



**State of Tennessee  
Department of Health  
South Central Region  
Pandemic Influenza Response Plan**

**March 2007**

Pandemic Influenza Response Plan  
South Central Tennessee Regional Public Health Office

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## **I. Lead Agency**

The Tennessee Department of Health (TDH) is the lead state agency for the response to a pandemic. Its plan is part of the Tennessee Emergency Management Plan (TEMP). TDH is responsible for establishing uniform public health policies for pandemic influenza response. Such policies include the establishment of criteria for implementing and rescinding social distancing measures (e.g., school or business closure), prioritizing recipients of vaccines and antiviral medications, and legally altering acceptable standards of health care or medical licensure requirements. When a pandemic is imminent, an emergency will be declared and the TEMP will be activated.

The South Central Tennessee Regional Health Office (SCRO) is responsible for implementing state public health response policies within its twelve county jurisdiction, once the TEMP is activated. The SCRO oversees multiple counties, and will work with their county health departments to implement response policies; the relationship between county and regional health departments in the oversight of implementation will vary depending on the capacity of the county health department. The SCRO will be the primary point of contact for the communication of state public health response policies from TDH.

South Central Regional Health Office is specifically responsible for the following tasks:

1. Developing continuity of operations plan for essential public health services, as defined by the TDH;
2. Timely collection (and interpretation) of regional surveillance data;
3. Assuring that appropriate laboratory specimens from ill persons are collected and shipped by public health or private medical personnel (in collaboration with the state public health laboratory), in accordance with state and national laboratory testing guidance;
4. Detection, response and control of initial cases of novel or pandemic influenza infection in humans, in collaboration with the state health department;
5. Response to human exposure to animal influenza viruses with pandemic potential during the pre-pandemic period (WHO Phases 3-5), in collaboration with the state health department;
6. Administration of prophylactic antiviral medication (WHO Phases 3-5 only) as indicated by national or state policy;
7. Pandemic vaccine storage, administration, and data collection, as required by state and/or federal health officials;

8. Antiviral medication storage, distribution (per Strategic National Stockpile protocols) and tracking, in conjunction with acute care hospitals where antivirals are administered;
9. Communication with regional outpatient and inpatient health care facilities, long-term care facilities, and with the public, using messages coordinated with state public health officials;
10. Implementation of social distancing measures under the direction of the state health department;
11. Assuring the continuity of essential operations at regional and county health departments;
12. Addressing the psychosocial needs of the public health workforce during a pandemic; and
13. Communicating to the public how to access social support services available in their area during a pandemic.

The regional and county health departments will work together to collect and interpret local surveillance data. Local staff may be asked to assure that laboratory specimens from ill persons are collected properly and shipped in accordance with state guidance. Local health departments may be asked to support influenza containment measures including isolation, quarantine, contact tracing efforts and social distancing measures. If administration of prophylactic antiviral medications is indicated or ordered, local staff may be asked to participate in this process. Local health departments may also be asked to store, track and administer vaccine as it becomes available. Local health departments will be responsible for communication with local leaders and healthcare providers using messages coordinated with state and regional health officials. Local staff will also communicate with the general public regarding how to access local social support services.

## **II. Support Agencies**

Support agencies that would work with the Regional Public Health Office in the detection and management of pandemic influenza within South Central Tennessee include:

1. TEMA – Middle TN Regional Office

The Middle Tennessee Regional Office of the Tennessee Emergency Management Agency (TEMA) will coordinate with the State Emergency Operations Center to assure access to resources that are not available at the local or regional level as described in the Tennessee Emergency Management Plan (TEMP).

2. General Sessions Judges

Following a hearing, local judges may be asked to issue a court-ordered public health measure or temporary hold if the actions of a person are considered a public health threat. Such an order should be undertaken with the consultation of local and regional public health officials.

### 3. County Sheriffs

Upon issuance of a court order, local sheriffs may be asked to enforce the provisions of a public health measure or temporary hold. Local sheriffs may also be asked to provide additional security for public health clinics or treatment centers.

### 4. Mayors/County Commissions

Local mayors and/or commissions may be asked to assist with public education activities related to social distancing measures.

### 5. Local Education Agencies (LEAs)

Local Education Agencies would assist in temporarily closing facilities or suspend school activities in order to support social distancing measures.

### 6. Local Emergency Management Agencies

Local Emergency Management Agencies may be asked to provide resources related to logistics and/or security required to support local response efforts.

### 7. Local Chambers of Commerce

Local Chambers of Commerce will be asked to communicate with local businesses and industry using messages coordinated with regional health officials.

### 8. Local Colleges and Universities

Local colleges and universities will be asked to communicate with students and faculty using messages coordinated with regional health officials.

## 9. Local Religious Institutions

Local religious institutions will be asked to communicate with their congregations using messages coordinated with regional health officials.

## 10. Local Coroners and Medical Examiners

Local coroners and medical examiners may be asked to coordinate with area hospitals regarding mass fatality planning and response.

## 11. Local Health Departments

- Lead local preparedness effort
- Collaborate with the regional office to ensure consistent communication with the public and healthcare providers
- Provide surveillance and community education in collaboration with the SCRO
- Coordinate any local dispensing of pharmaceuticals and vaccines
- Work with other government agencies to implement control measures
- Collaborate with health care providers to provide information about access to health care

## 12. Human Resource Agency

The South Central Human Resource agencies may be asked to assist with the provision of transportation or food delivery to homebound patients.

## 13. Regional Faith Organizations

Regional faith organizations, including churches, ministerial associations and interfaith organizations may be asked to assist with the provision of food and/or essential services for homebound or quarantined patients.

### **III. Purpose**

The purpose of this plan is to provide an evidence-based framework for the public health response to pandemic influenza or an influenza strain with pandemic potential. During a pandemic or outbreak of a novel influenza virus with pandemic potential, this document will serve as an annex to the Regional Pandemic Influenza Response Plan (RPIRP). The RPIRP serves as an operational annex for the SCRO Emergency Operations Plan.

### **IV. Situation**

Novel influenza viruses periodically emerge to cause global epidemics, known as pandemics, either directly from a mutated animal influenza virus or out of combination of an animal virus with a circulating human influenza virus. Such viruses circumvent normal immune defenses and cause morbidity and mortality at higher rates than seasonal influenza strains; compared to seasonal influenza, a larger proportion of deaths occur in persons aged <65 years.

Novel influenza viruses that cause pandemics are transmitted from person to person in the same manner as seasonal influenza: typically, by mucosal inoculation with large respiratory droplets caused by coughing or sneezing or by touching contaminated environmental surfaces and subsequently touching one's mouth, nose or eyes. Ten pandemics have occurred in the past 300 years; there is historical evidence of the success or failure of various strategies to contain or control the spread of influenza. With the exception of a vaccine, antiviral medication, and advanced medical care, many of the strategies used to respond to a modern pandemic are the same as the effective measures of previous generations. For example, though the compulsory restriction of movement in or out of certain regions, known as "cordon sanitaire," was not effective in any but the world's most remote island communities, broad community strategies used to reduce dense social contact were effective and the failure to use such strategies was devastating. The key activities to minimize the impact of a pandemic influenza virus are:

- Surveillance for disease activity for situational awareness and timely activation of response strategies
- Accurate communication within and among volunteer and professional responding organizations and with the general public
- Use of social distancing measures to reduce unnecessary close contacts during a pandemic wave
- Distribution and use of all available medical resources and personnel

**Pandemic Threat Categories Defined by World Health Organization (WHO):**

The duration of each period or phase is unknown, but the emergence of pandemic viruses is considered inevitable.

PERIOD	PHASE	DESCRIPTION
<b>Interpandemic</b> No human cases of novel influenza virus	1	No animal influenza viruses circulating with the potential to infect humans
	2	Animal influenza virus is circulating with the potential to infect humans
<b>Pandemic Alert</b> Human cases with increasingly efficient human-to-human spread	3 (May 2006)	Human cases with rare or no human-to-human spread
	4	Small clusters caused by human-to-human spread
	5	Large regional clusters caused by human-to-human spread
<b>Pandemic</b> Worldwide epidemic	6	Geographically widespread and efficiently spread from human-to-human

**V. Planning Assumptions**

A. Basis of plan

1. The plan is based upon a pandemic of the severity of the 1918-1919 influenza pandemic; public health interventions described herein represent maximal interventions under these conditions. If the characteristics of the actual event do not reflect planning assumptions, responses will be modified accordingly.
2. While focusing primarily on the response to a pandemic (WHO Phase 6), the plan also addresses the response to imported or acquired human infections with a novel influenza virus with pandemic potential during the Pandemic Alert Period (WHO Phases 3-5).

B. Objectives of pandemic planning

1. Primary objective is to minimize morbidity and mortality from disease.
2. Secondary objectives are to preserve social function and minimize economic disruption.

C. Assumptions for state and local planning

1. The plan reflects *current* federal, state and local response capacity and will be revised annually in light of changes in capacity or scientific understanding.
2. Tennessee state and local pandemic plans should be consistent with each other and with federal guidelines unless these guidelines fail to reflect the best available scientific evidence.
3. Public education and empowerment of individuals, businesses, and communities to act to protect themselves are a primary focus of state and local planning efforts; the government's capacity to meet the needs of individuals will be limited by the magnitude of disease and scarcity of specific therapeutic and prophylactic interventions and the limited utility of legal measures to control disease spread.

D. Disease transmission assumptions

1. Incubation period averages 2 days (range 1-10; WHO recommends that, if quarantine is used, it be used up to 7 days following exposure).
2. Sick patients may shed virus up to 1 day before symptom onset, though transmission of disease before symptoms begin is unusual. The peak infectious period is first 2 days of illness (children and immuno-compromised persons shed more virus and for a longer time).
3. Each ill person could cause an average of 2-3 secondary cases if no interventions are implemented.

4. There will be at least 2 “waves” (local epidemics) of pandemic disease in most communities; they will be more severe if they occur in fall/winter.
  5. Each wave of pandemic disease in a community will last 6-8 weeks.
  6. The entire pandemic period (all waves) will last about 2 years before the virus becomes a routine seasonal influenza strain.
  7. Disease outbreaks may occur in multiple locations simultaneously, or in isolated pockets.
- E. Clinical assumptions during the entire pandemic period (from federal planning guidance issued in November 2005)
1. All persons are susceptible to the virus.
  2. Clinical disease attack rate of  $\geq 30\%$  (range: 40% of school-aged children to 20% of working adults).
  3. 50% of clinically-ill (15% of population) will seek outpatient medical care.
  4. 2%-20% of the clinically ill who seek medical care will be hospitalized, depending on virulence of strain.
  5. Overall mortality estimates range from 0.2% to 2% of all clinically ill patients.
  6. During an 8-week wave, ~40% of employees may be absent from work because of fear, illness or to care for a family member (not including absenteeism if schools are closed).
  7. Hospitals will have  $\geq 25\%$  more patients than normal needing hospitalization during the local pandemic wave.
- F. Estimate of burden of illness in rural South Central Tennessee (derived from national estimates from 2005 HHS planning guidance) based on a population of 365,000

<b>Characteristic</b>	<b>Moderate</b>	<b>Severe</b>
Illness (30%)	109,520 [30% of pop]	109,520 [30% of pop]
Outpatient Care	54,750 [50% of ill]	54,750 [50% of ill]
Hospitalization	1095 [2% of OP care]	10,950 [20% of OP care]
ICU Care	164 [15% of hosp]	1,642 [15% of hosp]
Mechanical Ventilation	82 [50% of ICU]	821 [50% of ICU]
Deaths (Case fatality rate)	219 [0.2% of ill]	2,190 [2% of ill]

G. Assumptions about the Pandemic Alert Period (WHO Phases 3-5)

1. During the pandemic alert period, a novel influenza virus causes infection among humans who have direct contact with infected animals and, in some cases, through inefficient transmission from person to person. By definition, during the Pandemic Alert Period, cases are sporadic or limited in number with human-to-human spread not yet highly efficient. Limited clusters of disease during this period can be quenched with aggressive steps to stop spread and treat infected individuals.
2. Individual case management will be conducted during the Pandemic Alert Phase. Isolation or quarantine, including the use of court orders when necessary, would be employed to prevent further spread of the virus. Antivirals would be used during this time for post-exposure prophylaxis or aggressive early treatment of cases (supplies permitting).
3. Efforts to identify and prevent spread of disease from imported human cases and from human cases resulting from contact with infected animals will continue until community transmission has been established in the United States. Community transmission is defined as transmission from person to person in the United States with a loss of clear epidemiologic links among cases. This may occur some time after the WHO declares that a pandemic has begun (WHO Phase 6).

## **VI. Concept of Operations**

### **A. WHO Phases 3-5 (Pandemic Alert Period)**

The lead agency for addressing influenza disease among animals at the level of the state is the Department of Agriculture (described in TEMP Emergency Support Function [ESF] 11). TDH will provide support to the Department of Agriculture in the prevention of human infections and in surveillance and management of human disease as it pertains to contact with infected animals.

The TDH is the lead state agency for responding to human influenza disease caused by a novel influenza virus with pandemic potential, whether imported from an area with ongoing disease transmission or acquired directly from an animal in Tennessee. The State Health Operations Center (SHOC) would be set up, depending upon the scope of and duration of the situation. See the 2006 Tennessee Department of Health Pandemic Response Plan Section 7, Supplement 2, for isolation and quarantine guidelines during the Pandemic Alert Period. Guidance for hospital management and investigation of cases during the pandemic alert period is located in Section 4. The CDC will provide additional support and guidance regarding human infection management during this period.

The primary activity during this period is surveillance for imported cases or cases contracted from contact with infected animals. Any detected cases will be aggressively investigated by regional health departments with the assistance of TDH and contacts are to be identified, quarantined, and treated, as appropriate. The objective is to stop the spread of the virus into the general community.

### **B. WHO Phase 6 (Pandemic)**

The lead state agency for the public health response to a pandemic is the Department of Health, working in collaboration with regional health departments. The state and regional health department response will be conducted in collaboration with federal response agencies; primarily, the Department of Health and Human Services (HHS) and Department of Homeland Security (DHS).

The primary activities are surveillance for disease, communication, implementation

of general social distancing measures, support of medical care services, appropriate use of available antiviral medications and vaccines, and response workforce support. The state TDH is primarily responsible for communication with federal health authorities and creating state-wide pandemic response policies; the implementation of response measures is the responsibility of local communities and regional public health authorities. Operational details are outlined in the operational sections of the regional health department pandemic plan.

## **Section Summaries**

Regional public health pandemic response policies are outlined in the attached sections.

Each section may include attachments, or supplements, as necessary. Each section is briefly described below.

### **Section 1      Continuity of Operations**

This section describes how the regional health department will maintain essential services during a 12-18 month pandemic period, as well as, during a 6-8 week local wave. The section specifically addresses plans to maintain operations with reduced staffing levels.

### **Section 2      Disease Surveillance**

This section describes how regional influenza surveillance strategies will be used to monitor for early infections caused by a novel influenza virus with pandemic potential and to track and respond to the spread of influenza during a pandemic.

### **Section 3      Laboratory Diagnostics**

This section describes regional procedures for laboratory testing and results reporting for novel influenza viruses. This section also describes the important role of the CEDS physician in the testing process.

**Section 4      Healthcare Planning**

This section outlines the details of healthcare provision during an influenza pandemic. The section focuses on infection control and the role of the SCRO in supporting the resource needs of regional hospitals.

**Section 5      Vaccine Distribution and Use**

This section describes the principles of regional vaccine use. Vaccine will be administered to people according to priority groupings designated by the federal government. All vaccinations will be provided at designated public health departments and will be recorded and reported as required.

**Section 6      Antiviral Drug Distribution and Use**

This section describes policies for the use of antiviral drugs to prevent spread of novel influenza virus outbreaks with pandemic potential and to treat patients during a pandemic. In response to isolated cases of novel influenza virus, caused by contact with a sick animal, antiviral medications will be provided in accordance with national policies at the time.

**Section 7      Community Interventions**

This section outlines social distancing and other community interventions that may be implemented to respond to isolated cases of illness caused by a novel influenza virus with pandemic potential and during a pandemic. The criteria for the implementation of social distancing strategies will be uniform across the state. Standard measures will be implemented in a county and in neighboring counties when laboratory and epidemiological evidence demonstrates the presence of the virus circulating in a county.

**Section 8      Public Health Communications**

This section outlines the communications goals and strategies of public health to meet the information needs of the general public, ill persons who are isolated or exposed persons quarantined at home, media, medical community and other

response partners.

## Section 9 Workforce and Social Support

Although not the primary role of the health department (TDH), the department's planning process has included business leaders, in part to encourage their planning for their own business needs and the needs of their employees in the event of a pandemic.

### **Training**

Plans will be drilled in partnership with other stakeholders and updated to correct weaknesses identified through these exercises.

**Acronyms:**

AFB	Acid Fast Bacillus
AIDS	Acquired Immunodeficiency Syndrome
CBO	Community Based Organization
CDC	Centers for Disease Control and Prevention
CEDS	Communicable and Environmental Disease Services
DHS	Department of Homeland Security
DOT	Directly Observed Therapy
EAP	Employee Assistance Program
EARS	Early Aberration Reporting System
ECP	Emergency Contraceptive Pill
ESF	Emergency Support Function
FNP	Family Nurse Practitioner
HHS	Department of Health and Human Services
HIV	Human Immunodeficiency Virus
HRTS	Hospital Resource Tracking System
ICU	Intensive Care Unit
ILI	Influenza-Like Illness

*Regional Health Department Pandemic Planning Guidance*

IUD	Intrauterine Device
LEA	Local Education Agency
LTBI	Latent Tuberculosis Infection
OMS	Outbreak Management System
OTC	Over the Counter
PHIT	Public Health Investigation Team
PHOA	Public Health Office Assistant
PIO	Public Information Officer
PPD	Purified Protein Derivative
PTBMIS	Patient Tracking Billing Management Information System
RHC	Regional Hospital Coordinator
RN	Registered Nurse
RODS	Real-Time Outbreak and Disease Surveillance
RPIRP	Regional Pandemic Influenza Response Plan
SCRO	South Central Regional Office
SHOC	State Health Operations Center
SNS	Strategic National Stockpile
SPIRP	State Pandemic Influenza Response Plan

*Regional Health Department Pandemic Planning Guidance*

SPN	Sentinel Provider Network
STD	Sexually Transmitted Disease
TB	Tuberculosis
TCA	Tennessee Code Annotated
TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency
TEMP	Tennessee Emergency Management Plan
T-HAN	Tennessee Health Alert Network
TTBEP	Tennessee Tuberculosis Elimination Program
USDA	United States Department of Agriculture
WHO	World Health Organization
VAERS	Vaccine Adverse Event Reporting System
VOAD	Volunteer Organizations Active in Disasters
WIC	Women, Infants, Children

## **Section 1. Continuity of Operations**

### **I. Purpose**

To describe how the South Central Region will provide basic functions and minimize opportunities for the spread of disease during a time of reduced staffing due to pandemic flu.

### **II. Assumptions**

Certain critical public health functions must be maintained during a pandemic. If significant staff shortages occur, the delivery of some services may be severely limited or temporarily suspended. Depending on the severity of the pandemic and the extent of its impact on staffing from county to county, some health department sites may be temporarily closed and staff may be reassigned to alternate sites. Staff may also be assigned alternate functions or methods of delivering services. All employee job plans include language requiring them to work other duties as assigned during a disaster. All personnel will have a role in continuing basic services of the department, even if their routine activities are temporarily suspended.

### **III. Basic Functions**

The TDH has determined that these are the minimum level of services that will be maintained during a severe pandemic:

Family Planning  
HIV/AIDS/STD  
Immunization  
TB Control  
WIC/Nutrition  
Primary Care (where applicable)  
Vital Records

## **Outline for Family Planning Services in Health Department Clinics**

Prepare an outline of limited family planning services in the event of pandemic flu

- File outline in advance with the federal regional family planning office
- File outline in advance with state regional family planning administrators for dissemination to the field

Family planning services shall be limited in the event of pandemic flu. The following services will **not** be provided:

- Initial family planning appointments (that is, there will be no new family planning clients enrolled during the pandemic)
- Annual family planning examinations
- Walk-in (i.e., without a screening telephone interview, see below) reproductive health, medical complaint exams (i.e., vaginal itching)
- Pregnancy testing (explanation below)
- Walk-in (i.e., without a scheduled appointment or without a telephone interview – see below) family planning appointments for any reason including re-supply of method
- There will be no method changes during pandemic flu other than changes in brand of oral contraceptives
- There will be no IUD insertions during pandemic flu

Title X family planning clients will **not** be given prescriptions for their method. Only those clients with third party payors (i.e., TennCare) can receive prescriptions for their method.

Clients who believe they may be pregnant can call the clinic for basic information about early pregnancy. They could be directed to the health department website if they have internet access. During pandemic flu, all persons will be limiting exposure to large groups of people. Pregnant women are at particular risk and should be especially careful about being in public areas. As soon as public health officials announce that risks are decreasing, pregnant women should report to their health care provider or health department clinic.

The following limited family planning services for combined hormonal contraceptives and progestin-only pills will be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be approved to receive up to a one year supply of combined oral contraceptives, contraceptive rings, contraceptive patches or progestin-only pills. Amount of supply to be dispensed is to be determined by the RN, FNP, or physician.
- Old dispensing orders (i.e., 3 packs and 10; or 3, 4, and 6 etc.) are superseded to assure that the individual has an adequate supply of the method throughout the pandemic.
- Telephone conversation will include instructions regarding proper storage of the method.
- The client or a person designated by the client will pick up their supply at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for progestin-only injections will

be provided:

- Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, client will be approved to report to the clinic for a progestin-only injection. Medical staff should minimize the visit and limit the time the client needs to be in the clinic for the injection. Client may be approved to receive a supply of up to one year of injections with injection supplies if the client can give her own injection or has access to someone who can give her the injection. The clinic will **not** teach the client or her designee how to give the injection during this crisis. But, if in the opinion of the nurse, nurse practitioner or physician, the client has access to a safe mode of administration outside the health department, then she can be given the necessary doses and injection materials.
- Old dispensing orders are superseded to assure that the individual has adequate family planning supplies throughout the pandemic.
- Telephone conversation will include instructions regarding proper storage of the method if the client will be receiving injections at home.
- The client or a person designated by the client will pick up the supply (assuming self-administration at home has been approved) at the front desk after showing identification and signing a receipt.
- Blood pressure check will not be required.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the

client will be instructed to report to the nearest emergency room.

- All of the above and the transaction itself will be noted in the client record.

Few clients continue to use the diaphragm as their contraceptive method at this time. Diaphragm users will continue to use their current diaphragm throughout the pandemic. Supplies of contraceptive gel for use with the diaphragm can be dispensed at the front window after a telephone conversation with the nurse, nurse-practitioner or physician:

- The client or a person designated by the client will pick up the contraceptive gel supply at the front desk after showing identification and signing a receipt.
- Written client instructions including storage instructions will be included with the supply.
- Condoms will be included with the method.
- Treatment with ECPs for 2 events of unprotected intercourse and a client instruction sheet will be included with the method.
- In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
- All of the above and the transaction itself will be noted in the client record.

The following limited family planning services for reproductive health medical complaints in an established family planning client will be provided:

- Clients with a reproductive health complaint such as vaginal itching, profuse discharge, severe pain with intercourse, fever, low abdominal pain etc. will be interviewed by a nurse, nurse-practitioner, or physician. If the staff person assesses that the client needs to be seen and if the clinic can accommodate the client and her complaint, then she can be given a time to come to the clinic for assessment and treatment. If no qualified staff persons are

available to see the client, the client will be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be recommended carefully given that hospital staff will be managing the seriously ill flu population.

### **HIV/AIDS/STD Services in Health Department Clinics**

Prepare an outline of limited HIV /STD services in the event of pandemic flu:

- File an outline with the Centers for Disease Control and Prevention and HRSA
- File a copy with Regional Directors, regional STD supervisors (for dissemination to the field), and AIDS Centers of Excellence in Knoxville, Cookeville, Columbia, Springfield, Johnson City and Jackson
- File a copy with all CBOs that provide HIV services

### **HIV/AIDS**

HIV Centers of Excellence clinics services will be limited during the pandemic. Due to increased risk because of compromised immune systems in persons with HIV, the following services will be postponed until the risk has decreased:

- routine HIV counseling and testing
- annual and semi-annual Ryan White certifications
- office visits for routine follow up
- routine lab work
- non-emergency dental care

The following services will be provided in AIDS Centers of Excellence:

- After phone consultation with a nurse practitioner or physician, prescription refills will be sent to the Ryan White mail order pharmacy
- After phone interview with nurse practitioner or physician, patients who

have been assessed and determined to need to be seen in the clinic will be given a specific appointment time in the clinic to limit the amount of time spent in clinic

- If staff is not available to see the patient and the complaint is serious enough to warrant, the patient will be referred to the nearest emergency room. Since these patients have compromised immune systems and emergency rooms may be filled with seriously ill flu patients, a referral to an emergency room should be carefully considered.

## STD

STD services will be limited in the event of pandemic flu. The following services will not be provided:

- Group education sessions
- Disease surveillance including both HIV and STDs
- Disease investigation, contact tracing, and partner notification

The following services will be provided for persons who are symptomatic:

- Following a telephone interview with a registered nurse, nurse practitioner or physician to screen history for previous STDs and symptoms, persons assessed by the staff as needing to be seen will be given a specific appointment time to limit exposure in the clinic. Treatment will be provided on site. If appropriate, partner delivered therapy will be provided
- If no qualified staff is available to see the patient and symptoms warrant, the patient may be referred to the nearest emergency room. Emergency room referrals during pandemic flu should be carefully evaluated since emergency room staffs will be dealing with seriously ill flu population

## **WIC and Nutrition Services in Health Departments**

According to federal regulations WIC vouchers can be issued for 3 months at a time. We will mail vouchers as allowed by the USDA in cases of emergency. In

a severe pandemic we would ask for an exception from USDA and, if granted, would issue WIC vouchers less frequently than every 3 months by mail if needed.

### **Tennessee TB Elimination Program (TTBEP)**

1. Evaluation, diagnosis, and appropriate treatment of active TB cases and TB suspects:
  - Maintain scaled-back TB clinic operations to evaluate TB cases and suspects only (not LTBI)
  - Provide history, physical examination, diagnosis and treatment by the TB physician
  - Provide appropriate diagnostic tests, including X-ray, sputum collection for processing in the State Lab (AFB smears, cultures), and blood tests as indicated
  - Provide pharmacy services for DOT of active TB cases/suspects
  - Provide DOT for all patients with diagnosed or suspected active pulmonary, laryngeal or pleural TB disease
  - Provide DOT for all pediatric cases
  - If staffing is severely limited, consider permitting self-administered therapy for extra-pulmonary cases *only*
  - Report all active TB cases/suspects per routine
  
2. Identification, evaluation and appropriate treatment of TB contacts at highest risk for progression to active TB disease.
  - Initiate contact investigation for close contacts of all AFB+ TB cases/suspects
  - Ensure that all pediatric close contacts are fully evaluated with PPD, symptom screen, physical examination, and X-ray
  - Provide self-administered LTBI treatment for all PPD+ contacts at high risk for progression to active TB disease (not medium- or low-risk pts.)
  - Provide window therapy by DOT for all PPD- close contacts under the age of 5 years

## **Immunization Program Services Critical Operations**

During a pandemic or other protracted public health crisis, certain immunization services must be provided regularly to prevent other serious vaccine-preventable diseases. Children whose immunizations are delayed are at high risk of failing to catch up and complete their immunizations on time. Under-immunized infants are at risk for Hib meningitis, pneumococcal disease and pertussis.

During a local pandemic wave, childhood immunization clinics should be operated at least one-half to one day each week for routine immunizations; priority should be given to vaccinating children <18 months of age. Routine adult immunization services may be suspended during the local wave, though emergency immunization for adults should not be suspended (e.g., tetanus prophylaxis following a wound). Immunization clinics and waiting areas should be separate from those where ill patients may be present. Only patients and accompanying adults who are not ill should be permitted in the immunization clinic.

### **Primary Care Services**

Primary Care Services delivered at the health department will be limited in the event of pandemic flu as follows:

- Routine follow-up of chronic illness will be postponed
- Acute illness will be managed by phone triage and/or office visit
- Prescriptions will be filled and/or refilled by phone, use of Express Scripts (for those who qualify), or use of patient assistance programs whenever possible. Chronic medication refills should be for 12 months if possible during pandemic flu in order to minimize visits to the health department by well persons

### **Vital Records**

Critical activities that must be completed within current timeframes and accuracy standards:

- Death registration

- Issuance of certified copies of death certificates to funeral directors
- Reconciliation of facility reports of deaths within the county against death certificates received
- Track and obtain delinquent death certificates
- Issue Cremation Permits
- Issue permits for burial transit out of state (rare)

Routine preventive services, specialty services, and dental services will be suspended during a pandemic. As social distancing measures are implemented for the protection of the public from the spread of disease, community and school based services will be suspended.

#### **IV. Staffing**

In a severe pandemic, monitoring of staffing in all county health departments will be the responsibility of the county directors and coordinated with the regional director or designee. When staffing levels prevent implementation of basic services in all county health departments, the regional director and county directors will determine the need to consolidate services within health department districts. At least one health department per district will be maintained open five days per week. Staff in the open local health departments will be augmented with staff from locations that have closed and/or from the regional office. Hours of operation may be limited in areas where necessary.

Where there are no qualified persons to perform functions requiring technical expertise, the regional office will contact the central office. Where there is insufficient licensed staff in one health department location to perform basic functions, the local health department will rely on support from another local health department or the regional office. If no licensed person is available and the need is imminent, the patient will be referred to the nearest outpatient clinic or emergency room, as appropriate. Locations designated to remain open, at a minimum, include:

Bedford County  
Coffee County, Tullahoma Clinic  
Lawrence County

Lewis County  
Maury County

Additionally, each county health department will be staffed at least one day per week. Funeral homes will be able to access death certificates on these days by appointment only.

As staffing permits or as restrictions are removed, additional days will be added to sites previously closed, with limited services delivered as described above.

## **Section 2. Disease Surveillance**

### **I. Purpose**

To detect and track pandemic influenza activity among humans using multiple surveillance systems.

### **II. Assumptions**

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

Regional surveillance sources will be used to detect and track pandemic influenza activity in the region. Surveillance data will be used to make resource allocation and intervention decisions. Enhanced surveillance will be conducted as requested by the State health department. Surveillance for influenza among animals, primarily domestic poultry, is the responsibility of the Tennessee Department of Agriculture.

### **III. Surveillance Systems**

#### **A. Sentinel Provider Network (SPN)**

Outpatient surveillance for influenza in Tennessee is presently conducted through the Sentinel Provider Network (SPN), according to CDC guidelines. SPN providers collect two or three specimens from patients with ILI (influenza like illness) at the beginning, middle, and end of the season and from any unusual clinical cases, severe cases, outbreak cases, and patients with ILI during the summer.

The number of Sentinel Provider Network (SPN) participants needed for the South Central Region:

Present: 4

Enhanced: 1

Outpatient surveillance for influenza in the South Central region will be supported by the SPN. The SPN consists of 3 public health primary care facilities and 1 private office that provide data on the prevalence of influenza-like illnesses in the region. The SPN provides geographically representative coverage equal to 1 provider per 100,000 persons.

Year-round weekly reporting of ILI is required of all participating sentinel providers. Data from the sentinel provider network will be monitored regularly by CEDS staff. In the event of a pandemic or other substantive change, participating providers may be asked to change the frequency of reporting or specimen submission.

#### **B. Syndromic Surveillance**

The South Central Region uses CDC's Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses), in the region's 12 hospital emergency departments (near real-time), to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health

methods (e.g., by reportable disease surveillance and telephone consultation).

Investigation of significant signals includes:

- (1) Review output
- (2) Review line list
- (3) Compile descriptive statistics
- (4) Call hospital infection control staff and regional health officer and
- (5) See if signal sustains or worsens the next day

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals at least weekly or more frequently if necessary.

#### C. School Absenteeism

The SCRO or local public health officials may contact county school systems to obtain daily absenteeism data. A mild pandemic may not result in mandatory school closure; however, if a severe pandemic virus is detected in the community using other surveillance methods, it is anticipated that schools will be closed. County/city school closure details, including contact information, can be found in each county annex located at the end of the regional plan.

#### D. Hospital Surveillance

Once the pandemic response plan is activated, daily electronic reports will be submitted from local hospitals to the SCRO that may include: emergency room data, confirmed disease, admissions and deaths. The hospital surveillance process will be supported by the Regional Hospital Coordinator and is described in detail in Section 4 of this plan.

#### E. Laboratory Surveillance

In coordination with CEDS in Nashville, the SCRO may contact local laboratories daily to collect information related to ILI or a specific virus.

### **Section 3. Laboratory Diagnostics**

#### **I. Purpose**

To confirm the diagnosis of human influenza caused by novel influenza viruses or a pandemic influenza virus.

#### **II. Assumptions**

Laboratory diagnostics is primarily a state function. The State Laboratory is responsible for communicating safety, testing protocols, and other laboratory information to clinical laboratories licensed in Tennessee. The role of the SCRO will be primarily related to the collection of samples.

##### **A. Authorization for Testing**

During a pre-pandemic phase, requests for novel influenza infection testing will be discussed with and approved by a CEDS physician. During a pandemic, testing will be approved at the regional level by the Regional Health Officer with standard criteria for testing to be provided by CEDS.

##### **B. Specimen Collection and Shipment**

The Public Health Investigation Team (PHIT) may be called upon to assist with specimen collection. The Regional CEDS Director may also authorize specimen collection and shipment. The collection and shipment of specimens by health departments will be supervised by the local nursing supervisor following guidelines contained in the state's response plan. Unless otherwise directed by a state CEDS physician, all influenza specimens will be sent to the State Laboratory in Nashville for testing. Informed consent is not required. The address is:

Laboratory Services: Attn: Virology

630 Hart Lane  
Nashville, TN 37216  
(615) 262-6300  
(615) 262-6393 (fax)

### C. Data Reporting and Tracking

In the pre-pandemic period it is expected that confirmatory testing of all specimens positive for novel influenza will be conducted by CDC. Only confirmatory results will be considered valid and reported to the public in coordination with CEDS in Nashville. Regional CEDS staff will be responsible for entering patient data and other information requested into the OMS system or other database used to log and track laboratory information from the State lab. Regional CEDS staff will also be responsible for communicating laboratory results to patient care providers in the event that notification is needed more swiftly than letters sent through the postal service.

## **Section 4. Healthcare Planning**

### **I. Purpose**

To provide a framework for applying federal, state, regional and local resources to deliver hospital based care during an influenza pandemic.

### **II. Situation and Assumptions**

A severe influenza pandemic is expected to significantly increase the demand for healthcare services at a time when the availability of healthcare workers will be reduced by as much as 40% due to illness. In a severe pandemic, the imbalance between supply and demand is likely to overwhelm current health care system capacity and necessitate implementation of alternate strategies to manage the demand on healthcare resources.

A. During a pandemic, infected persons will begin to present to healthcare provider offices, clinics, and emergency departments thus infecting other patients and health care providers.

- B. There may be critical shortages of healthcare resources such as staffed hospital beds, mechanical ventilators, medications, morgue capacity, and other resources.

### **III. Concept of Operations**

- A. Regional Hospital Coordinators (RHCs) have been delegated the authority to participate in the command, control, and coordination of the regional hospital response during mass casualty incidents. The RHC is the liaison between each hospital in the SCR and regional, state, and federal resources as described in the TEMP. The Regional Hospital Coordinator will support the Regional Epidemiologist in the hospital surveillance process by collecting applicable hospital data via the Hospital Resource Tracking System (HRTS).
- B. HRTS is an Internet based, triple redundant, and secure system that provides data such as bed capacity, medical equipment levels, pharmaceutical levels, medical supply levels, and personal protective equipment levels of hospitals statewide. Hospitals update their status at predetermined intervals, which increase in frequency during emergency situations.
- C. HRTS information will be viewed by the RHC, Emergency Medical Services, and the Regional Medical Communications Center in communicating resource needs of hospitals throughout a pandemic influenza event. Information that can be tracked includes, but is not limited to, bed availability, staffing needs, service availability, resource, and material needs. The web address for HRTS can be found at <https://hrts.state.tn.us>.
- D. The RHC maintains a list of the Pandemic Flu Coordinators for each hospital in the South Central Region. See Appendix A.
- E. The RHC is responsible for locating and arranging for the sharing of medical resources among hospitals in the South Central region, and other regions of the state. The RHC will analyze the existing regional situation and make recommendations to the State Health Operations Center for the deployment of state and federal medical assets such as the Strategic National Stockpile

(SNS). With the assistance of the Tennessee Emergency Management Agency, the RHC will arrange for the transportation of medical supplies, equipment, and other resources as available from regional, state, and federal agencies to hospitals requesting resources.

- F. A current summary of hospital resources is included as Appendix B in the end of the plan. Resource information includes the following: beds (licensed, staffed adult, staffed pediatric, adult critical care, pediatric critical care, neonatal ICU, dedicated emergency department), isolation rooms and ventilators.
- G. The Public Health Emergency Preparedness Nurse Consultant will coordinate with non-hospital healthcare facilities. These include, but are not limited to, nursing homes, assisted living facilities, hospices, home health agencies, outpatient care facilities, clinics, physician practices, rural health care centers, and Federally Qualified Healthcare Centers (FQHC) in the SCR to develop Pandemic Response Plans for each agency. The plans will be based on CDC recommendations. Agency information (Disaster Planning Facility Profile) is being kept on file with the SCR and also placed in the ACT! Database. Public health is coordinating with agencies to identify health care workers eligible for vaccine as identified by CDC Tier priorities. Communication of how to obtain vaccination will be available through local media or by contacting the SCR office.
- H. There will be immediate and continuous demand from the public, elected and non-elected leaders and the media for information on the potential and actual impact, magnitude, transmission, treatment, and recovery resulting from the pandemic. All information dissemination, whether to health care professionals, the public, the media, government leaders, should be coordinated through the Tennessee Department of Health during pandemic operations so all elements of the healthcare response operate as a single entity. As the liaison between hospitals and the TDH, the RHC will be the primary channel of all communication, messages, and alerts between the TDH and hospitals.
- I. The primary mode of communication during a pandemic will be e-mail,

telephone, fax machines, and the Tennessee Health Alert Network (T-HAN). T-HAN is a crisis preparedness and response solution to mass communication during an emergency. Communications with hospitals can also be accomplished through redundant communication systems according to established procedures in the event landlines, fax machines, cellular phones, and paging systems are inoperable. The RHC is authorized and trained to use mobile radios, satellite telephone, and satellite intranet.

- J. Communications with hospitals will be coordinated through a redundant communication network as described in Section 8 of this plan.
  
- K. SCRO communicates with certain non-hospital healthcare facilities on a regular basis regarding disease outbreak and control. The same methods of communication will be utilized during a pandemic response. TDH will provide information to be disseminated to these facilities. Additional information on communication is found in Section 8 of this plan.

## **Section 5. Vaccine Distribution and Use**

### **I. Purpose**

To administer vaccine against pandemic influenza in order to make the best use of scarce resources in light of medical, societal and ethical considerations in order to minimize disease morbidity and mortality. Vaccine must be administered efficiently and monitored appropriately, in accordance with federal guidance.

### **II. Situation and Assumptions**

- A. According to the Federal Pandemic Response Implementation Plan issued on May 3, 2006, final prioritization rankings of occupational and medical risk groups for vaccination will not be issued by the federal government until the virus has begun to cause a pandemic and the need to vaccinate is imminent. When priority rankings (Tiers) are defined by CDC and the state of Tennessee, the SCRO will follow these for vaccine administration. The decision will be based upon the epidemiology and severity of the pandemic, as well as the availability of vaccine.

- B. Vaccine will arrive in relatively small, frequent shipments over many months. The regional vaccination site for Tier 1 for rural South Central Tennessee will be the regional office located in Columbia, Tennessee. Vaccination teams consisting of at least two nurses and two clerks each will be established at the site. The Tennessee Highway Patrol will be asked to provide security for vaccine transportation from Nashville to Columbia.
- C. The vaccine will be stored at the regional pharmacy at the SCRO. All normal vaccine storage standards and cold chain requirements (refrigerated vaccine 35°F-46°F) should be met. The vaccine storage refrigerator will be monitored with an alarm system to assure continuity of the cold chain requirements. In addition, vaccine must be secured against theft. Building security may be augmented by the use of additional security alerts currently available to the building security system. The SCRO identified during the planning process the need for enhancement for building security. As additional funds are made available, security enhancement will be a priority. At present, the Tennessee Highway Patrol and/or the Maury County Sheriff's Department would be asked to provide security for vaccine stored at the SCRO. The Regional Pharmacist or designee is responsible for vaccine storage and distribution.

### **III. Vaccine Administration and Tracking**

- A. Through the relationships developed with Pandemic Flu Coordinators at hospitals and other health care entities, health care workers eligible for vaccine in Tier 1 will be identified. Hospitals will provide a list of names, status or job title, and priority for obtaining vaccine. Vaccine resource allocation may be altered depending on the severity of outbreaks in certain locations based on SCR surveillance data. Vaccine will be allocated by a percentage of available vaccine compared with the total need. Appointments will be scheduled on a percentage basis to equitably distribute to the hospitals and other health care facilities in the region as expansion within Tier 1 occurs.
- B. Data entry into the Patient Tracking Billing Management Information System (PTBMIS) and a federally-approved vaccine administration database will be required to track vaccine administration. CDC's Vaccine Adverse Event

Reporting System [VAERS]) will be used to track adverse effects. The SCRO will have access to information systems to support tracking and allocation of vaccine distribution, use and monitoring through the state and will use them as required. The Regional Pharmacist, Regional Pharmacy Technician, or Regional Immunization Coordinator will be responsible for the tracking of vaccine administration.

- C. For Tier 1 (as defined in state plan) recipients, vaccine administration points of contact at each hospital or outpatient facility are responsible for communicating to qualified personnel within their institution details of where and when to obtain vaccine. These individuals are also responsible for providing lists of persons meeting the criteria for vaccination in each subgroup of tier one at their facility.
- D. Second tier patients (the medically-high risk, as listed in the state plan) may be identified by documentation of qualifying high risk conditions (e.g., possession of prescriptions, medical records). Vaccination appointments will be made only for vaccine as it becomes available. Waiting lists will be used. Communication of vaccine availability and necessary documentation to identify the person as qualifying for the vaccine in the current Tier will be available via public media.

As vaccine administration is expanded into second and subsequent tiers, designated vaccination sites will be scheduled at county health departments. These will be staffed with the staff of that county and will be augmented as available by staff from the regional office. Vaccine cold chain requirements will be the same as that established at the regional office. Building security will be the responsibility of the county director or designee.

- E. Third tier and higher level patients may be identified by documentation of qualifying risk conditions (e.g., medical records, verification of identity as government leader or public health emergency response worker).
- F. Vaccine recipients will require identification each time they present for a dose. Recipients requiring vaccination because of their occupation will require a form of identification from their employer or will need to be identified by name to the health department by their employer. For example, hospitals will provide lists of names of personnel, in priority order, for immunization to the SCRO. Children with appointments may be confirmed

with a parents' identification. Recipients also should present their immunization card at the time of the second dose.

- G. After the first dose, the recipient will receive an immunization card from the designated vaccination site noting the date of their first dose and the due date for the second dose.
- H. Recipients are responsible for communicating their immunization status to their employer (e.g., by providing a copy of their pandemic influenza immunization card).
- I. Appointments will be used to control crowding.
- J. Persons due for a second dose of vaccine take priority over persons not yet vaccinated. Vaccine is only protective 2 weeks after the second dose.
- K. If a regular supply of vaccine, delivered at least once monthly, is assured, vaccine should not be held in reserve at health departments for second doses. Second doses should be taken from subsequent shipments.
- L. Opening vaccination up to lower priority groups will be decided at the state level and implemented at the same time statewide. If a region's needs are saturated earlier than others, vaccine will be directed to other regions of the state to assure the quickest possible vaccination of the entire priority group statewide.
- M. In the event that the pandemic influenza vaccine is given as part of an Investigational New Drug (IND) protocol, Federal/ State guidance on issuing consent forms, information sheets, or any other information to vaccine recipients will be followed. If more space is needed to vaccinate the community for this purpose, the agency will determine what space is needed and open appropriate Points of Dispensing (POD) at that time. For Tier 1 using IND, access to the Conference Room adjacent to the SCRO clinic will be available. Additional staff from the SCRO will be assigned to the clinic to support the IND documentation requirements.
- N. Just-in-time training will be conducted by the Immunization Coordinator, Regional Nursing Director or designee, with vaccine teams, specifically involving CDC requirements of vaccine administration, particularly related to IND use.
- O. Vaccine administration supply inventory will be managed through the Maury

County Health Department. Adequate par levels of supplies sufficient to maintain essential services for a minimum of 30 days will be maintained at the county and diverted to the SCRO when needed for vaccine administration clinics. Vaccine supplies are identified in Appendix C at the end of this plan.

- P. The SCRO will meet the needs of vulnerable populations such as those with physical disabilities by utilizing current building accommodations. For language barriers, the SCRO and local health departments are currently staffed with Spanish interpreters or bilingual staff. Additionally, the SCRO and local health departments have access to the Foreign Language Line which can provide interpreting services for other languages.

## **Section 6. Antiviral Drug Distribution and Use**

### **I. Purpose**

Antiviral medications will be used to minimize severe morbidity and mortality: specific ethical guidance on the use of scarce resources is provided in Section 4, Supplement 4 of the state plan. Antivirals should be used in accordance with federal priority guidelines with the top priority being the treatment of hospitalized patients.

### **II. Situation and Assumptions**

The supply of antivirals is expected to be inadequate for distribution by the health department. The Strategic National Stockpile (SNS) of antivirals is expected to be distributed directly to hospitals for inpatient hospital use according to the state plan.

### **III. Antiviral Administration and Tracking**

- A. Antiviral drugs will be distributed to acute care hospitals for administration to patients ill enough to require hospitalization. The regional SNS plan will be activated for storage and distribution of antivirals. The Regional Hospital Coordinator will be responsible for working with hospitals to assure they receive adequate supplies and to monitor the appropriate use of supplies.

With currently available antiviral resources, it is not expected that any antivirals will be prescribed to outpatients in private outpatient facilities or health departments.

- B. Antiviral medications will be distributed to hospitals according to the current State Plan, Section 6, IV- Concept of Operations.
- C. Security for the antivirals is a hospital responsibility once the drugs are positioned there; otherwise, security is an SNS function.
- D. Tracking of antiviral medications will be done through the hospital surveillance systems (either the hospital resource tracking system (HRTS) or an alternative database).
- E. If an Investigational New Drug (IND) is given, written informed consent will be required from the patient and adverse event monitoring and reporting will be done as required by the federal government at the time.
- F. The Regional Epidemiologist is responsible for adverse event monitoring conducted through the FDA's MedWatch or other reporting system as required by the federal government guidelines at the time.

## **Section 7. Community Interventions**

### **I. Purpose**

To lower the peak numbers of cases during a pandemic wave by preventing opportunities for widespread viral transmission in crowded group settings.

### **II. Situation and Assumptions**

#### **A. Principle of social distancing**

Social distancing strategies will be the most effective means of slowing the spread of pandemic influenza in the absence of an effective vaccine. State-imposed measures will affect discretionary public gatherings and schools

(preK-12). These measures will be based on the current pandemic influenza epidemiology, and SCRO will follow state guidance, including specific measures and timeline, for implementation of community interventions.

B. Legal authority for social distancing

All authority for implementation of state-imposed measures will be in accordance with the rules of the TDH (1200-14-1-.15-.17, 1200-14-4-.02-.08) and laws governing this pursuant to TCA 4-5-208, 68-1-201, 65-5-104.

Definitions:

Social Distancing: involves a range of policies designed to prevent opportunities for the disease to spread in crowded settings where ill and well people mingle.

Isolation: to restrict the liberty of a sick person reasonably suspected of having a communicable disease in order to prevent the spread of that disease to others.

Quarantine: to restrict the liberty of a well person suspected of having been exposed to a communicable disease until the incubation period has passed or until they become ill and are isolated. This is used to prevent people from spreading disease before they realize they are sick.

C. Criteria for implementation

Social distancing measures will be implemented only when the standard criteria are met in a county or a neighboring county. The least restrictive method available to contain the spread of the pandemic influenza will be implemented. Implementation in the SCRO will be based on the emergency rules issued by the Commissioner of Health. Regional guidance in the implementation is the responsibility of the Regional Health Officer.

D. Business Planning Recommendations

1. Businesses will be encouraged to develop pandemic influenza response plans in accordance with CDC recommendations.
2. Education regarding planning efforts is being provided locally to businesses from the SCRO, via local chambers of commerce, civic and community presentations, and individually, as opportunities are available.
3. Communication to businesses regarding progression of pandemic influenza in an area will be via public media.

E. Pre-Pandemic Case Management

1. Mechanisms for identifying and managing individual cases during the pre-pandemic period (WHO Phases 3-5) will be in accordance with the state plan.
2. Initial reports will be directed to the local health department to the attention of the CDC nurse, and will immediately be communicated to the Regional Epidemiologist and/or Regional Health Officer. Case report forms will be completed on each case by regional public health staff in accordance with CEDS or CDC guidance and submitted immediately.
3. Recommendations for protecting others from suspected cases will be published via local media, and will be available via phone counseling at local health departments. Publications of information related to pandemic influenza have also been made available for distribution from local health departments.
4. Alternative housing and personal needs of travelers entering the region via mass transit that require quarantine according to federal and state quarantine guidelines will be the responsibility of the SCRO. Identification of facilities capable of meeting the quarantine guidelines and other resources needed is the responsibility of the ERC in cooperation with the CDC Director. Agreements for this are not currently available, but the need for these has been identified.
5. The SCRO Public Health Investigation Team (PHIT) will be dispatched to the location of the mass transit to clinically evaluate passengers.
6. Quarantined contacts will be assessed for symptoms of illness at least every 12 hours by the local public health nurse. This may be performed via phone or in person.
7. The local CDC nurse or public health nurse will collect contact

investigation information before contacts are discharged.

8. Post-exposure prophylaxis will be provided by the local public health nurse as recommended by the state and CDC.
9. When referring a suspected case to a treatment facility, the local CDC or public health nurse will be responsible for communicating in advance with the receiving facility according to state guidelines. Daily contact will be maintained with the treatment facility until the patient is discharged.
10. Patients or contacts unwilling to cooperate with necessary instructions will be issued written health directives by the Regional Health Officer in accordance with the above legal authority.

F. Pre-Kindergarten through Twelfth Grade and Child Care

1. Communication of decisions made at the state level to close and subsequently reopen schools and child care centers will be via public media, following direct contact with affected county mayors and school superintendents. The SCRO and Regional Health Officer will follow state guidance and all communications will be based on these state decisions.
2. The Regional Epidemiologist will communicate surveillance data with the state to assure the public health need for school closure is quickly recognized and communicated.

G. College and University Planning Recommendations

1. The SCRO is actively encouraging colleges, universities and technical schools in the region to develop pandemic influenza response plans according to CDC recommendations.
2. Colleges will be subject to state policies as identified under discretionary public gatherings.
3. Recommendations may be made to colleges with dormitories or in special circumstances by the Regional Health Officer.

H. Special Populations

1. The SCRO is encouraging and assisting local jails in the development of pandemic influenza response plans in accordance with CDC

recommendations.

2. The SCRO is educating and encouraging other special needs facilities to develop pandemic response plans in accordance with CDC recommendations. These facilities include nursing homes, assisted living facilities, mental health facilities, group homes and hospices. Organizations that provide services to home-bound or outpatient populations are being identified by the SCRO and encouraged to develop plans in accordance with CDC recommendations. These include home health agencies, end-stage renal disease centers, physician practices, outpatient clinics, etc.

### **III. Concept of Operations**

#### **A. Discretionary public gatherings of >100 persons**

Education will be conducted by the SCRO for county and community officials regarding their responsibility to follow the orders of the Commissioner of Health to suspend public gatherings in a county. These discretionary public gatherings are subject to cancellation voluntarily, or by order of the Commissioner of Health during a pandemic wave in a county or neighboring county. Communication of orders to suspend or lift suspensions of discretionary public gatherings will be the responsibility of the Regional Health Officer and will be conducted with the support of the PIO via public media.

#### **B. Very large discretionary public gatherings of >10,000 persons**

A list of venues that attract >10,000 persons, as well as contact information for event planners, is being developed and maintained at the SCRO by the ERC. Cancellation of these may be ordered by the Commissioner of Health, upon consultation with the Governor. The Regional Health Officer will be responsible for notification of decisions to approve or disapprove such events on a case-by-case basis, upon consultation with the Commissioner of Health. Announcements of suspensions and lifting of suspensions will be shared with the public via public media.

#### **C. Exceptions not subject to suspension**

Exceptions to suspension of gatherings will be as identified in the state plan. The Regional Health Officer will provide guidance to local events or facilities meeting exception criteria, based on the state plan, or on gatherings <100 persons not previously identified.

D. Criteria for implementation

Measures for social distancing will be implemented on a county-by-county basis when criteria are met in a county or neighboring county as identified in the state plan. The Regional Epidemiologist is responsible for monitoring surveillance systems and communicating with the Regional Health Officer.

E. Criteria for lifting restrictions

The Regional Epidemiologist is responsible for monitoring surveillance systems to identify a return to baseline influenza-like activity in a county subject to social distancing measures. Decisions to lift restrictions will be the responsibility of the Regional Health Officer, based on guidance from the state plan. Communication of the lifting of restrictions will be conducted via public media.

F. Stages of social distancing

Stage 1. Domestic transmission of pandemic virus with a loss of epidemiologic links among cases is confirmed in the United States by CDC

- a) State guidance will be followed on implementation
- b) Regional Epidemiologist will monitor daily all available surveillance systems in place
- c) Regional Health Officer will communicate with Commissioner of Health regarding very large discretionary gatherings (>10,000 persons)
- d) PIO responsible for communication of information via multiple methods as defined in Section 8

Stage 2. Domestic transmission of pandemic virus with a loss of epidemiologic links among cases is laboratory-confirmed in Tennessee by CDC or

the State Laboratory

- a) State guidance will be followed on implementation
- b) Regional Epidemiologist will monitor daily all available surveillance systems to identify county-by-county influenza activity
- c) Regional Health Officer will communicate with Commissioner of Health regarding suspension of discretionary public gatherings (>100 persons) to be implemented on county-by-county basis
- d) Regional Health Officer will continue to communicate with Commissioner of Health regarding very large discretionary gatherings (>10,000 persons) designed to attract participants from out of state or from affected regions of the state. Decisions of the Commissioner of Health will be implemented.
- e) PIO responsible for communication of information via multiple methods as defined in Section 8

Stage 3. Pandemic wave ends in affected county

- a) Regional Health Officer will communicate with Commissioner of Health regarding declaration when discretionary public gatherings may be resumed on a county-by-county basis, as established criteria have been met
- b) PIO responsible for communication of information via multiple methods as defined in Section 8

Stage 4. Period between pandemic waves

Normal activities resume

Stage 5. Resumption of restrictions in subsequent pandemic waves

- a) The same criteria and procedures will be used during each pandemic wave (at least a second, and possibly a third wave are expected)
- b) State guidance will be followed and any adjusted recommendations for social distancing, in light of the increasing or waning virulence of the strain will be implemented

G. Regional Mortuary Services

Initially, in the event of an influenza outbreak, the responsibility of fatality management will reside at the local level. At such time that the number of fatalities exceeds the capabilities and capacity of local agencies, local officials may call upon regional and state resources as described in the Tennessee Emergency Management Plan (TEMP), ESF8 Annex, and Mass Fatalities Plan.

## **Section 8. Public Health Communications**

### **I. Introduction**

Effective communication guides the public, the news media, healthcare providers, and other groups in responding appropriately to public health emergencies and complying with public health measures. Strategic communication activities based on scientifically derived risk communication principles are an integral part of a comprehensive public health response before, during, and after a public health emergency. Regional and local health departments will experience large numbers of requests for information. The manner in which this information is disseminated will affect the overall outcome of the emergency response.

### **II. Purpose**

This plan provides a framework for communication and describes the means, organization, and process by which the South Central Tennessee Region will provide timely, accurate, and useful information and instruction throughout a public health emergency via direct communication with the public, media, and healthcare providers. To reduce public fear and promote effective actions, information will be delivered accurately, efficiently, and consistently. An effective communication plan will reduce the burden of inquiries on the Regional Health Office and county health departments and allow them to focus on outbreak management and other response measures.

### **III. Assumptions**

Once the public health emergency becomes imminent, the demand for information from all sources will expand rapidly. Communicating among diverse

agencies that may be unfamiliar with one another will be challenging, as will timely and accurate communication with the public. Regularly updated information must be readily available in a variety of formats to meet these informational needs. Routine methods of handling public information will soon become overwhelming as the threat of the emergency increases. To comply with this extra demand for information, the Department of Health will collaborate with other trusted sources, such as the Centers for Disease Control and Prevention, University of Tennessee Extension Service, community pharmacists, hospitals and other appropriate sources, to assure that accurate and consistent information is readily available.

Media messages (fact sheets, news releases, etc.) related to general infectious disease prevention and specific critical agents will be prepared in advance and made available to targeted media outlets and community groups prior to an actual event. At the onset of a public health emergency, information relevant to the specific situation will be widely distributed through the media and other avenues of communication.

All public announcements and media releases from the RHOC will be handled by the Regional PIO, in consultation with the TDH's Director of Communications or designee, and with approval of the Regional Incident Commander. The Regional PIO is the designated spokesperson, unless an alternate spokesperson is selected for subject matter expertise. Selection of an alternate spokesperson will be a joint decision by the Regional Incident Commander, TDH Director of Communications or designee, and Regional PIO.

Media briefings will be scheduled regularly throughout the course of the emergency to assure that subject matter experts and response leadership are able to manage the response to the public health emergency and to assure the uniformity and accuracy of the information provided. A current list of media contacts is maintained at the RHOC.

#### **IV. Contact Information**

The Regional Health Office will specify in advance the agencies, media outlets, and others determined to be necessary communication links during a public health

emergency. An up-to-date list of media outlets and health department media coordinators will be maintained and updated at least quarterly. The PIO maintains a current list of media fax numbers and e-mail addresses, which will be shared with others as needed. A list of the media contact information is found in Appendix D.

Telephone, fax, and e-mail will be the primary means of communication among the Public Health Regional PIO, local and regional health department staff, and the media. Selected staff including the Regional PIO, will have access to two-way radio equipment for communicating with the RHOC. Various communication strategies will be implemented to meet the needs of those requesting information. Some of these strategies are as follows:

#### A. Private Citizens

During a public health emergency, county health departments will be open and minimally staffed to continue health department services determined to be essential during the course of the emergency. A recorded message will be added to each county health department's telephone line giving instructions for dialing the statewide toll free public health emergency hotline. The statewide hotline will answer basic questions about the emergency, and will allow callers to choose an option for speaking directly with a qualified individual for further information.

The TDH's website at [www.state.tn.us/health](http://www.state.tn.us/health) will contain current information about the emergency and will contain links to authoritative national and international sources of information. The Department's Communicable and Environmental Disease Services risk communication specialist is responsible for updating the content of this website.

The State or Regional Operations Center (SHOC or RHOC) will supply current information as the public health emergency unfolds to the 911 call center, hospital emergency departments, Ask-a-Nurse hotline, and others as needed. (Callers to the 911 center asking for information about the public health emergency will be directed to call one of the existing information hotlines.)

Private physician offices and free standing clinics may be supplied a copy of the scripted message that the information hotlines have. This message may be used at their

discretion to answer calls from their patients. Other information sources for the public are local and state media, and the NOAA Weather Radio Alert System.

#### B. Media

Media contacts will be managed by the Department's Director of Communications or Bureau of HSA's media coordinator, working in concert with PIO from regional health office, as well as hospitals, cities, counties and other entities to form a Joint Information Center (JIC). The JIC will schedule briefings on a daily basis or as the situation warrants. The objective will be to provide accurate, current information and to limit the media time required of subject matter experts and response personnel. During a public health emergency, all information provided to the media should come from the JIC. Local Emergency Operations Centers should coordinate with the JIC to assure consistent media messages.

#### C. Patients requesting medical advice

Patients requesting medical advice will be directed to call their private medical doctors, the toll free public health emergency phone number in Nashville, or the Ask-a-Nurse toll free number, or to access the Tennessee Department of Health's website at [www.state.tn.us/health](http://www.state.tn.us/health).

#### D. Quarantined persons

Although it is expected that voluntary isolation will be the standard practice in an influenza pandemic, the regional communicable disease staff has a system in place to advise and care for quarantined persons, if it becomes necessary. Specific information about personal care, containment of disease, and recovery measures will be provided to these persons and their families by their health care

providers. It is expected that most of these persons will also have access to the media messages that will be ongoing throughout the duration of the emergency and its immediate aftermath.

#### E. Physicians requesting individual clinical consultation

The South Central Tennessee Regional Liaison Officer, in coordination with regional public health medical staff, will address local physicians' questions. State health department Communicable and Environmental Disease Services (CEDS) personnel will address questions not answered at the regional level. The Centers for Disease Control and Prevention in Atlanta will address national issues. All relevant phone numbers will be made available. A list of area physicians is available in the Regional Health Operations Center (RHOC).

F. Health care providers requesting current recommendations or research findings

These providers should contact the Regional Liaison Officer, state health department CEDS personnel or the CDC. The Liaison Officer's phone number and all relevant website information will be readily available on the TDH's website and by contacting any regional or local health department. The TDH and CDC websites will contain information for both medical and non-medical inquiries.

G. Community leaders requiring information to direct public health community response activities.

This information will be made available by the Regional Health Operations Center (RHOC) to the local Emergency Operations Center (EOC), local governments and others as indicated. County and city governments should have one designee for communicating with the Public Health Regional PIO. All messages to be released to the media and/or the public by either entity should be jointly discussed prior to their release.

H. Volunteers

The South Central Region has approximately 1800 volunteers trained to assist with public health emergencies. The Tennessee Health Alert Network (T-Han) uses a software program called Volunteer Mobilizer. Volunteer contact information is entered into this system and will be used to notify volunteers if needed. Administrative access to T-Han is the responsibility of the Regional ERC, Regional Volunteer Coordinator, and Regional Technical Network Specialist.

There is also a regional data base of volunteers' names, phone numbers, e-mail addresses, and home addresses for activating volunteers to assist with public health emergencies. Other means of calling up volunteers may involve cable TV community service channels and streaming emergency messages across the bottom of TV screens.

**I. Interagency communication**

Communication among departments and agencies regarding emergency response procedures will be disseminated by the JIC through the Regional Health Operations Center (RHOC) and the local Emergency Operations Center (EOC).

**J. Hospitals and other Primary Care sites**

Select hospital personnel have been enrolled in the Tennessee Health Alert Network (T-Han). General information will be made available to them from this website. Hospitals may have a Public Information Officer located in the Joint Information Center (JIC) to relay pertinent information back to their facility. If the hospital's PIO is not located at the JIC, information originating at the JIC will be disseminated to the hospital PIO by the Regional Liaison Officer and/or the Regional PIO. The Regional Liaison Officer will be available to answer questions from local hospitals and primary care sites.

**V. After-Action Review**

Key staff involved in a public health emergency will participate in an after-action review of emergency communication, including media relations, dissemination of information to the public, rumor control, and communication among response personnel (both within public health and with other agencies). Problematic areas will be addressed and the communication plan revised as needed.

**Section 9. Workforce and Social Support**

**I. Purpose**

To provide information and contact numbers for local volunteer groups or

agencies willing to assist in meeting the physical, financial, emotional and spiritual needs of individuals affected by a pandemic as responders or victims.

## **II. Situation and Assumptions**

- A. The response to an influenza pandemic will pose substantial physical, personal, social and emotional challenges to health care workers and the general public. Demands for support services will increase.
- B. Enhanced workforce support will be necessary to ensure that public health staff has basic mental health needs met, including systems to assure adequate time to take care of personal needs and sleep to help prevent burnout.

## **III. Workforce Support**

- A. Training on mental health issues pertaining to disasters will be provided to all regional public health employees by September 2007.
- B. Rest and recuperation sites will be identified at each facility. These locations will be stocked with healthy snacks, relaxation materials (e.g., music, relaxation tapes, etc), telephones and pamphlets/information regarding available resources.
- C. Through the state EAP, public health employees and their families will have access to psycho-social support services.
- D. Throughout the response, policies on staff health and safety will be reviewed and revised as necessary.
- E. The SCRO will provide educational materials regarding pandemic influenza through the county health departments. Additionally, the SCRO will provide educational presentations to businesses and interested groups as requested.

## **IV. Regional Resources**

The following agencies have been identified within the region. General information about the scope of their services is included. Specific details of resources for which SCRO could rely on from these agencies in being developed.

A. Volunteer/ Non-government

1. American Red Cross (ARC)

Provides shelter, food, and health and mental health services to address basic human needs.

American Red Cross – South Central Tennessee Chapters:

Maury Co. Area Chapter – 931-388-3500

Lawrence Co. Chapter – 931-762-1599

Lincoln Co. Chapter – 931-433-5561

Coffee/Moore/Franklin Co. Chapter – 931-455-2501

Bedford Co. Chapter – (Murfreesboro) 615-895-8218

2. Salvation Army

Assist with disaster relief, emergency assistance, and child care.

3. United Way

Provides funding for social service agencies.

4. South Central Human Resource Agency

Serves the economically disadvantaged, elderly and handicapped.

Services include rural public transportation, assistance with rent, utilities (heating and cooling), child care and commodities.

South Central Human Resource Agency – Fayetteville

1437 Winchester Hwy.

Fayetteville, Tennessee 37334

931-433-7182

B. Government / quasi-state

1. TN Emergency Management Agency (TEMA)

Main webpage: [www.tema.org/index.htm](http://www.tema.org/index.htm)

Regional Office: [www.tmea.org/Regions/Reg\\_Map.htm](http://www.tmea.org/Regions/Reg_Map.htm)

Contact (615) 741-0001 (615) 714-7696 cell

Provides assistance to individuals and households through coordinated relief programs from federal (U.S. Departments of Homeland Security, Small Business Administration, Farm Service Agency, and the Internal Revenue Service) and State (Tennessee Departments of Human Services, Labor & Workforce Development, Mental Health and Developmental Disabilities) agencies. TEMA helps mobilize major volunteer groups, such as ARC and VOAD. TEMA also helps support government operations and staff.

2. TN Office of Homeland Security

<http://www.sate.tn.us/homelandsecurity/>

Contact (615) 532-7825 (615) 210-7865 cell

Develops and coordinates the implementation of a comprehensive strategy to secure against terrorist threats and attacks. Also, organizes Citizen Corps groups.

3. TN Department of Human Services

[http://www.state.tn.us/humanser/st\\_map.htm](http://www.state.tn.us/humanser/st_map.htm)

Administers the majority of basic support services, including child care and food programs.

The DHS has 130 office locations, and is one of the few state agencies with offices in all 95 counties.

DHS Family Assistance Service Center: 1-866-311-4287

[www.state.tn.us/humanserv/st\\_map.htm](http://www.state.tn.us/humanserv/st_map.htm)

C. Social Support (Mental Health)

1. CenterStone

[www.centerstone.org](http://www.centerstone.org)

(931) 490-1500

Community mental health outpatient counseling, intensive outpatient and inpatient mental health and substance abuse treatment.

2. Behavioral Health Initiatives

Provides mental health support services including family service counseling, crisis dispatch services, housing for adults with mental illness.

D. Religious Organizations

These may offer a wide variety of support resources for physical, emotional, and spiritual needs. To the extent that details are available regarding these services, they appear in the county annexes.

**V. Financial and Economic Issues**

In the absence of a declared state of emergency, the ability of the state or Federal governments to provide financial compensation to affected individuals or to relax late payment penalties for utilities or other essential services is not known at this time. For that reason, persons in need of economic assistance will have to turn to local volunteer relief organizations. Additional county-level resources are identified in each county annex to this plan.

**VI. Child and Elder Care**

In some cases, housing and care will be required for several days or weeks for the children or elderly dependents of ill individuals where family or friends are not available to care for them. Placement can be difficult if the dependents are exposed and must be monitored for signs of disease.

1. TN Department of Human Services

There are approximately 324 licensed child care providers, (including

before and after school care) in the South Central Region with a total capacity of 14,717. Most are child care centers; home care and drop-in care are also available. This list can be found at:

[www.state.tn.us/humanserv/childcare/providers-map.htm](http://www.state.tn.us/humanserv/childcare/providers-map.htm)

2. Child Care Resource & Referral Centers

Provides parents and the community with referrals and resources for child care at the local level:

South Central Child Care Resource and Referral

Phone 931-438-2322 or 866-776-2811

3. South Central Tennessee Development District Area Agency on Aging and Disability

Assists seniors to maintain a more productive standard of living, in their home environment. Services include assistance with home-delivered meals, homemaker services, and senior citizens centers:

Phone 931-381-2040

<http://www.sctdd.org>

## **VII. Employment and School**

The risk of losing a job or falling behind or out of school is an important barrier to compliance with social distancing orders, such as staying home if sick. The SCRO will work with local businesses and schools to develop plans based on CDC recommendations that encourage the development of policies that support compliance with social distancing instructions.

**Pan Flu Coordinators**  
**South Central Region**

**Appendix A**

<b>Hospital</b>	<b>Pandemic Flu Coordinator Back-up Coordinator</b>
<p><b>Bedford Medical Center</b>  <b>(931) 685-5433</b></p>	<p><b>Marie Reynolds, Infection Control</b>                      (931) 685-5332  <b>Barry Cox (back-up)</b></p>
<p><b>Crockett Hospital</b>  <b>(931) 762-6571</b></p>	<p><b>Debbie Bedford, Infection Control</b>                      (931) 766-3167  <b>Jack Grinnell (back-up)</b>                      (931) 766-3286</p>
<p><b>Harton Regional Med Center</b>  <b>(931) 393-3000</b></p>	<p><b>Belinda King, Infection Control</b>                      (931) 393-7918  <b>Tara Boleyn (back-up)</b></p>
<p><b>Hickman Community Hosp</b>  <b>(931) 729-4271</b></p>	<p><b>Earline Warren, Infection Control</b>                      (931) 729-6830  <b>Toni Cloud (back-up)</b>                      (931) 729-4271</p>
<p><b>Hillside Hospital</b>  <b>(931) 363-7531</b></p>	<p><b>Debbie Weaver, Infection Control</b>                      (931) 363-7531, Ext. 538  <b>Penni Patterson (back-up)</b>                      (931) 363-7531 , ext. 307</p>
<p><b>Lincoln Medical Health</b>  <b>(931) 438-1100</b></p>	<p><b>Sharon Russell, Infection Control</b>                      (931) 438-7464  <b>Vickie Groce (back-up)</b>                      (931) 438-7469</p>
<p><b>Marshall Medical Center</b>  <b>(931) 359-6241</b></p>	<p><b>Debbie Haywood, Infection Control</b>                      (931) 359-6241, ext. 3393  <b>Rick Tinsley (back-up)</b>                      (931)270-3659</p>

**Pan Flu Coordinators  
South Central Region**

**Appendix A**

<p><b>Maury Regional Hospital</b> <b>(931) 381-1111</b></p>	<p><b>Roger Anderson, Infection Control</b> (931) 381-1111, Ext. 2414 <b>Julia Byran (back-up)</b> (931) 381-1111, ext. 4054</p>
<p><b>Medical Center –Manchester</b> <b>(931) 461-3355</b></p>	<p><b>Suzanne Knox, Infection Control</b> (931) 728-6354, ext. 113 <b>Jeff Carlisle (back-up)</b> (931) 728-6854, ext. 230</p>
<p><b>Perry Community Hospital</b> <b>(931) 589-2121</b></p>	<p><b>Paula Salhaney</b> (931) 589-2121 <b>Glenda Qualls (back-up)</b></p>
<p><b>United Regional Med Center</b> <b>(931) 728-3586</b></p>	<p><b>Theresa Harmon</b> (931) 461-3467 <b>Jenny Smith</b> 931-461-3467</p>
<p><b>Wayne Medical Center</b> <b>(931) 722-5411</b></p>	<p><b>Ray Kelso, EMS</b> (931) 722-5411, ext. 2055 <b>Kaye Casteel (back-up)</b> (931) 722-5411, ext. 2028</p>

**Acute Care Hospital Assets/Resources  
South Central Region**

**Appendix B**

<b>Resources</b>	<b>Bedford Medical Center (931) 685-5433</b>	<b>Crockett Hospital (931) 762-6571</b>	<b>Harton Regional Med Center (931) 393-3000</b>	<b>Hickman Comm Hospital (931) 729-4271</b>	<b>Hillside Hospital (931) 363-7531</b>	<b>Lincoln Med Health (931) 438-1100</b>
<b>Licensed Beds</b>	104	107	137	25	95	49
<b>Staffed Adult Bed</b>	35	83	95	25	40	22
<b>Staffed Ped Beds</b>	6	0	6	0	0	3
<b>Adult Critical Care Beds</b>	7	6	8	0	6	2
<b>Ped Critical Care Beds</b>	0	0	0	0	0	2
<b>Neonatal ICU Beds</b>	0	0	2	0	0	2
<b>Dedicated Ed Beds</b>	10	6	17	4	7	8
<b>Isolation Rooms</b>	2	2	5	0	3	5
<b>Ventilators</b>	3	3	5 Adult 2 Pediatric	1	4	2
<b>Vent Models</b>	Puritan-Bennett 7200 (3)	Servo 900C (2) Vipa Vision	(3) P-B 7200 (2) P-B 840 (2) Bear Cubs	Puritan Bennett 7200	( 1) Drager Evita (1) Bear III (2) Drager Savinas	

**Acute Care Hospital Assets/Resources  
South Central Region**

**Appendix B**

<b>Resources</b>	<b>Marshall Medical Center (931) 359-6276</b>	<b>Maury Regional Hospital(931) 381-1111</b>	<b>Medical Center – Manchester (9310 728-6354</b>	<b>Perry Community Hospital (931) 589-2121</b>	<b>United Regional Medical Center (931) 728-3586</b>	<b>Wayne Medical Center (931) 722-5411</b>
<b>Licensed Beds</b>	25	255	25	25	54	80
<b>Staffed Adult Bed</b>	10	206	25	23	22	30
<b>Staffed Ped Beds</b>	0	17	0	0	0	0
<b>Adult Critical Beds</b>	0	24	0	0	0	0
<b>Ped Critical Beds</b>	0	0	0	0	0	0
<b>Neonatal ICU Beds</b>	0	8	0	0	0	0
<b>Dedicated Ed Beds</b>	8	16 <small>expansion in progress</small>	10	4	5	4
<b>Isolation Rooms</b>	3	12 Adult / Peds 1 NICU, 1 ED 1 PACU 2 Procedure Rooms	2	1	1	1
<b>Ventilators</b>	3	16 Adult 2 Transport 5 Infant	1	0	2	0
<b>Vent Models</b>	T-Bird VSO2 Adult Star BiPap Vision	Vela & T-Bird AVS3 Care Vent Dragger Aveta	PB 7200	0	Bear 3 Respironics Espirit	0

## Vaccine Clinic Supplies

### South Central Region

### Appendix C

1) Supply Information:

Supplies will be maintained at the Maury County Health Department and will be in addition to their routine inventory. All supplies will be rotated through their current usage to avoid expired supplies

Items (in addition to routine par levels)	How packaged
Gloves: <ul style="list-style-type: none"> <li>• Large – 8 cases = 8000</li> <li>• Medium – 8 cases = 8000</li> <li>• Small – 4 cases = 4000</li> </ul>	10 boxes of 100/case
Sharps Containers: <ul style="list-style-type: none"> <li>• 5 quart – 2 cases</li> </ul>	8/ case
Syringes: Vanish point <ul style="list-style-type: none"> <li>• 25G X 1” – 15 cases = 9000</li> </ul>	6 boxes of 100/case
Masks: <ul style="list-style-type: none"> <li>• Surgical masks – 200 boxes = 10,000</li> <li>• N95 1860 (medium) – 20 boxes = 200</li> <li>• N95 1860S (small) – 10 boxes = 100</li> <li>• N95 1870 – 10 boxes = 100</li> </ul>	50/box 20/box 20/box 20/box

2) General Information:

- Band-aids, alcohol preps, red bags and hand sanitizer are all supply room stock items (medical) and should be present in sufficient amounts
- Other supplies needed (clerical) will include flu VIS, privacy notice, pens, paper clips, rubber bands, stapler, and staples. These items should also be present in sufficient amounts

**Media Contacts  
South Central Region**

**Appendix D**

<b>Organization</b>	<b>Type</b>	<b>Phone</b>	<b>City</b>	<b>County</b>
Shelbyville Times-Gazette	Daily Newspaper	931-684-1200	Shelbyville	Bedford
WLIJ	Radio	931-684-1514	Shelbyville	Bedford
Manchester Times	Non-Daily Newspaper	931-728-7577	Manchester	Coffee
The Saturday Independent	Non-Daily Newspaper	931-728-9040	Manchester	Coffee
The Tullahoma News	Non-Daily Newspaper	931-455-4545	Tullahoma	Coffee
WFTZ-FM	FM Radio	931-728-3458	Manchester	Coffee
WJIG-AM	AM Radio	931-455-7426	Tullahoma	Coffee
WMSR	Radio	931-728-3526	Manchester	Coffee
The Tullahoma News Leader	Cable TV – Ch 6	931-393-0081	Tullahoma	Coffee
Pulaski Citizen Press	Non-Daily Newspaper	931-363-3544	Pulaski	Giles
WKSJ/(WEUP)	Radio	931-363-2505	Pulaski	Giles
Hickman County Times	Non-Daily Newspaper	931-729-4282	Centerville	Hickman
WNKX	Radio	931-729-5191	Centerville	Hickman
Lawrence County Advocate	Non-Daily Newspaper	931-762-1726	Lawrenceburg	Lawrence
Democrat-Union	Non-Daily Newspaper	931-762-2222	Lawrenceburg	Lawrence
WDXE	Radio	931-762-4411	Lawrenceburg	Lawrence
WWLX	Radio	931-762-6200	Lawrenceburg	Lawrence
Lewis County Herald	Non-Daily Newspaper	931-796-3191	Hohenwald	Lewis
WMLR	Radio	931-796-5967	Hohenwald	Lewis
The Elk Valley Times	Non-Daily Newspaper	931-433-6151	Fayetteville	Lincoln
WYTM	FM Radio	931-433-1531	Fayetteville	Lincoln
Marshall County Post	Non- Daily Newspaper	931-276-2595	Belfast	Marshall
Marshall County Tribune	Non-Daily Newspaper	931-359-1188	Lewisburg	Marshall
WAXO	Radio	931-359-6641	Lewisburg	Marshall
WJJM	Radio	931-359-4511	Lewisburg	Marshall
The Columbia Daily Herald	Daily Newspaper	931-388-6464	Columbia	Maury
WMCP	Radio	931-388-3241	Columbia	Maury

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WKRM(AM) WKOM(FM)	Radio	931-388-3636	Columbia	Maury
WXRQ	Radio	931-379-3119	Mt. Pleasant	Maury
WMRB	Radio	931-381-7100	Columbia	Maury
Charter Communications Channel 6	Cable TV, Ch 6	931-215-9852	Columbia	Maury
Moore County News	Non-Daily Newspaper	931-759-7302	Lynchburg	Moore
Buffalo River Review	Non-Daily Newspaper	931-589-2169	Linden	Perry
Wayne County News	Non-Daily Newspaper	931-722-5429	Waynesboro	Wayne
WWON	Radio	931-722-3631	Waynesboro	Wayne

**Bedford County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696
TEMA Operations		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health South Central Region	Emergency Response Coordinator	931-490-8329, ext 185
	Regional Health Officer	931-490-2532, ext 146
	Regional Director	931-490-2532, ext 128
Bedford County Health Department	County Director	931-684-3426

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Bedford County EMA	Director	(931) 684-5974
Bedford County E-911	Director	(931) 684-3411
Bedford County EMS	Director	(931) 684-4403
Shelbyville Police	Chief of Police	(931) 684-3401
Sheriff’s Department	Sheriff	(931) 684-0893
Shelbyville Fire Department	Fire Chief	(931) 684-6241
Bedford Co. VFSI	County Director	(931) 684-9223
Tennessee Highway Patrol	District 7	(931) 680-2574
24/7 Headquarters	Troop B	(931) 680-2574 (931) 766-1432
State Dept. of Human Services	Contact	(931) 684-5006 ext: 113
TN Dept. of Labor & Workforce	Contact	(931) 685-5002

Agricultural Extension Agency	Contact	(931) 684-1341 ext. 20
South Central Human Resource Agency	Supervisor	(931) 684-4930
Housing Authority	Contact	(931) 684-1341 ext. 20
Chamber of Commerce	Director	(931) 684-3482
Good Samaritan	Director	(931) 684-8160
Childcare Resource & Referral	Director	(931) 438-2322
Child Development Center *	Director	(931) 684-8681
Center for Family Development CASA (baby supplies)	Director	(931) 684-4976
Habitat for Humanity	Director	(931) 684-4300
Tony Rice Center	Director	(931) 680-2993 (931) 680-0957
El Centro Latino	Contact	(931) 684-2557
Shelbyville Recreation Center	Director	(931) 684-9780
Haven of Hope Domestic Violence Center	Contact	(931) 680-3005
Contact Life Line		(931) 684-7133 (crisis line) (931) 455-7150 (business line)
First Choice Pregnancy Counseling Ctr.		(931) 680-0066

\*(Family Support Program and Early Intervention Program) Special Needs

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Bedford County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Bedford County Medical Center’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region’s hospitals, including Bedford County Medical Center, at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plans

### **Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact Person</b>	<b>Phone number</b>
Bedford Co. Medical Center	CEO	(931) 685-5199
Bedford Co. Medical Center	Infection Cont	(931) 685-5332
Bedford Co. Medical Center	ER Director	(931) 685-5478
Bedford Co. Medical Center	Dir of Nursing	(931) 685-5167
Bedford Co. Medical Center	Safety Officer	(931) 685-5412
Bedford Co. EMS	Director	(931) 684-4403

Bedford County Medical Center has identified the following as resources to supplement staffing: Motlow State Community College Nursing students, Reactivated Retired Physicians and Nurses Care Relief Nurses (travel nurses), School Nurses. The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

## **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## **Section 6: Antivirals**

Antiviral to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## **Section 7: Community Intervention**

### **D) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Bedford County Board of Education	Superintendent	(931) 684-3284
	Director-Attendance	(931) 694-3204
	Safety Director	(931) 684-3284, ext.224
County Government	County Mayor	(931) 684-7944

## II) Discretionary Gatherings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Bedford County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held (e.g., The Celebration).

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Bedford County Mayor. The Bedford County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
Bedford County Mayor	(931) 684-7944
Shelbyville City Manager	(931) 684-2691
Shelbyville City Mayor	(931) 684-2691
Bell Buckle Mayor	(931) 389-9513
Normandy Mayor	(931) 857-3619
Wartrace Mayor	(931) 389-6144
Public Works	(931) 684-2644

The South Central Regional Health Department along with the Bedford County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are**

**available).**

Ministerial Association	Director	(931) 684-3148
New Duck River Baptist Assoc.	Director	(931) 684-6592
St. William Catholic Church	Priest	(931) 684-8745 office (931) 864-9070 church (931) 864-6154 fax
Social Worker , St. William Catholic Church		(931) 224-3249 or (615) 760-2769
Hispanic Ministry		(931) 294-2435

The SCRO will continue to develop the faith based organizations and maintain a listing of those organizations and contact information.

### **III) Identification/Tracking of at Home III**

**Bedford County EMA** will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.

Bedford County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**An alternate phone number will be established at the Bedford County 911 center for additional information.**

#### **IV) Providing for the Ill at Home Population**

The ill at home population will be identified via the “flagging system” as directed by the Bedford Co. EMA and any hot-lines that are established. The Bedford County EMA will be responsible for identification of those requiring assistance and to coordinate resources for assistance.

#### **Resources:**

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief, and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers including local volunteer fire departments to help deliver food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact Person(s)</b>	<b>Phone number</b>
United Way	Director	(931) 684-6685
American Red Cross-Bedford Co.		(615) 893-4272
Human Resource Agency (Meals on Wheels) Senior Citizens	Director	(931) 684-0019
Caregiver Relief Program (travel nurses)	Contact	(931) 685-9039
Epilepsy Foundation of Middle Tennessee Special Needs		(931) 684-5222
Noon Rotary Club	President	(931) 684-1933
Breakfast Rotary Club	President	
Kiwanis Club	President	(931) 684-3283
Lion's Club	President	(931) 684-8777
Lion's Club	President	(931) 684-4037
Civitan Club	President	(931) 684-7142
Knights of Columbus	President	(931) 684-8862

## **V) Communication of Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and

societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications reflecting relief activities in Bedford County will be handled at the local level and will be provided by the County Executive and the City of Shelbyville Mayor.

The county executive and city mayor will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Bedford County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact</b>	<b>Phone Number</b>
Shelbyville Times Gazette	Contact	(931) 684-1200
WLIJ 1580 AM, WZNG	Contact	(931) 684-1514

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one

group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

**The following agencies or organizations may assist with psychosocial support:**

Centerstone	Contact	(931) 684-0522
School Counselors	Contact	(931) 684-3284
Critical Incident Stress Management Level II Counselors (35 trained counselors list from E 911)		
Counselors from First Choice Pregnancy Center	Contact	(931) 680-0066
Counselors from Haven of Hope (crisis counseling)	Contact	(931) 685-3005, 728-1133
Contact Life Line	Contact	(931) 445-7150 (business) (931) 684-7133 (crisis line)
Tony Rice Center Counselors	Contact	(931) 680-2993, 685-0957

**Coffee County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	(615) 741-0001 (615) 714-7696
TEMA Operations		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health South Central Region	Emergency Response Coordinator Regional Health Officer Regional Director	931-490-2532, ext 185 931-490-2532, ext 146 931-490-2532, ext 128
Coffee County Health Dept.	County Director	931-723-5134
Tullahoma Health Dept.	County Director	931-455-9369

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Coffee County EMA	EMA Director	(931) 723-5105
Coffee County E-911	E-911 Director	(931) 728-9555
Manchester Police Dept.	Chief	(931) 728-2099
Tullahoma Police Dept.	Chief	(931) 455-0530
Manchester Fire Dept.	Chief	(931) 728-2999
Tullahoma Fire Dept.	Chief	(931) 455-0936
Sheriff’s Department	Sheriff	(931) 728-3591
Tennessee Highway Patrol 24/7 Headquarters	Captain Lieutenant	800-305-2201 (423) 634-6890 (423) 634-6896
South Central Human Resources Agency	Contact	(931) 723-4287

Manchester Chamber of Commerce	Director	(931) 728-7635
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Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Harton Regional Medical Center, Medical Center of Manchester and United Regional Medical Center, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Harton Regional Medical Center’s emergency department, Medical Center of Manchester’s emergency department and United Regional Medical Center’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the

region's hospitals, including Harton Regional Medical Center, Medical Center of Manchester and United Regional Medical Center, at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plan.

### **Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact Person</b>	<b>Phone number</b>
Harton Regional Medical Center	CEO Infection Control	(931) 393-7901
Medical Center of Manchester	CEO Infection Control	(931) 461-3355
United Regional Medical Center	CEO CNO	(931) 728-3586
Coffee County EMS	Director	(931) 723-5137
Partners for Healing	Contact	(931) 455-5014

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 6: Antivirals**

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 7: Community Interventions**

Motlow State Community College

President (931) 540-2510

Director of Nursing (931) 540-1322

## I) School Closings

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Coffee County School Dist.	Director of Schools	(931) 723-5150
Manchester City Schools	Superintendent	(931) 728-2316
Tullahoma City Schools	Superintendent	(931) 454-2600
Coffee County	County Mayor	(931) 723-5100

## II) Discretionary Gatherings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Coffee County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a

pandemic, even in the absence of disease activity in the county where the event is held (e.g., Bonnaroo).

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Coffee County Mayor. The Coffee County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
County Mayor	(931) 723-5100
Manchester Mayor	(931) 728-4652
Tulahoma Mayor	(931) 455-0676
EMA Director	(931) 723-5105

The South Central Regional Health Department along with the Coffee County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are available).**

Tulahoma Ministerial Society (931) 454-1206

Duck River Baptist Association (931) 455-5072

The SCRO will continue to develop the faith based organizations and maintain a listing of those organizations and contact information.

### **III) Identification/Tracking of at Home Ill**

**Coffee County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Coffee County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**A phone number will be available to contact the Coffee County EOC for other questions or needs.**

The U.S. Postal Service route carriers will be utilized to identify homes requiring assistance.

The Coffee County Volunteer Fire Departments will be utilized in the identification of the ill and those requiring assistance.

#### **IV) Providing for the Ill at Home Population**

##### **Resources:**

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief, and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role

in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers including local volunteer fire departments to help deliver food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreen’s, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contacts</b>	<b>Phone number</b>
American Red Cross	Contacts	(931) 455-2501 (931) 455-2501 (931) 636-5577
South Central Human Resource Agency (Meals on Wheels)	Contact	(931) 723-4287
Salvation Army		
For Church Assistance	Contacts	(931) 388-2135 (931) 455-5072 (931) 455-2200 / 455-7283
Coffee County School		

Cafeteria/Employees	School Director	(931) 723-5150
Salvation Army	Contact	(931) 455-2200 or 455-7283
Good Samaritan		(931) 455-7353
Contact Lifeline	Director	(931) 455-7150
Centerstone	Director	(931) 461-1300
Kiwanis Club of Tullahoma	President	(931) 393-4587
Lion’s Club (Downtown) Tullahoma	President	(931) 455-7693
Manchester Exchange Club	President	(931) 728-0900
Manchester Rotary Club	President	(931) 728-4987
Tullahoma Sunrise Rotary	President	(931) 454-0027
Manchester Senior Citizens	President	(931) 723-8288
Pocahontas Senior Citizens	Director	(931) 728-5673
Tullahoma Senior Citizens	Director	
United Way	Director	(931) 455-5678

**V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications reflecting relief activities in Coffee County will be handled at the local level and will be

provided by the County Executive and the Cities of Manchester and Tullahoma Mayors.

The county executive and city mayors will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Coffee County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact Name</b>	<b>Phone Number</b>
Channel 6 – Tullahoma	Program Director	(931) 393-0081
Saturday Independent	Editor	(931) 728-9040
Tullahoma News	Editor	(931) 455-4545
Manchester Times	Editor	(931) 728-7577
WFTZ-FM	Program Director	(931) 728-3458
WJIG	Program Director	(931) 455-7426
WMSR	Program Director	(931) 728-3526

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

**The following agencies or organizations may assist with psychosocial support:**

Centerstone	Contact	(931) 461-1300
Contact Lifeline	Contact	(931) 455-7150
Tullahoma Ministerial Association	Contact	(931) 454-1206
Duck River Southern Baptist Association	Contact	(931) 455-5072
Alliance for Community Outreach Christian Counseling	Contact	(931) 728-1219
Tennessee Federation of Fire Chaplains, Grief Counseling	Contact	1-800-792-1033
United Way 211 Program	Contact	(931) 455-5678

**Giles County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696
TEMA Operations		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health	Emergency Response Coordinator	931-380-2532, ext 185
South Central Region	Regional Health Officer	931-380-2532, ext 146
	Regional Director	931-490-2532, ext 128
Giles County Health Dept.	County Director	931-363-5506

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Giles County EMA	Director	931-424-4400
Giles County E-911	Director	931-363-0911
Giles County EMS	Director	931-363-8504
Tennessee Highway Patrol	Troop A	931-363-5734 931-363-5734
24/7 Headquarters	Captain	931-766-1432
Pulaski Police	Police Chief	931-424-4404
Sheriff’s Department	Sheriff	931-363-3505
Pulaski Fire Department	Chief	931-424-4407
Giles County Fire & Rescue	Chief	931-363-1104
Giles County Economic Development Coordinator	Director	931-363-6525

Public Housing Authority	Director	931-363-9138
Pulaski Electric Company	Manager	931-363-2522
Pulaski Water Department Warehouse	Manager	931-363-1209
Solid Waste Coordinator	Director	931-424-7035
State Department of Human Services	Director	931-684-5006 ext: 113
Agricultural Extension Agency	Director	931-363-3523
Chamber of Commerce	Director	931-363-3789
Childcare Resource & Referral	Director	931-438-2322
Child Development Center *	Director	931-424-1816
South Central Human Resource Agency Neighborhood Service Center	Director	931-363-6871  931-363-5382
Giles County Senior Citizens Meals On Wheels	Director	931-363-6610
Giles County Help Center	Director	931-363-8655

\*(Family Support Program and Early Intervention Program) Special Needs

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Giles County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and

to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Hillside Hospital’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region’s hospitals, including Hillside Hospital, at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plans.

### **Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact Person</b>	<b>Phone number</b>
Hillside Hospital	CEO	(931) 363-9301
Hillside Hospital	CNO	(931) 363-9342
Hillside Hospital	Infection Control Nurse	(931) 363-7531, ext. 538
Hillside Hospital	ED Director	(931) 363-9489
Hillside Hospital	Director, Plant OP	(931) 363-7531 ext. 530
Giles County EMS	Director	(931) 363-8504
TN Technology Center	Nursing Dir.	(931) 424-4014
Martin Methodist College	President	(931) 363-9801
NHC Home Care	Director	(931) 363-0703

Ameisys Home Health Care		
Reactivated Retired Physician and Nurses		

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

**Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

**Section 6: Antivirals**

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

**Section 7: Community Interventions**

<b>Company</b>	<b>Contact Name</b>	<b>Phone Number</b>
Frito Lay	Manager	(931) 363-4531
Sundrop	Manager	(931) 363-4561
Coke Cola	Manager	(931) 363-1525
Timken	Contact	(931) 363-7661
Saargummi	Contact	(931) 363-1363
Bledsoe Trucking	Owner	(931) 363-8749
Carr & Erwin Funeral Home	Director	(931) 363-1533
Giles Co Funeral Home	Director	(931) 363-0828
Jordon Funeral Home	Director	(931) 363-1616
Queen Anne Funeral Home	Director	(931) 363-1780
Rose of Sharon Funeral Home	Director	(931) 424-8010

**I) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Giles County Board of Education	Director	(931) 363-4558
	Assist. Director	
Giles County Government	County Executive	(931) 363-5300

The 350+ teachers could be available to supplement manpower shortages (voluntary only). Assignment by the EOC if needed.

## **II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Giles County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic



and/or coordinating all relief efforts.

Giles County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals within the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**An alternate phone number will be established at the Giles County EOC for additional information.**

The following are resources that could be used to assist with the identification of those needing assistance and assist with identification of those that are ill and requiring medical assistance:

**USPS:** Identify those needing assistance (meals, etc.)

**Giles County Volunteer Firemen:** Identify those that are ill and need medical assistance

#### **IV) Providing for the Ill at Home Population**

##### **Resources:**

1. Preparation of Meals:

Use of schools in Giles County for preparation of food, school cooks to help prepare food,

Southern Baptist Disaster Relief, other church organizations that are available, churches with industrial kitchens

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers to help distribute food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including Civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact Person</b>	<b>Phone number</b>
United Way (covers Giles Co.)	Director	(931) 381-0100
Human Resource Agency Senior Citizens	Director	(931) 363-6610
Exchange Club	President	(931) 363-4571
Lion’s Club	President	(931) 363-5700
Rotary Club	President	(931) 363-5387
Civitan Club	President	(931) 424-4407

## V) Communicating Social Distancing Policies

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The

Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity

functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications reflecting relief activities in Giles County will be handled at the local level and will be provided by the County Executive and the City of Pulaski Mayor.

The county executive and city mayor will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations and website to inform Giles County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county, and will increase announcements as deemed necessary.

Media notification contacts are listed below:

<b>Media Outlet</b>		<b>Phone Number</b>
Pulaski Citizen & Free Press	Contact	(931) 363-3544
WKSR Radio	Contact	(931) 363-2505
WEUP Radio	Contact	(931) 363-0133
WWLX-Lawrenceburg	Contact	(931) 762-6200
WSLV Radio Ardmore	Contact	(931) 427-2178
Your Community Shopper Ardmore	Contact	(931) 427-2198

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages

- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone	Contact	(931) 363-5438
School Counselors	School Superintendent	(931) 363-4558
Arnell's Counseling (staff of 20)	Contact	(931) 424-8802
Ministers with grief counseling experience		

Provide counseling at a local neutral site (Giles County Recreation Center) for ministers and other counselors.

**Hickman County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county's response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696 800-262-3300
TEMA Operations		
Homeland Security	Regional Contact	615-532-7825
Dept. of Economic & Community Development	Director	931-729-3038
TN Department of Health South Central Region	Emergency Response Coordinator Regional Health Officer Regional Director	931-380-2532, ext 185 931-380-2532, ext. 146 931-490-2532, ext 128
Hickman Co. Health Dept.	County Director	931-729-3516

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Hickman County EMA	Director	931-729-3004
Sheriff's Department	Director	931-729-6143
Chamber of Commerce	Director	931-729-5774
Human Resource Organizations	Director	931-729-5921
Tennessee Highway Patrol	Troop D	931-729-6151
24/7 Contact	Captain	931-766-1432

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Hickman County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC's Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Hickman Community Hospital's emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals, including Hickman Community Hospital, at least weekly or more frequently if necessary.

**Section 3: Laboratory**

Refer to Regional and State plan.

#### **Section 4: Healthcare Planning**

<b>Facility Name</b>		<b>Phone number</b>
Hickman Community Hospital*	CEO	931-729-4271
	Infect Control Nurse	931-729-6830
Hickman County EMS	Director	931-729-6132
	Assistant Director	

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

#### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

#### **Section 6: Antivirals**

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

#### **Section 7: Community Interventions**

##### **I) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local

schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Hickman County School Dist	Director of Schools	931-729-3391 ext. 2227 931-670-4002 home
Hickman County School Dist	Assistant Director of Schools	931-729-3391 931-729-4788 home

## **II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Hickman County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Hickman County Mayor. The Hickman County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

In the event that it becomes necessary to close discretionary meetings the following officials shall make the determination:





Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**A phone number will be available to contact the Hickman County EOC for other questions or needs.**

The Hickman County Rescue Squad, county Volunteer Fire Departments and U.S. Postal Service route carriers will be utilized to identify homes requiring assistance.

<b>Department Name</b>	<b>Contact Name</b>	<b>Contact Number</b>
Hickman County Rescue Squad	Captain	931-670-3737
Hickman County Rescue Squad	Captain	
Centerville Fire Department	Fire Chief	931-729-4341
	Assistant Chief	931-729-4920
	Contact	931-729-9410
Shady Grove Fire Department	Chief	931-583-2773
Pleasantville VFD	Chief	931-729-2036
Pinewood VFD		
USPS Post Master General	Post Master	931-729-2578

#### **IV) Providing for the Ill at Home Population**

Hickman County EMA will be the lead agency in directing and/or coordinating the preparation and delivery of meals with the assistance of the following volunteer organizations:

American Red Cross, Hickman County

Meals on Wheels

Alpha Baptist Organization (if available)

The ill at home population will be identified via the “flagging system” as directed by the Hickman Co. EMA and any hot-lines that are established. The Hickman County EMA will be responsible for identification of those requiring assistance and to coordinate resources for assistance.

The following resources and other sources as identified will be utilized:

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief (Alpha Baptist Organization), and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers including local volunteer fire departments to help deliver food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact Person(s)</b>	<b>Phone number</b>
American Red Cross Williamson County	Executive Director	931-663-5785
Helping Hands of Hickman Co.	Director	931-670-1008
Alpha Baptist	Contact	931-729-4571

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA

- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

### **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by the County Executive.

The county executive and city mayor will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Hickman County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact</b>	<b>Phone Number</b>
Hickman County Times	Editor	931-729-4283
WKNX-AM 1570	Program Director	931-729-5191
WNKX-FM 96.7	Program Director	931-729-5191

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media

- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health	Contact	(931) 729-3573
Hickman Community Hospital	Contact	(931) 729-1941
McDonald Funeral Home	Contact	(931) 729-3561

**Lawrence County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696 800-262-3300
TEMA Operations		
Homeland Security	Regional Contact	615-532-7825
TN Department of Health South Central Region	Emergency Response Coordinator Regional Health Officer Regional Director	931-380-2532, ext 185 931-380-2532, ext 146 931-380-2532, ext 128
Lawrence County Health Dept.	County Director	931-762-9406

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Lawrence County EMA	Director	(931) 762-4459
Sheriff’s Department	Sheriff	(931) 762-3626
Lawrenceburg Police	Chief	(931) 762-2276
Tennessee Highway Patrol	Troop A Contact Contact Contact	931-363-5434 931-766-1425 931-766-1425 931-766-1425
24/7 Headquarters	Captain	931-766-1432
Ethridge Police	Chief	(931) 486-2252, ext.234
St. Joseph Police	Chief	(931) 845-4141

Lawrenceburg Fire Department	Chief	(931) 762-9046
Lawrence Co. Fire and Rescue	Contact	(800) 490-8960
Lawrence County EMS	Director	(931) 762-3566
Chamber of Commerce	Director	(931) 762-4911
South Central Human Resources Agency	Contact	(931) 762-7863

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Crockett Hospital, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Crockett Hospital’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals, including Crockett Hospital, at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plan.

### **Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact</b>	<b>Phone number</b>
Crockett Hospital	CEO	931-762-6571
Crockett Hospital	CFO	931-766-3189
Crockett Hospital	CNO	931-766-3209
Crockett Hospital	Infection Control	931-766-3167
Crockett Hospital	Plant Ops	931-766-3286

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 6: Antivirals**

Antiviral to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 7: Community Interventions**

Columbia State Community College

Lawrenceburg Campus	(931) 766-1600
President	(931) 540-2510
Director of Nursing	(931) 540-1322
Tennessee Technology Center	(931) 766-1478

**I) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist’s recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Lawrence Co. Schools	Director of Schools	931-762-3581
County Government	County Executive	931-762-7700

**II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Lawrence County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held. Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Lawrence County Mayor. The Lawrence County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
Lawrence County Executive	931-762-7700
Lawrenceburg City Mayor	931-762-4459
Iron City Mayor	931-845-4078 931-845-4520
Ethridge City Mayor	931-829-2150
Loretto City Mayor	931-853-6797
St Joseph City Mayor	931-845-4141
EMA Director	931-762-4459
County Sheriff	931-762-3626

The South Central Regional Health Department along with the Lawrence County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are available).**

Lawrence Co. Ministerial Association	President	(931) 629-3516
Lawrence County Baptist Association	Director	(931) 862-2073

The SCRO will continue to develop the faith based organizations and maintain a listing of those

organizations and contact information.

### III) Identification/Tracking of at Home III

**Lawrence County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Lawrence County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**A phone number will be available to contact the Lawrence County EOC for other questions or needs.**

All Lawrence County Fire and Rescue Departments will be utilized to identify families requiring assistance.

The U.S. Postal Service route carriers may be utilized to assist in identify homes requiring assistance.

USPS Post Master – Lawrenceburg:

(931) 762-7535

#### IV) Providing for the Ill at Home Population:

##### Resources:

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief, and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers to help deliver food. Lawrence County Fire and Rescue will assist the Lawrence County EMA to coordinate the delivery of meals in their respective areas and as needed elsewhere

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact Person</b>	<b>Phone Number</b>
American Red Cross-Lawrence County	Chap. Exec. Chairman	931-762-1599 931-629-0942
Meals on Wheels	Director	931-762-7863

For Church Assistance	Contact	931-629-3516
God's Storehouse/Salvation Army	Director	931-762-2948
Centerstone Mental Health	Director	931-762-6505
Meals on Wheels	Director	931-762-1578
God's Store House/Salvation Army	Director	931-762-2948
South Central Human Resource Agency	Deputy Director	931-762-7863 931-433-7182, ext. 104
Retired Senior Citizens Vol. (RSVP)	Director	931-433-7182
Buffalo River Services	Director	931-762-3263
Lawrence Co. Family Resource Center	Contact	931-766-1584
Lawrence County Senior Citizens	Director	931-762-9259
Church Women United	Contact	931-762-7909
Lawrence Co. Ministerial Association	President	931-629-3516
Lawrence Co. Baptist Association	Contact	931-852-2073
All other volunteer organizations: Lawrence Co. Chamber of Commerce	Director	931-762-4911

## V) Communicating Social Distancing Policies

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic

influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8. Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

Lawrence County Executive

Lawrenceburg Mayor

Loretto Mayor

St. Joseph Mayor

Ethridge Mayor

Iron City Mayor

The county executive and city mayors will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Lawrence County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact</b>	<b>Phone Number</b>
The Lawrence County Advocate	Contact	931-762-1726
The Democrat Union	Editor	931-762-2222
WDXE	Program Director	931-762-4411
WWLX	Owner	931-762-6200

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where

checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

**The following agencies or organizations may assist with psychosocial support:**

Centerstone	Contact	(931) 762-6505
Lawrence County Ministerial Association	Contact	(931) 629-3516
Agape, Christian Counseling Service	Contact	(931) 762-8502
Douglas Mays, Psychological Examiner	Contact	(931) 762-1849
Turning Leaf Counseling & Education Service	Contact	(931) 766-1140

**Lewis County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696 800-262-3300
TEMA Operations		
Homeland Security	Regional Contact	615-532-7825
Regional Dept. of Economic and Community Development	Director	(931) 796-6012
TN Department of Health South Central Region	Emergency Response Coordinator	931-380-2532, ext 185
	Regional Health Officer	931-490-2532, ext 146
	Regional Director	931-490-2532, ext 128
Lewis County Health Department	County Director	931-796-2204

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Lewis County EMA	Director	(931) 796-3378
E-911 Board	Director	(931) 796-4025
Hohenwald Fire Department	Chief	(931) 796-2241
Sheriff’s Department	Sheriff	(931) 796-3018
Hohenwald Police	Chief	(931) 796-2231
Tennessee Highway Patrol	Troop D	(931) 796-5778
24/7 Headquarters	Captain	(931) 766-1432
Chamber of Commerce	Director	(931)796-4084
State Dept. of Human Services Region	Director	(931) 796-4971 (931) 766-1400

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Lewis County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC's Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses), in regional emergency departments (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals at least weekly or more frequently if necessary.

**Section 3: Laboratory**

Refer to Regional and State plans.



The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

Director of Schools	Contact	(931) 796-3264 work
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## **II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Lewis County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Lewis County Mayor. The Lewis County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.





White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**An alternate phone number will be established at the Lewis County 911 center for additional information.**

U.S. Postal Service route carriers will be utilized to identify homes requiring assistance.

USPS Post Master General – Hohenwald: (931) 796-5411

Emergency Response personnel (Firemen and Police officers) will be used as secondary resources for identifying families requiring assistance.

Ham radio operators will be used to supplement the gathering and forwarding of information to the appropriate authorities.

Mark McDougal (931) 796-7224

TN Technical Center (931) 796-5351

#### **IV) Providing for the Ill at Home Population**

**Resources:**

Buffalo Valley

(931) 796-4256

- 15-20 F endorsed drivers
- 75 beds
- 1 nurse
- nursing assistants
- kitchen

1. Preparation of Meals:

Meals on Wheels – Senior Citizens Center (operates through South Central Human Resource Agency – Fayetteville) Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already

utilizing their services:

- o Main Contact (931) 796-5556
- o Contact 1-800-221-2642 or 931-433-7182

- Schools and cafeteria
- Lewis County Manor cafeteria
- Buffalo Valley cafeteria
- Large local churches

2. Distribution of Meals:  
School Buses

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact</b>	<b>Phone number</b>
Mid South Mediation	Contact	(931) 796-0485
Lewis Co. Food & Clothing Bank	Director	(931) 796-2588
South Central Neighborhood Services (assist with Meals on Wheels)	Director Director	(931) 796-4825
American Red Cross Maury County	Director	(931) 388-3560
Jaycees	President	(931) 796-5848

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.

- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

### **Section 8. Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by the County Mayor and City of City of Hohenwald Mayor.

The county and city mayors will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Lewis County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>		<b>Phone Number</b>
Lewis County Herald	Contact	(931) 796-3191
WMLR -Radio	Contact	(931) 796-5967

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media

- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health	Contact	(931) 796-5916
Local ministers		
School Counselors		

Lincoln County Annex:

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

Core plan: Support Agencies

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696 800-262-3300
TEMA Operations		
Homeland Security	Regional Contact	615-532-7825
UT	Contact	931-433-1582
Extension Service		
TN Department of Health South Central	Emergency Response Coordinator Regional Health Officer Regional Director	931-380-2532, ext 185 931-490-2532, ext 146 931-490-2532, ext 128
Lincoln Co. Health Department	County Director	931-433-3231, ext. 106

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Lincoln County EMA	Director	931-438-1575
Lincoln County Fire & Rescue	Director	931-438-1575
Lincoln County E-911	Director	931-433-4522
Lincoln County EMS	Director	931-438-7408 931-438-7434
Tennessee Highway Patrol	Troop B	931-680-2574
Tennessee Highway Patrol 24/7	Captain, Troop B	931-766-1432
Fayetteville Police	Chief	931-433-4522
Sheriff’s Department	Sheriff	931-433-9821
Fayetteville Fire Department	Chief	931-433-6563
Economic Development	Director	931-433-0607

Dept. of Human Services Region	District Director Office Supervisor	931-438-1925 931-438-1925 ext. 103
TN Dept. of Labor and Workforce	Director	931-438-1935
Chamber of Commerce	Director	931-433-1234
Centerstone / Highland Rim Mental Health	Office Manager	931-433-6456
Patrick Rehab Wellness Center	Director	931-433-0273
Good Samaritan	Contact	931-433-0260
Childcare Resource & Referral	Contact	931-438-2322
Child Development Center	Contact	931-438-0337
Family Resource Center	Contact	931-433-6050

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Lincoln County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Lincoln Health System’s

emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals, including Lincoln Health System, at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plans.

### **Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact Person</b>	<b>Work number</b>
Lincoln County Health System	CEO	931-438-7470
Lincoln County Health System	Infect Control	931-438-7464
Lincoln County Health System	ER Director	931-438-7538
Lincoln County Health System	Dir. Of Nursing	931-438-7469
Lincoln County EMS	Director	931-438-7408

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

Lincoln County Fire & Rescue may assist with ambulance service (drivers) as available and needed.

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## **Section 6: Antivirals**

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## **Section 7: Community Interventions**

This section provides county-specific information which includes major county industry or higher education institutions, any necessary county-specific information for outbreak or suspect case reporting and response. If county, rather than regional, officials will be responsible for implementation of the following community interventions, the county procedures, roles, and responsibilities are described below.

<b>System</b>	<b>Title</b>	<b>Work Phone</b>
Motlow State Community	President	931-393-1500
College		931-438-0028

### **I) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Work Phone</b>
Lincoln County Board of Education	Superintendent	931-433-3565
	Chairman of School Board	931-433-1282
Fayetteville City Schools	Director	931-433-5542
	Assistant. Director	931-433-5542
Riverside Christian Academy*	Director	931-438-4722

\* will follow lead of county school closings

## II) Discretionary Gatherings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Lincoln County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Lincoln County Mayor. The Lincoln County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
Lincoln County Executive	931-433-3045
Fayetteville City Mayor	931-433-7182 X109
Fayetteville City Administrator	931-433-6154
Petersburg Mayor	931-659-9826
Ardmore Mayor	931-427-2124



**\* use Federal guidelines for body disposal**

Identification of families needing assistance will be designated in the following order:

- 1) Lincoln County Fire and Rescue
- 2) Local volunteers
- 3) United States Postal Service

**An alternate phone number will be established at the Lincoln County 911 center for additional information.**

**IV) Providing for the Ill at Home Population:**

**Resources:**

1. Preparation of Meals:

South Central Human Resource Agency will be the lead agency in preparation of meals. Churches with industrial kitchens, local churches currently involved in disaster relief, school cafeterias along with the cafeteria workers will be utilized as much as possible. The Livestock Association will be enlisted to assist in food preparation

Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Meals on Wheels  
Senior Citizens Public Transportation  
Lincoln County School Buses  
Foster Grandparents  
Family Community Education (UT Extension. Service)

3. Distribution of Pharmaceuticals:

Drug Stores that have delivery services  
City and County Public Works

Lincoln County Volunteer Fire Department

Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>	<b>Contact</b>	<b>Phone number</b>
American Red Cross	Director	931-433-5561
Salvation Army	Director	931-438-7170
		931-433-0675
Human Resource Agency Meals on Wheels	Contacts	931-433-7182
		931-433-7182
Retired Senior Citizens Volunteers	Contacts	931-433-7182 X130
Teacher’s Association	Contact	931-425-6141
Kiwanis Club	President	931-433-1585
Lion’s Club	President	N/A
Rotary Club	President	931-433-2332
Senior Citizens	Director	931-433-7271
Elks	Contact	931-438-4898
VFW	Contact	931-433-3784
Livestock Association	Contact	931-659-9217

The following information describes how the social distancing policies will be communicated in the county to affected businesses and the community.

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers

- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8. Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

Lincoln County Executive

Fayetteville City Mayor

If unavailable, communications will be given by Financial Director or the Fayetteville City Administrator.

The county executive and city mayor will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Lincoln County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

The Lincoln County Emergency Management Agency will furnish mobile communications to volunteer agencies for deliveries.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact Name</b>	<b>Phone Number</b>
The Elk Valley Times	Editor	931-433-6151
WYTM-FM	Program Director	931-433-1531
WEKR	Program Director	931-433-3545
Fayetteville Public Utilities	Manager	931-212-1063

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

**The following agencies or organizations may assist with psychosocial support:**

Centerstone / Highland Rim Mental Health	Contact	(931) 433-6456
Ministerial Association	Contact	(931) 433-7187
Hospital Behavioral Services	Contact	(931) 438-4624
School Counselors	Contact	(931) 433-3565
School Counselors	Contact	(931) 433-5542

**Marshall County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001
TEMA Operations		931-741-7696
		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Dept. of Health	Emergency Response Coordinator	931-380-2532, ext 185
South Central Region	Regional Health Officer	931-490-2532, ext 146
	Regional Director	931-490-2532, ext 128
Marshall County	County Director	931-359-1551
Health Department		

**County Support Agencies:**

<b>Agency</b>	<b>Title</b>	<b>Work Phone</b>
Marshall County EMA	Director /Designee	931-359-5810
E-911 Board	Committee/Designee	931-359-4044
Tennessee Highway	Troop C	931-359-3191
Patrol	Captain	931-766-1432
24/7 Headquarters		
Lewisburg Police	Chief /Designee	931-359-4044
Lewisburg Fire	Chief /Designee	931-359-4544
Sheriff’s Department	Sheriff /Designee	931-359-6122
Rescue Squad	Committee/Designee	931-359-5810
Chamber of Commerce	Designee	931-359-3863

Operational sections: County

## **Section 1: Continuity of Operations**

Refer to Regional plan.

## **Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Marshall County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC's Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Marshall Medical Center's emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region's hospitals, including Marshall Medical Center, at least weekly or more frequently if necessary.

## **Section 3: Laboratory**

Refer to Regional and State plans.

## Section 4: Healthcare Planning

Facility Name	Contact Title	Phone number
Marshall Medical Center*	CEO /Designee	931-359-6241
Marshall Co EMS	Director /Designee	931-359-6394

\* 23 patient ready beds                      3 sleep Lab Beds                      1 spare bed  
2 patient ready cribs                          1 spare crib  
45 total capacity                              38 overnight capacity                      3 negative pressure rooms  
3 ventilators

The Tennessee Technology Center has LPN students to assist with healthcare if available.

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

## Section 5: Vaccine

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 6: Antivirals

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 7: Community Interventions

### I) School Closings

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions

should be initiated and lifted based upon State Epidemiologist’s recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

In the event that it becomes necessary to close schools the following officials shall make the determination:

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Marshall Co. Schools	Superintendent	931-359-1581
Marshall Co. Schools	Assistant Direct of Schools	931-359-1581

## **II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Marshall County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Marshall County





White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

Local CERT Teams as well as local and volunteer fire departments will be utilized to identify families requesting assistance.

Information will be placed in the Marshall County Shopper when available.

**An alternate phone number will be established at the Marshall County 911 center for additional information.**

#### **IV) Providing for the Ill at Home Population:**

##### **Resources:**

1. Preparation of Meals:
  - Meals on Wheels (consultant role in providing information regarding quantities of food, plates, etc. needed for a known population)
  - School kitchens and personnel
  - Large local churches ( with adequate cooking facilities)
  
2. Distribution of Meals:
  - CERT Teams
  - Volunteer Fire Departments
  - Red Cross
  - Salvation Army
  - Local civic organizations
  - Marshall County Transportation (Senior Citizens)
  - volunteers from local businesses
  
3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis.  
Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger,

etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

**VOAD (Volunteer Organizations Active in Disaster) areas of responsibility and coordination.**

The following volunteer organizations will be enlisted to assist in areas of their expertise:

*Crisis Intervention Team – NOVA Trained*

*Contact via Marshall Co. EMA*

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer/Civic Organization</b>		<b>Phone Number</b>	<b>Cell Number</b>	<b>Night Number</b>
First Baptist Church	Contact	931-359-6112	931-993-7998	931-964-2903
East Commerce Baptist Church	Contact	931-359-6112	931-993-7998	931-964-2903
Jolts Corner Baptist Church	Contact	931-359-6112	931-993-7998	931-964-2903
Ellington Pkwy Church of God	Contact	931-359-6112	931-993-7998	931-964-2903
American Red Cross	Contact	931-359-1211		
Salvation Army	Contact	931-270-1006		

**V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The

Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8. Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

- The County Mayor (PIO) at designated times or as needed to disseminate information when available and or appropriate.
- Second in command will be the Chairman of the County Commission.
- U.S. Postal Service route carriers will be utilized along with local media to distribute informational pamphlets as available.

### **Media notification contacts are listed below:**

<b>Media Outlet</b>	<b>Contact Title</b>	<b>Phone Number</b>
Lewisburg Tribune	Editor	931-359-1188
Marshall County Gazette	Contact	931-359-1188
Marshall County Shopper	Contact	931-359-1188
El Paisano Hispanic – Marshall/Bedford County	Contact	931-409-0786
WJJM-FM 94.5	Program Director	931-359-4511
WAXO	Program Director	931-359-6641

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media

- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health	Contact	(931) 359-5802
Ministerial Association	Contact	(931) 359-6445
School counselors	Contact	(931) 359-1581

**Maury County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001 931-741-7696
TEMA Operations		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health South Central Region	Emergency Response Coordinator Regional Health Officer Regional Director	931-380-2532, ext 185 931-490-2532, ext 146 931-490-2532, ext 128
Maury Co. Health Dept.	County Director	931-388-5757, ext. 220

**County Support Agencies:**

<b>Agency</b>	<b>Contact</b>	<b>Work Phone</b>
Maury County EMA	Director	931-375-1010
Maury County E-911	Director	931-381-3190
Sheriff’s Department	Sheriff	931-380-5733
Columbia Police	Chief	931-380-2720
Spring Hill Police	Chief	931-486-2252, ext.234
Mt. Pleasant Police	Chief	931-379-3201
Columbia Fire Department	Chief	931-380-2728
Tennessee Highway Patrol	Troop C	931-380-5961 931-380-5961 931-766-1462 931-766-1425

24/7 Headquarters	Captain	931-380-5961 931-766-1432
Spring Hill Emergency Communications	Contact	931-486-3269
Spring Hill Fire Department	Chief	931-486-2808
Chamber of Commerce Maury Alliance	Director	(931) 388-2155
South Central Human Resources Agency	Director	(931) 388-9595 (800) 288-2462

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Maury County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Maury Regional Hospital’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at

retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region’s hospitals, including Maury Regional Hospital, at least weekly or more frequently if necessary.

**Section 3: Laboratory**

Refer to Regional and State plan.

**Section 4: Healthcare Planning**

<b>Facility Name</b>	<b>Contact Person</b>	<b>Phone number</b>
Maury Regional Hospital	CEO	(931) 381-1111
	Environmental Services	(931) 380-4049
	Infection Control	(931) 840-4475
Maury Regional EMS	Director	(931) 388-1433

<b>Maury Regional Hospital</b>	<b>Current (Beds)</b>	<b>Surge (headwalls)</b>
Adult Inpatient	199	218
Critical Care	24	24
Pediatrics	17	18
Skilled Nursing Unit (SNU)	19	20
<b>Total</b>	<b>259</b>	<b>280</b>
Same Day Surgery (SDS)	41*	41*
* 33 stretchers and 8 beds		

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

**Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 6: Antivirals

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 7: Community Interventions

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Columbia State Community College	President	(931) 540-2510
	Director of Nursing	(931) 540-1322

### I) School Closings

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Maury County Schools	Director of Schools	(931) 388-8403
	Assistant Direct of Schools	ext. 103
Maury County Schools	Director- Transportation/Safety	(931) 388-8403 ext. 120

## II) Discretionary Gatherings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Maury County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held (e.g., Mule Day).

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Maury County Mayor. The Maury County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
Maury County Mayor	(931) 375-1001
City Mayor – Columbia	(931) 381-3833
City Mayor – Mt. Pleasant	(931) 379-7717
City Mayor – Spring Hill	(931) 486-2252, ext. 215
EMA Director	(931) 375-1010

The South Central Regional Health Department along with the Maury County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are available).**

Maury County Ministerial Society

President

(931) 388-2135

The SCRO will continue to develop the faith based organizations and maintain a listing of those organizations and contact information.

### III) Identification/Tracking of at Home III

**Maury County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Maury County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**A phone number will be available to contact the Maury County EOC for other questions or needs.**

Maury County Fire and Rescue Units will be utilized in their geographic areas to identify and report number of individuals/families requesting assistance.

The U.S. Postal Service route carriers will be may be utilized to identify homes requiring assistance.

USPS Post Master – Columbia

Contact

(931) 729-2578

#### IV) Providing for the Ill at Home Population

**Resources:**

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief, and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services.

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers including local volunteer fire departments to help deliver food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Organizations to assist in preparation and delivery of meals:

American Red Cross	Director	(931) 388-3500
Meals on Wheels	Director	(931) 388-9595
For Church Assistance	Contact	(931) 388-2135

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed

<b>Volunteer/Civic Organization</b>	<b>Contacts</b>	<b>Phone number</b>
Centerstone	Director	(931) 490-1400
Good Samaritan/Family Center	Director	(931) 388-3840
Meals on Wheels	Director	(931) 388-9595
Retired Senior Citizens Volunteers (RSVP)	Director	(931) 433-7182
Good Samaritan The Family Center	Contact	(931) 388-3840
South Central Human Resource Agency	Deputy Director (Meals on Wheels)	(931) 433-7182 Ext.104
Columbia CARES	Director	(931) 381-3833
Salvation Army	Contact	
Maury Co. Ham Radio Club	Emergency Coordinator	(931) 381-7893
Lions Club	President	(931) 388-6258
Other volunteer organizations	Maury Alliance	(931) 388-2155

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options

- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

County Executive  
Columbia Mayor  
Mt. Pleasant Mayor  
Spring Hill Mayor

The county executive and city mayors will give updates once a day utilizing the local radio stations to inform Maury County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

The county executive and city mayors will give daily briefings/updates at different times from the city hall and/or the EOC, regarding relief efforts, utilizing the local radio stations to inform Maury County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Media notification contacts are listed below:

<b>Media Outlet</b>	<b>Contact Name</b>	<b>Phone Number</b>
Charter Communications Channel 6	Manager	(931) 215-9852
The Daily Herald	Editor	(931) 388-6464
WKRM & WKOM	Program Manager	(931) 388-3636
WMCP	Program Manager	(931) 388-3241
WMRB	Program Manager	(931) 381-7100
WXRQ	Program Manager	(931) 379-3119
Maury Co. Ham Radio Club	Coordinator	(931) 381-7893

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure

consistent messaging

-Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employee's children only, Police Dept. employee's children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health	Contact	(931) 490-1400
Life Care Center of Columbia	Contact	(931) 388-5035
Maury County Ministerial Assoc.	Contact	(931) 388-2135

**Moore County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA	Middle Tennessee Director	615-741-0001
TEMA Operations		615-741-7696
		800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health	Emergency Response Coordinator	931-380-2532, ext 185
South Central Region	Regional Health Officer	931-380-2532, ext 146
	Regional Director	931-380-2532, ext 128
Moore County Health Dept.	County Director	931-759-4251

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Metro-Moore County EMA	Director	931-759-5786
Metro-Moore County E-911	Director	931-967-4380
Tennessee Highway Patrol	Troop B	931-680-2574
	Contact	931-433-2179
Tennessee Highway Patrol 24/7	Captain Troop B	931-766-1432
Metro-Moore Co. Sheriff	Sheriff	931-759-7323
		931-759-6389
Metro-Moore Co. EMS	Director	931-759-7260

Metro-Moore Co. VFD	Chief	931-759-7270
Chamber of Commerce	Director	931-759-4111

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Moore County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in regional emergency departments (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the region’s hospitals at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plans.

### **Section 4: Healthcare Planning**

The following healthcare establishments will provide services as available.

<b>Facility Name</b>	<b>Contact Name</b>	<b>Phone</b>
Lynchburg Medical Clinic	Physician Physician Assistant	931-759-4197
Lynchburg Family Medicine	Physician Assistant	931-759-5044
Lynchburg Nursing Home	Administrator	931-759-6000

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

The following healthcare facilities in the surrounding counties may be utilized if beds are available:

<b>Facility Name</b>	<b>Contact Name</b>	<b>Phone</b>
Harton Reg Med Center	CEO	931-393-3000
Bedford Med Center	CEO	931-685-5433
Lincoln Med Center	CEO	931-438-1100
United Regional Med Center	CEO	931-728-3586
Med Center - Manchester	CEO	931-461-3355
Southern TN Med Center	CEO	931-967-8260

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 6: Antivirals

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

## Section 7: Community Interventions

Jack Daniels Distillery	Contact	(931) 759-6153
Motlow State Community College	President	(931) 759-1500

### D) School Closings

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

In the event that it becomes necessary to close schools the following officials shall make the determination:

System	Title	Phone Number
Metro-Moore Co. Schools	Superintendent	931-759-7303
Metro-Moore County	County Mayor	931-759-7076

## **II) Discretionary Gatherings**

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Metro-Moore County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Metro-Moore County Mayor. The Metro-Moore County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

The South Central Regional Health Department along with the Metro-Moore County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are available).**

Churches with kitchen facilities

Masonic Lodge

## **III) Identification/Tracking of at Home Ill**

**Metro-Moore County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Metro-Moore County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\* use Federal guidelines for body disposal**

**An alternate phone number will be established at the Metro-Moore County 911 center for additional information.**

The utilities workforce (secondary assistance from the Metro-Moore County Sheriff Department and the Metro-Moore County VFD) will be the primary means for identifying homes requiring assistance and reporting those numbers to the Metro-Moore County Mayor.

Metro Utilities Department

Duck River Electric

Metro-Moore Co. Sheriff Department

Metro-Moore VFD Members

U.S. Postal Service route carriers will be utilized, whenever possible, to identify homes requiring assistance.

USPS Post Master General – Lynchburg:

Contact

(931) 759-7818

#### **IV) Providing for the Ill at Home Population**

**Resources:**

1. Preparation of Meals:

Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

The Salvation Army and the American Red Cross will assist in delivery of food to the homebound.\*

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of location non-health care volunteers via the volunteer database

**\* households should have seven (7) days of food/water stored**

<b>Volunteer Organizations</b>	<b>Contact</b>	<b>Phone number</b>
Salvation Army	Contact	931-759-7483
American Red Cross-Coffee Co.	Director	931-455-2501

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.

- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8. Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by the Metro-Moore County Mayor.

The Metro-Moore County Mayor will give daily briefings/updates utilizing the surrounding media and rural mail carriers via newsletters/bulletins to inform Moore County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

Media notification contacts are listed below:

Moore County News

Contact

(931) 759-7302

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employees' children only, Police Dept. employees' children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health Tullahoma, TN 37388      Contact      (931) 393-3255  
Local ministers  
School Counselors

**Perry County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA TEMA Operations	Middle Tennessee Director	615-741-0001 615-741-7696 800-262-3300
Homeland Security	Regional Contact	931-840-4134 931-698-6567
TN Department of Health South Central Region  Perry Co. Department of Health	Emergency Response Coordinator Regional Health Officer Regional Director County Director	931-380-2532, ext 185 931-490-2532, ext 146 931-490-2532, ext 128 931-589-2138

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
Perry County EMA	Director	931-589-6821
Perry County E-911	Director Assistant Director	931-589-3911 931-589-6899
Tennessee Highway Patrol (24/7 Headquarters)	Troop D Troop D Captain	931-796-5778 931-766-1432
Sheriff’s Department	Sheriff	931-589-8803
Linden Police Department	Chief Deputy	931-589-3488

Linden Fire Department	Chief	931-589-6821
Lobelville Fire Department	Chief	931-593-2285
Cedar Creek VFD	Chief	931-589-6865
Flatwoods VFD	Chief	931-589-2664
Pineview VFD	Chief	931-589-2736
Pope VFD	Chief	931-589-2143
Perry County Chamber of Commerce	Director	931-589-2453
South Central Human Resource Agency (Meals on Wheels)	Director	931-589-2130 931-589-5111

Operational sections: County

**Section 1: Continuity of Operations**

Refer to Regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Perry County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC’s Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Perry Community Hospital’s emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the Perry Community Hospital at least weekly or more frequently if necessary.

### **Section 3: Laboratory**

Refer to Regional and State plans.

### **Section 4: Healthcare Planning**

<b>Facility</b>	<b>Title</b>	<b>Phone Number</b>
Perry Community Hospital	CEO	(931) 589-2121
Lobelville Clinic	Doctor	(931) 593-2277
EMS – ASI Ambulance Service	ASI Director	(931) 589-2424 (931) 589-5613

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.



## II) Discretionary Gatherings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Perry County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Perry County Mayor. The Perry County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

<b>Title</b>	<b>Phone Number</b>
County Mayor	(931) 589-2216
Commissioner Pro Tiem	(931) 593-2766
City Mayor of Linden	(931) 589-2736
City of Lobelville	(931) 593-2285

The South Central Regional Health Department along with the Perry County EMA will maintain a listing of all discretionary meetings of >10,000 and contact information.

**Faith based organizations may assist with communicating discretionary public gathering closures to their congregations and any psycho-social issues that arise. Access to church facilities for meal preparation by the congregation or other volunteers may be addressed at this time (if kitchens are available).**

See Perry County website [perrycountytennessee.com](http://perrycountytennessee.com) under Relocating, Churches & Worship, for entire listing of churches

### III) Identification/Tracking of at Home III

**Perry County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Perry County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on “flagging” notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The “flagging” can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.



White Flagging: aware of pandemic and no assistance requested at this time



Red Flagging: immediate assistance requested



Yellow Flagging: sick individuals in the household (post number of flags to equal number of sick in household)



Black Flagging: mortuary assistance requested\* (post number of flags to equal number of deaths in household)

**\*use Federal guidelines for body disposal**

**County Coroner**

**Contact**

**(931) 589-2222**

Funeral Homes:

Young’s – Linden

McDonald’s – Lobelville & Linden

Fire Departments in each area will be utilized to identify families requesting assistance.

Utility meter readers and the USPS will be utilized as needed.

**An alternate phone number will be established at the Perry County 911 center for additional information.**

#### IV) Providing for the Ill at Home Population

##### Resources:

1. Preparation of Meals:

Churches with industrial kitchens, local churches currently involved in disaster relief, and school cafeterias. Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

2. Distribution of Meals:

Use of school buses, bus drivers, and other volunteers including local volunteer fire departments and public transportation to help deliver food

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organization members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Public Transportation

Contact

(931) 589-5111

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Volunteer Organizations</b>	<b>Contact Person(s)</b>	<b>Phone number</b>
South Central Human Resource Agency – Meals on Wheels	Director	(931) 589-5111

Helping Hands	First Baptist Church	(931) 589-2227
Shriner's	Contact	(931) 589-5317
VFD	See above list	
EMS	Contact	(931) 589 2424
Home Health		

Teachers may be utilized in various areas to assist in organization of duties, assist with day care for public service individuals, and other duties as identified by Perry County EMA or their designee.

## V) Communicating Social Distancing Policies

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as "social distancing". Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- o Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and

alternate work site options

- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.
- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

## **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

County Mayor and City Mayors

The county and city mayors will give daily briefings/updates, regarding relief efforts, at different times from the city hall and/or the EOC utilizing the local radio stations to inform Perry County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

**Media notification contacts are listed below:**

Buffalo River Review	Contact	(931) 589-2169
KIX 96 & 96.7 (coverage in Perry County)	Contact	(931) 729-5191

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
- Dissemination of printed and web-based information in multiple languages
- Frequent use of radio and print media
- The SCRO will be responsible for coordinating with other health care providers and care-givers to ensure consistent messaging
- Implementation of a public information call center

## **Section 9: Workforce and Psychosocial Support**

The South Central Regional Office and the county health department will provide pandemic influenza education thru presentations to civic groups, community and business leaders, community clubs and other groups as identified. Leaders will be informed of education websites such as PandemicFlu.gov where checklist can be found to assist in pan flu preparedness activities.

It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employee's children only, Police Dept. employee's children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

School Counselors

Local ministers

(see Perry County website [perrycountytennessee.com](http://perrycountytennessee.com) under Relocating, Churches & Worship, for entire listing of churches)

**Wayne County Annex:**

This annex is formulated for the response in the event of a pandemic outbreak. The following sections will address the specifics of the county’s response to such an event.

**Core plan: Support Agencies**

**Regional & State Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work Phone</b>
TEMA TEMA Operations	Middle Tennessee Director	615-741-0001 615-741-7696 800-262-3300
Homeland Security	Regional Contact	615-532-7825
TN Department of Health South Central Region	Emergency Response Coordinator Regional Health Officer Regional Director	931-380-2532, ext 185 931-490-2532, ext 146 931-490-2532, ext 128
Wayne County Health Department	County Director	931-722-3292

**County Support Agencies:**

<b>Agency</b>	<b>Contact Name</b>	<b>Work phone</b>
Wayne County EMA	Director	931-724-9174
E-911 Board	Director	931-722-7911
Tennessee Highway Patrol	Troop A Contact	931-636-5734
Tennessee Highway Patrol	Troop A Contact	931-722-9057
Tennessee Highway Patrol 24/7	Troop A Captain	931-766-1432

Sheriff's Department	Sheriff	931-722-3613
Waynesboro Police	Chief	931-722-5458
Fire & Rescue (county wide)	Chief	931-724-9174
Chamber of Commerce	Director	931-724-4337
Wayne County News	Editor	931-722-5429
American Red Cross	Contact	931-722-5401

**Operational sections: County**

**Section 1: Continuity of Operations**

Refer to regional plan.

**Section 2: Disease Surveillance**

The purpose of this section is to describe regional, including Wayne County, surveillance sources.

Public health surveillance is the ongoing, systematic collection, analysis, interpretation, and dissemination of data about a health-related event for use in public health action to reduce morbidity and mortality and to improve health. Surveillance serves numerous functions including supporting case detection and public health interventions, estimating the impact of a disease or injury, determining the distribution and spread of illness, evaluating prevention and control measures, facilitating planning, and identifying an increase in frequency of disease above the background occurrence of the disease.

The South Central Region uses CDC's Early Aberration Reporting System (EARS) as a syndromic surveillance system to identify the early stages of an outbreak. The regional epidemiologist monitors disease indicators (patient chief complaints and discharge diagnoses) in Wayne Medical Center's emergency department (near real-time) to detect outbreaks of diseases earlier and more completely than

might otherwise be possible with traditional public health methods (e.g., by reportable disease surveillance and telephone consultation).

The regional epidemiologist also monitors sales of over-the-counter (OTC) healthcare products sold at retail pharmacy, grocery, and mass merchandise operations in eight of twelve SCR counties. The OTC sales data are downloaded (near real-time) from the Real-Time Outbreak and Disease Surveillance (RODS) website: <https://www.rods.pitt.edu/rods/>. The OTC data are analyzed using the EARS statistical program. EARS syndromic surveillance reports and RODS reports are sent to healthcare staff at the Wayne Medical Center at least weekly or more frequently if necessary.

### Section 3 Laboratory

Refer to Regional and State plans.

### Section 4: Healthcare Planning

<b>Facility Name</b>	<b>Contact Person</b>	<b>Phone number</b>
Wayne Medical Center	CEO	931-722-5411
Wayne County EMS*	Director	931-722-2055
Wayne Care Nursing Home**	Administrator	931-722-5832
Wayne County Nursing Home**	Administrator	931-722-3641
TN Quality Home Health	Director	931- 722-2785 931-722-7399
Deaconess Home Health	Contact	931-722-3624
Volunteer Home Health	Director	931-722-6832 931-722-9601

**\*Wayne Co. EMS to triage in “field” if necessary**

**\*\*May be used as acute care facilities if required**

Tennessee Technology Center in Hohenwald has a LPN class that rotates through Wayne Medical Center. Students located in Wayne Co may be utilized to assist with care at nursing facilities as directed by Wayne County EMA.

The South Central Regional Health Department will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database.

### **Section 5: Vaccine**

Vaccine to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 6: Antivirals**

Antivirals to be administered per the South Central Region Pandemic Influenza Plan guidelines.

### **Section 7: Community Interventions**

Columbia State Community College, Clifton	Contact	(931) 676-6966
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### **D) School Closings**

Interventions in schools are designed to minimize transmission of pandemic influenza virus among school children in aggregate settings. School closures will help minimize morbidity and mortality among school children and their household contacts.

The Commissioner of Health, or designee, is responsible for determining when school interventions should be initiated and lifted based upon State Epidemiologist's recommendations using the best available epidemiologic information on pandemic disease severity and spread. The Commissioner of Education is responsible for implementing necessary interventions, up to and including closure of public and private preK-12 schools in affected areas for the duration of the pandemic wave in those areas. If the TDH does not require school closure, the Department of Education or a private school may still choose to close local schools for absenteeism or other reasons (refer to Section 7, Supplement 3, of the Tennessee Department of Health Pandemic Influenza Response Plan).

The following individuals will be responsible for the implementation of school closures if deemed necessary.

In the event that it becomes necessary to close schools the following officials shall make the determination:

<b>System</b>	<b>Title</b>	<b>Phone Number</b>
Wayne County Schools	Superintendent	931-722-3548
Wayne County Schools	Assistant Superintendent	
Wayne County Mayor	County Mayor	931-722-3656

## II) Discretionary Meetings

Discretionary public gatherings of >100 persons may be included for cancellation during a pandemic wave in the county or if noted in a neighboring county. The Wayne County Mayor or designee will contact county and city officials and they shall communicate the closure to the public utilizing public media.

Very large discretionary public gatherings of >10,000 persons may be subject to cancellation during a pandemic, even in the absence of disease activity in the county where the event is held.

Such cancellations will be ordered by the Commissioner of Health or his/her designee (e.g., the Regional Health Officer), upon consultation with the Governor, on a case-by-case basis in light of the pandemic conditions at the time.

In the event that it becomes necessary to close discretionary meetings by the Regional Health Officer (using criteria established by the Commissioner of Health at the time), he will notify the Wayne County Mayor. The Wayne County Mayor or designee will contact the following officials and they shall communicate the closure to the public utilizing public media.

In the event that it becomes necessary to close discretionary meetings the county mayor along with city officials shall make the determination:





Yellow Flagging: sick individuals within the household



Black Flagging: mortuary assistance requested\*

**\* use Federal guidelines for body disposal**

Volunteer Fire Department individuals will be used to help identify and assist families in their communities and report total numbers to the county mayor's office on a daily basis.

**A phone number will be available to contact the Wayne County EOC for other questions or needs.**

#### **IV) Providing the for Ill at Home Population:**

**Wayne County EMA will be the lead agency and liaison in directing, delegating and/or coordinating all relief efforts.**

Wayne County EMA, in conjunction with county and city officials, will communicate to its citizens utilizing local media outlets how to obtain information regarding pandemic influenza updates, how to contact county officials regarding needs, any informational hot lines established, and information on "flagging" notification including what it means, how flagging is to be displayed, what flagging colors identify.

Colored flagging will be utilized to identify families requiring assistance for nutritional, medical or mortuary needs. The "flagging" can be any material that can be displayed outside the dwelling or hung on the mailbox and does not refer to an actual flag.

The Wayne County Volunteer Fire Departments and other manpower resources will be utilized in the identification of the ill and those requiring assistance.

#### **Resources:**

1. Meal Preparation:

School cafeterias (if available)

Community Church kitchens

Indian Creek Baptist Associates

Contact

931-722-5959

Shawnaee Methodist

Contact

931-724-4416

2. Delivery of Meals:

Meals on Wheels – South Central Human Resource Center, Hohenwald

Meals on Wheels personnel can be utilized in a consultant role in providing information regarding quantities of food, plates, etc. needed for a known population. Meals on Wheels will continue to provide care for those already utilizing their services

- School buses (if available)
- Public Transportation vans

3. Distribution of Pharmaceuticals:

Distribution of pharmaceuticals will be addressed on a pharmacy by pharmacy basis. Discussions with “chain” pharmacies such as Eckerd, Wal-Mart, Walgreens, Kroger, etc. to identify alternate delivery methods such as:

- USPS delivery
- Private carrier with permission from clients, including civic organizational members

4. Home Care:

Home care will be provided utilizing home health nurses, EMS, retired physicians, nurses, travel nurses, and school nurses. The Department of Health will play a role in identifying and emergency credentialing of volunteer health care workers and in the coordination of locating non-health care volunteers via the volunteer database

Volunteer organizations will be enlisted to assist in areas where additional manpower is needed.

<b>Agency</b>	<b>Contact</b>	<b>Phone number</b>
American Legion	Contact	931-722-2398
Wayne County Help Center	Contact	931-722-7353
American Red Cross	Contact	931-722-5401

## **V) Communicating Social Distancing Policies**

The Commissioner of Health is authorized to issue the emergency rules and regulations he or she deems necessary to protect the public and control the spread of an epidemic disease in the state. The Commissioner, upon consultation with the Governor, may issue emergency rules once a pandemic is imminent establishing the terms and conditions for mandatory suspension of discretionary public gatherings.

In addition to the emergency rule-making procedures, executive orders from the Governor during a state of emergency may be used to authorize such measures. Additional information may be found in the State Pandemic Influenza Plan, Section 7, Supplement 1.

The Regional Health Officer, or designee, will communicate with elected officials regarding implementation of social distancing strategies that are commensurate with the severity of illness and societal impact of the pandemic.

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies known collectively as “social distancing”. Social distancing involves a range of policies designed to prevent opportunities for the virus to spread in crowded settings where ill and well people mingle.

The following are examples of social distancing measures:

- Encourage government agencies and the private sector to implement emergency staffing plans to maintain critical business functions while maximizing the use of telecommuting, flex schedules, and alternate work site options
- Suspend public events where large numbers (>10,000) of people congregate including sporting events, concerts, and parades. A specific event list will be maintained by the county EMA and at the South Central office.
- Close public and private schools, and large (>12 children) child care centers
- Limit social interaction at educational facilities. List of these institutions will be kept at the South Central office and at the county EMA.

- Close churches, theaters, community centers, and other places where large groups gather
- Suspend government functions not involved in pandemic response or maintaining critical continuity functions

The Regional Health Officer, or designee, will monitor the effectiveness of social distancing strategies in controlling the spread of disease and will communicate with state health officials when normal activities may return to normal.

### **Section 8: Communication**

Communications concerning release of regional Pandemic influenza information will be handled and/or coordinated by the Tennessee Department of Health - South Central Region Public Information Officer.

Communications at the local level will be provided by:

Wayne County Executive and city mayors/managers

The county executive and city mayors/managers will give daily briefings/updates, regarding relief efforts, at different times from the city hall and/or the EOC utilizing the local radio stations to inform Wayne County residents of the current status of the pandemic, what has been accomplished over the preceding hours of operation, and impending/planned operations or directives throughout the county.

Radio	WWON-AM 930	Contact	931-722-3631
Radio	94.9 Florence, Al	Contact	256-760-9449 / 256-718-2322 931-724-2431 / 931-724-6194 home
Newspaper	Wayne County News	Contact	931-722-5429

Additional forms of communicating information to the general public include, but not limited to:

- Distribution of pandemic flu information brochures by the local health departments
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## **Section 9: Workforce and Psychosocial Support**

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It is essential that vital services be maintained, such as, public utilities, health care facilities, Police Departments, Sheriff Department, and all Fire and Rescue services. They are encouraged to set-up child care accommodations for their employees. Each child care group, consisting of 12 or less, should be segregated per essential service, i.e. Hospital employee's children only, Police Dept. employee's children only etc. Special emphasis should be placed that children and volunteers **should not** move from one group to another and should always attend the same child care facility to reduce the potential for further spreading of the pan flu virus.

### **The following agencies or organizations may assist with psychosocial support:**

Centerstone Mental Health	Contact	931-722-3644
School Counselors		
Church ministers		
Local Counselors as available		