton | Littleton High School 159 Oak Hill Ave Littleton, NH 03561 | Alan Smith Business Phone: 603.444.5601 asmith@littletonschools.org |
| POD Group 5 (Bethlehem) | Bethlehem(primary) /Franconia (secondary) | Profile Middle/High School 691 Profile Rd Bethlehem, NH/ Lafayette Regional School 129 Main St Franconia, NH | Mike Kelley, Principal Buisness Phone: 603.823.7411 Gordi Johnk, Principal Business Phone: 603.823.7741 |
| POD Group 6 (Haverhill) | Haverhill | Haverhill Cooperative Middle School | Brent Walker Business Phone: 603.787.2100 bwalker@sau23.org |

| | | | |
|--|--|---------------------------------------|--|
| | | 175 Norrill Dr N. Haverhill, NH | |
|--|--|---------------------------------------|--|

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, HEPT, GNWPPC, 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 DHHS the authority to close, 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 its 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 or 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 Council (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 Council

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 Council.

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 Council (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 and Response Plan. 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).