



Metro **Public Health** *Dept*

Nashville / Davidson County

Promoting and Protecting Health

Pandemic Influenza Response Plan

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MPHD Pandemic Flu Response Plan

Core Plan

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 Nashville Davidson County Regional Health Department is responsible for implementing state public health response policies once the TEMP is activated. Regional health departments that oversee multiple counties 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. Regional health departments will be the primary points of contact for the communication of state public health response policies from TDH.

Regional health departments are specifically responsible for the following tasks:

1. Developing continuity of operations plans 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 collaborations 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.
13. Communicating to the public how to access social support services available in their area during a pandemic.

During a pandemic, the Nashville Davidson County Health Department will work in conjunction with the TDH and the surrounding regions to provide for the community's health as well as maintain the essential functions of the regional health department in order to continue providing health protection, promotion, and information products to the residence of Nashville Davidson County.

Support Agencies

In addition to those agencies listed in the Comprehensive Emergency Management Plan (CEMP), we will coordinate our response efforts with the following agencies:

211 – to act as a referral center for services needed by the public

Hospitals – to provide health care to those individuals to ill to be at home

Medical Examiner's office (ME) – to store and handle deceased persons

Metro Fire/EMS – to provide transportation to hospitals

Metropolitan Nashville Airport Authority (MNAA) – to coordinate response efforts with public health for suspect cases on an airplane

Middle Tennessee Medical Reserve Corps (MTMRC) – to provide staff needed for a public health response

Metro Police Department (MPC) – to provide security for a public health response

Metro Transport Authority (MTA) – to provide transportation for patients to vaccination clinics

Office of Emergency Management (OME) – to provide logistical support

Second Harvest – to provide food for public health workers during response efforts and for those individuals quarantined/isolated by public health

Sentinel Providers – to notify public health officials of influenza cases seen in their office

Sheriff's office – to provide security for a public health response

Tennessee Department of Health (TDH) – lead agency

Tennessee Department of Health Regions – to coordinate response efforts to ensure an effective statewide response

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:

1. Surveillance for disease activity for situational awareness and timely activation of response strategies
2. Accurate communication within and among volunteer and professional responding organizations and with the general public
3. Use of social distancing measures to reduce unnecessary close contacts during a pandemic wave
4. 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
Interpandemic 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
Pandemic Alert 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
Pandemic Worldwide epidemic	6	Geographically widespread and efficiently spread from human-to-human

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 (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 and state 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 planning efforts. The federal and state government 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 immunocompromised 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 these 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 Nashville Davidson County (derived from national estimates from 2005 HHS planning guidance)

Characteristic	Moderate	Severe
Illness (30%)	180,000	180,000
Outpatient Care	90,000	90,000
Hospitalization	1,800	19,800
ICU Care	270	2,970
Mechanical Ventilation	135	1,485
Deaths (Case fatality rate)	360	3,600

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, as outlined in Section 7, Supplement 2 of this plan, 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) as outlined in Section 6.

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).

Concept of Operations

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

The lead agency for addressing influenza disease among animals is the Department of Agriculture (described in TEMP 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 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 and duration of the situation. See 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 activities during this period are surveillance for imported cases or cases contracted from contact with infected animals. Any detected cases will be aggressively investigated by the 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 agency for the public health response to a pandemic is the Department of Health. The state 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 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 local public health authorities. Operational details will be outlined in regional health department pandemic plans.

Section Summaries

Section 1. Continuity of Operations

This section outlines the essential health department services, including a contingency plan for increasing the public health workforce to deal with worker absenteeism.

Section 2. Disease Surveillance

This section outlines the use and enhancement of current influenza surveillance strategies to monitor for early human infections caused by a novel influenza virus with pandemic potential and to track and respond to the spread of influenza during a pandemic. A focus of this section is the Sentinel Provider Network, a network of outpatient physicians who report the percentage of their patients seen with influenza-like-illness (ILI) and submit occasional specimens for culture at the state laboratory during influenza season.

Section 3. Laboratory Diagnostics

This section describes how the laboratory testing, described in the state plan, will be operationalized at the regional level.

Section 4. Healthcare Planning

This section depicts the role of the Regional Hospital Coordinator (RHC) in surveillance, monitoring resources, and communicating between public health and the hospitals of Nashville Davidson County.

Section 5. Vaccine Distribution and Use

This section describes the principles of vaccine use. If supplies are limited, as they are under current manufacturing conditions, all vaccine will be administered in designated health department clinics designated for this purpose over the course of months. All vaccinations will be recorded and reported as required by the federal government. Vaccine will be administered to people according to priority groupings, sub-prioritized within the broader groups that are designated by the federal government. Priority groupings are subject to change depending upon the nature of the virus and upon the ultimate decisions about priority groups.

Section 6. Antiviral Drug Distribution and Use

This section describes the policies for use of antiviral drugs to prevent spread of novel influenza virus outbreaks with pandemic potential and to treat patients during a pandemic. Principles for use are based upon currently available antiviral medications (5.1 million standard treatment courses in the US). Treatment courses will be pre-positioned in Tennessee in collaboration with the federal Strategic National Stockpile program. This section also refers to the use of antiviral medications stockpiled by hospitals for the use of hospital personnel (outside the state or federal stockpile programs).

In response to isolated cases of novel influenza virus, caused by contact with a sick animal in Nashville Davidson County or imported from affected areas, antiviral medications will be provided in accordance with national policies at the time. It is likely that post-exposure

prophylaxis of close contacts will be done before the beginning of a pandemic, in efforts to stamp out isolated outbreaks and prevent a pandemic from beginning. Once a pandemic begins, the widespread nature of disease and limited supply of antiviral drugs will necessitate that post-exposure prophylaxis of contacts be stopped in order to save as many lives as possible. During the pandemic, treatment courses will be dispensed to the top priority patients for treatment – those who are hospitalized with pandemic influenza.

Section 7. Community Interventions

Supplement 1. 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. This section reviews general community distancing measures to be implemented during a pandemic. The criteria for the implementation of social distancing strategies will be uniform across the state. The standard measures will be implemented in a county and its neighboring counties when laboratory and epidemiologic evidence confirm the presence of the virus circulating in a county.

Supplement 2. Pre-Pandemic Case Management

This supplement covers the management of outbreaks or isolated cases of a novel influenza virus with pandemic potential. Such outbreaks during the pre-pandemic period will be actively investigated and individual cases and contacts will be tracked and monitored to stamp out such outbreaks. Case management will include isolation of patients and quarantine of contacts, using court-ordered measures only if required. During the pre-pandemic period, the objective is to prevent the novel influenza virus from becoming capable of starting a pandemic. Once a pandemic begins and the influenza virus is spreading easily from person to person, individual case management becomes both inefficient and ineffective at controlling disease; at that point, the focus of disease control shifts to broad community interventions.

Supplement 3. Pre-Kindergarten through Twelfth Grade and Child Care

This supplement describes the strategies for controlling influenza among children in schools and child care facilities. The strategies are outlined in stages that parallel the stages of other general community interventions. Colleges and universities are not treated like secondary schools and child care facilities, but are considered to be part of the general community with special considerations. Attachment A of the TDH plan provides information for colleges and universities.

Supplement 4. Special Populations

This supplement identifies the dissemination of information by the Special Needs Coordinator, such as prevention methods and antiviral distribution, to special population facilities which include confined populations and long-term care facilities. Efforts will be made to ensure non-English speaking populations receive translated communications and resources.

Section 8. Communications Plan

This section outlines the communication 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, the media, the medical community and other pandemic response partners.

Section 9. Workforce Support

This section outlines resources to support the physical and mental health needs of the public health workforce during response work. A list of social support agencies for the general public is included in this section and will be made available to the public during a pandemic.

Training

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

Acronyms

AIRs	Airborne Infection Isolation Rooms
APHL	Association of Public Health Laboratories
BMBL	Bio-safety in Microbiological and Biomedical Laboratories
BHS	Behavioral Health Staff
BSL	Bio-safety level
CDC	Centers for Disease control and Prevention
CEDS	Communicable and Environmental Disease Services
CEMP	Comprehensive Emergency Management Plan
CNS	Central Nervous System
DEA	Drug Enforcement Agency
DEOC	Director's Emergency Operations Center
DHS	Department of Homeland Security
DIS	Disease Infection Specialist
EMT	Emergency Management Team

EOC	Emergency Operations Center
EPA	Environmental Protection Agency
ESF	Emergency Support Function
FDA	Federal Drug Administration
FQHC	Federally Qualified Health Center
H5N1	Virus currently identified as Avian Influenza causing virus
HEPA	Highly Efficient Particulate Air (filter)
HHS	Department of Health and Human Services
HPAI	Highly Pathogenic Avian Influenza
HRTS	Hospital Resource Tracking System
ICS	Incident Command Structure
ICU	Intensive Care Unit
IHC	Immunohistochemical
ILI	Influenza-like Illness
IT	Information Technology
LEA	Local Educational Authority
LOB	Line of Business
LRN	Laboratory Response Network
LTCF	Long-Term Care Facilities
MMRS	Metropolitan Medical Response System
MOA	Memorandum of Agreement
MOU	Memorandum of Understanding
MPHD	Nashville-Davidson County Metro Public Health Department

MTMRC	Middle Tennessee Medical Reserve Corps
NIH	National Institute of Health
OMS	Outbreak Management System
PCR	Polymerase Chain Reaction
PIO	Public Information Officer
PPE	Personal Protective Equipment
Pre-K	Pre-Kindergarten
PTBMIS	Patient Tracking Billing Management Information System
RAIN	Recovery Assistance Incident Notification
RHC	Regional Hospital Coordinator
RT-PCR	Reverse-transcriptase polymerase chain reaction
SARS	Severe Acute respiratory Syndrome
SHOC	State Health Operations Center
SNS	Strategic National Stockpile
SPN	Sentinel Provider Network
SNC	Special Needs Coordinator
STD	Sexually Transmitted Disease
T-HAN	Tennessee Health Alert Network
TB	Tuberculosis
TCA	Tennessee Code Annotated
TDA	Tennessee Department of Agriculture
TDH	Tennessee Department of Health
TEMP	Tennessee Emergency Management Plan

THA Tennessee Hospital Association
TPA Tennessee Pharmacy Association
USDA US Department of Agriculture
WHO World Health Organization

Section 1:

Continuity of Operations

Purpose

To identify essential public health operations during the two specific pandemic flu periods, 12-18 months global wave, including several 6-8 week local waves. Workforce shortages and methods of augmentation will be identified, as well as the Metro Public Health Department's plan for addressing increasing absenteeism.

Introduction

During a pandemic MPHD can anticipate a 40% workforce reduction due to illness. The closing of day cares and schools will further increase the number of absent personnel. The possibility exists that essential services, in addition to a response effort, could be disrupted if significant numbers of public health personnel are unable to carry out the critical functions of the MPHD. Since MPHD provides essential services to the public, continuity of operation plans and protocols will be developed to address the unique consequences of a pandemic.

Assumptions

- The pandemic will last 12 to 18 months.
- 3 to 4 local waves of infectivity will occur, lasting 6 to 8 weeks each.
- During the pandemic workforce levels will be decreased by approximately 40%.

Concept of Operations

The Metro Public Health Department is comprised of 6 Lines of Business (LOB)

1. Administration
2. Communicable Disease Control and Prevention
3. Epidemiology, Research, and Response
4. Health Equality
5. Environmental Health
6. Family, Youth, and Infant Health

Each LOB is responsible for specific day-to-day operations. In the event of a pandemic, normal operations may not be possible due to potential staffing shortages. Therefore, operations shall be

prioritized by the LOB director in order of essential public health need. The LOB directors shall take into account the legal, contractual, and financial obligations when making these decisions.

Once Incident Command has been implemented, prioritization of the collective essential operations will be accomplished by the Director of Public Health during the 12-18 month pandemic and the Essential Operations Unit Leader during a local response to a 6-8 week wave.

To augment potential staffing shortages, the LOB Directors are currently working to implement a training program to cross train employees to perform critical public health services within the Metro Public Health Department.

In order to maximize workforce efficiency and protect personnel from exposure, protocols need to be established to identify services which can be accomplished via telecommunication. Consideration should be given to availability of laptop computers, security requirements, internet access and high traffic server capacity.

Essential operations for the LOBs can be found in the Appendixes B - F.

LOB Directors should review these documents on a biannual basis to insure the essential operations identified are accurate and up to date.

Pandemic Phase (12-18 Months)

When the pandemic begins, the duration of a worldwide illness of 12 to 18 months is expected. During this time MPHD shall operate under normal operations with special consideration being given to telecommuting or other methods of exposure prevention. MPHD should not experience a drastic drop in staffing during the entire 12 – 18 month period, but should expect to see higher employee absentee rates peaking during two to three 6-8 week “waves”. The Chief Medical Director with input from the Executive Management Team (EMT) will determine the essential operations during this period.

Local Wave of Infection (6 – 8 Weeks)

During the Pandemic Phase 2 to 3, local waves of infectivity will occur. Each local wave of infection will last an estimated 6 to 8 weeks. During this time, the MPHD should expect to experience a high absentee rate of its employees. In order to best deal with the lack of manpower, the MPHD should invoke the Incident Command Structure (ICS) and the associated response.

Section 2:

Disease Surveillance

Purpose

To detect and track pandemic influenza activity among humans using multiple surveillance systems. Data are to be used to make resource allocation and intervention decisions.

Assumptions

Influenza disease is tracked each season using a variety of surveillance systems at the local, state and federal levels. An individual case of influenza is not a notifiable disease in state regulations, nor is it expected to become notifiable because of the resulting reporting burden with thousands of cases in a short period of time. Many years of traditional reporting systems have resulted in fairly reliable interpretation of trends in influenza-like-illness (ILI) activity associated with actual influenza disease in a community, despite the range of viruses capable of causing acute febrile respiratory illnesses during fall and winter months.

Details of all surveillance systems are not provided here, because these surveillance systems are already in use. Additional surveillance systems may be instituted by the Centers for Disease Control and Prevention (CDC). The Nashville/Davidson County Public Health Department will participate in these systems as requested. As novel technology makes new surveillance strategies possible, those available for implementation by the Department of Health will be added to future revisions of this plan.

Surveillance Systems

A. Sentinel Provider Network (SPN)

Outpatient surveillance for influenza in Tennessee is presently conducted through the SPN, according to CDC guidelines; this network is expected to be a primary source of outpatient influenza surveillance data during a pandemic. As of October 2006, the SPN was enhanced to include weekly, year-round reporting which includes at least one Sentinel Provider providing a specimen submission per month. The enhancement also included increasing the ratio of Sentinel Providers to 1 per every 100,000 population in each of the 13 health department regions in Tennessee. Year-round, weekly internet reporting of ILI is required of all participating providers as of October 2006. Providers not actively, consistently and reliably participating will be contacted in person by MPHD personnel, and will be replaced if they cannot provide adequate data. Providers will be assigned to submit to the TDH Laboratory at least one appropriate respiratory specimen per month, according to a protocol established by the Communicable and Environmental Disease Services Section (CEDSS)

Influenza Surveillance Coordinator. Specimen collection kits and shipping will be provided by the TDH Laboratory. In accordance with the plans for expansion of the SPN to be the primary mechanism for surveillance of outpatient influenza-like illness (ILI) the Nashville/Davidson County region will have 6 SNPs actively reporting. This ensures one active provider per 100,000 persons in the population.

This local network of healthcare providers reports weekly the total number of patient visits and number of patients with ILI. Providers report to CDC via a password-protected Internet site. Data are available to state health department influenza surveillance coordinators on-line. Data reported by providers on the Internet are available in real time. SPN members also send specimens from a subset of patients with ILI to the State Laboratory for diagnostic testing at no cost. Influenza specimen collection kits are sent out to each provider in Nashville/Davidson County from the TDH Laboratory and are replenished as used.

The MPH D recruits SPN members under the direction of the Director of the Notifiable Disease Division and according to guidance provided by the CEDS Influenza Surveillance Coordinator. The CEDS Influenza Surveillance Coordinator and other CEDS staff will coordinate the program centrally and will assist with communication with the CDC.

Data from this sentinel surveillance system will be monitored regularly by the state of Tennessee 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, using existing communication mechanisms with network physicians.

B. Syndromic Surveillance, School Absenteeism, and EMS

The Nashville MPH D Syndromic Surveillance program monitors 7 Hospitals for 8 syndromes including those syndromes associated with ILI. Additionally, Emergency Medical Services (EMS) data is monitored for the previously mentioned syndromes, and absentee data from 125 schools are monitored for localized absentee trends.

The Syndromic Surveillance program is the responsibility of the Division of Epidemiology and Health Monitoring at the MPH D and is run daily by the emergency preparedness epidemiologist. The program uses a 30 day average to create a normal baseline for an occurrence of a specific syndrome. If a syndrome is reported more than the expected 30 day average on a specific day it is classified as a statistical aberration. Using the 30 day average allows the program to account for seasonal illnesses. Flags are generated for statistical aberrations and sent to the affected reporting entity, the Director of the Division of Notifiable Disease, the Regional Hospital Coordinator (RHC), the Director of the Division of Epidemiology and Health Monitoring, the Public Health Investigation Team (PHIT) lead, and the Line of Business Director for Epidemiology, Research, and Response.

The RHC will contact the reporting entity to make sure the aberration flag was received. The personnel at the hospital will review the charts and look for any similarities in illness and report back to the RHC. If no similarities are noted, the Syndromic Surveillance reports in subsequent days will be monitored for increased syndrome reporting. If similarities in the

charts are noted, the RHC will ask the PHIT lead to deploy the PHIT to the hospital to begin the public health investigation. The PHIT consists of a doctor, nurse, and epidemiologist. The team will work to achieve early contact tracing and sample retrieval from the patient for confirmatory testing by the TDH Laboratory.

C. Hospital Surveillance

Once the pandemic response plan is activated, daily electronic reports from hospitals to the MPHD may include emergency room data on ILI, confirmed disease, admissions, and deaths.

D. Laboratory Surveillance

The MPHD does not have a diagnostic laboratory on the premises. Therefore the laboratory surveillance measures will be accomplished by the TDH Laboratory Services. The percentage of specimens testing positive for influenza at state and research hospital laboratories are reported weekly. Seasonal influenza peaks are typically associated with ~25% of submitted specimens testing positive.

Section 3:

Laboratory Diagnostics

Purpose

To confirm the diagnosis of human influenza caused by novel influenza viruses or a pandemic influenza virus in the community. During a pandemic, in the absence of serologic testing, testing of nasopharyngeal specimens will be done to confirm the infection. This will identify recovered persons, allowing them to work with pandemic influenza patients without risk of contracting the disease, and to exclude these recovered persons from priority groups for the administration of vaccine.

Responsible Agency

The Tennessee Department of Health (TDH) Laboratory is the agency responsible for testing human specimens for pandemic influenza and influenza subtypes with pandemic potential (e.g., H5N1), as well as communicating with other sentinel laboratories licensed in Tennessee.

- During the pre-pandemic period, requests for novel influenza infection testing should be discussed with the Notifiable Disease Division of Metro Public Health Department. The Director of the Notifiable Disease Division at MPHD will contact a Tennessee Department of Health Communicable and Environmental Disease Services (CEDS) physician for approval and further guidance.
- Information regarding the collection and shipment of specimens will be provided by Metro Public Health Department under the guidance of the Tennessee Department of Health. Throughout the course of the pandemic, MPHD's Notifiable Disease Director will approve and supervise the shipment of specimens to the TDH Laboratory.
- Metro Public Health's division of Epidemiology and Health Monitoring will be responsible for entering patient data and document tests requested into the OMS system or other database used to track laboratory information from the State Lab.
- Metro Public Health's Division of Notifiable Diseases will 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

Purpose

To assure effective communications, obtain necessary data from healthcare facilities, and to direct all available and necessary human and material resources to existing inpatient and outpatient healthcare facilities to keep them operating at optimal capacity.

Assumptions

A severe influenza pandemic is expected to significantly increase the demand for health care services at a time when the availability of health care workers will be reduced 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 health system resources.

During a pandemic impacting Davidson County, all efforts will be employed to sustain the functionality of the health care system while maintaining an acceptable level of medical care.

The Role of the Regional Hospital Coordinator

A. Surveillance

The Syndromic Surveillance program is the responsibility of the Division of Epidemiology and Health Monitoring at the MPHD and is run daily by the emergency preparedness epidemiologist. The program uses a 30 day, 10 day, and 7 day average to create a normal baseline for an occurrence of a specific syndrome. Flags are generated for statistical aberrations and sent to the affected reporting entity.

The RHC will contact the reporting entity to make sure the aberration flag was received. In the pre-pandemic phase the 30 day average with a low sensitivity will provide an early indication that a flu phase may be originating. As the pandemic ensues, Syndromic Surveillance will continue to be used for the monitoring of the pandemic at higher sensitivity levels and the monitoring of other illnesses. The personnel at the hospital will review the charts and look for any similarities in illness and report back to the RHC. If no similarities are noted, the subsequent Syndromic Surveillance reports will be monitored for increased syndrome reporting. If similarities in the chart are noted, the RHC will ask the PHIT lead to deploy the PHIT to the hospital to begin the public health investigation.

B. Monitoring of Resources

With the implementation of the Hospital Resource Tracking System (HRTS), HRTS will be used to monitor and communicate resource needs to health departments. The Hospital Resource Tracking System (HRTS) has the ability to monitor critical resources such as hospital bed availability, surge capacity and other disaster resources such as ventilators, isolation capability, personal protective equipment (PPE) and medications for all 10 Davidson County Hospitals. The RHC will have access to this information and will be responsible for helping to assure hospitals are providing all necessary information in a timely manner. Patient tracking is currently monitored through the Recovery Assistance & Incident Notification (RAIN) system through the Mayor's Office of Emergency Management (OEM).

C. Provision of Resources

MPHD has limited resources available. Healthcare institutions will be referred to OEM for logistical support and the MTMRC for volunteer support.

D. Communication

Once the pandemic response plan is activated, daily electronic reports from hospitals to the MPHD may include emergency room data on influenza like illness (ILI), confirmed disease, admissions, and deaths.

As healthcare facilities standup the Incident Command System, the Pandemic Flu Coordinator/Liaison Officer (see Appendix K & L) at each hospital will be point person with whom Metro Public Health and the Regional Hospital Coordinator will communicate clinical and infection control guidance. Various methods for communicating between facilities are used: phone/cell phone, email, Internet, and 800 MHz radios.

Communication between Metro Public Health, local and regional healthcare facilities continues through the relationship shared through the monthly Disaster Medical Committee meetings that are held at Centennial Medical Center. This meeting contains representation from all Davidson County healthcare facilities, Homeland Security District 5 healthcare facilities, regional and State Health, and the Mayor's Office of Emergency Management. Information is shared and relationships are formed to work together to best benefit the local and regional healthcare response.

Metro Public Health is in continual communication with Infection Control Practitioners through the Division of Notifiable Disease. When it becomes necessary to communicate to a larger group of providers, Metro Public Health has the capacity to mass fax to over 600 healthcare organizations within a 24 hour time period.

E. The role of Federally Qualified Health Centers (FQHC's)

As the need for medical care grows, the role of FQHC and other regional healthcare providers will become increasingly important as the demand for scarce resources grows. Pandemic planning has been encouraged for these agencies and the availability of resources will impact how Metro Public Health will support these organizations. For a list of Federally Qualified Health Centers, see Appendix A.

Section 5:

Vaccine Distribution and Use

Purpose

To administer vaccine against pandemic influenza in an effort to reduce morbidity and mortality rates within Davidson County. Vaccine must be administered and monitored in accordance with federal guidance.

General Assumptions

The MPH's plan for vaccine is based upon current estimates of production time, capacity, and vaccine efficacy. Novel technology to shorten production time, expand capacity and improve efficacy are under development. As changes occur in the vaccine manufacturing process, policies and procedures will be revised.

Assumptions central to the policy are

1. Vaccine will be administered to persons in accordance with priority categories issued by the federal and state government at the time.
2. No vaccine targeted to the pandemic strain will be available at the outset of a pandemic.
3. Vaccine will begin to arrive in Davidson County 4-6 months following the beginning of a pandemic.
4. Vaccine will stay in the country where it is manufactured. The United States has one domestic manufacturing facility owned by Sanofi Pasteur in Swiftwater, Pennsylvania.
5. Vaccine will be manufactured only for the pandemic strain. Manufacturers are expected to halt production of vaccine against routine seasonal influenza strains, which may continue to cause illness and deaths during a pandemic.
6. Two doses of vaccine administered 1 month apart will be required for full protection. The first dose primes the immune system and provides insignificant protection from disease. The vaccine will provide protection 2 weeks after the second dose.
7. Research indicates immunization against pandemic influenza using the existing FDA-licensed influenza vaccine methodology will require much more antigen than immunization against seasonal influenza.

8. One year of vaccine production in the U.S., using current technology, would yield enough vaccine to immunize <5% of the population with 2 doses (<28,750 Davidson County residents).

Vaccine Administration Priority Groups in Davidson County

A. Rationale

Federal guidance has been provided for the prioritization of pandemic vaccine recipients, with the intention of minimizing disease morbidity and mortality. All priority and sub-priority groups will be uniformly established across the state by TDH, in accordance with federal guidance.

Note: The prioritization of recipients may change in the future depending on tier definition provided by TDH. The priority tiers listed here match the Tennessee Pandemic Influenza Response Plan released in July 2006.

In accordance with current federal guidance, the top priority in minimizing disease morbidity and mortality is to protect direct patient care providers and those who maintain the critical processes to keep health care facilities operational. The rationale for this is (1) many patients are more likely to suffer adverse health outcomes if health care facilities are not fully functional because of illness or death of personnel who carry out essential services, especially when there is a surge in the number of patients requiring hospital care, and (2) persons treating the sick are at increased risk of infection and may spread the disease to uninfected patients and healthcare staff. Persons performing these services in Davidson County are eligible, irrespective of county of residence.

The second priority tier is made up of those most likely to suffer severe illness or death as a result of infection. The priority groups listed here are laid out in 2005 federal guidelines. The groups at highest risk of severe illness and death are subject to change once a pandemic virus emerges and disease patterns are characterized. Sub-prioritization of those at highest risk is ordered from the young to the elderly; vaccine is more likely to be protective to the young than the elderly. Elderly and immunocompromised residents of long-term care facilities are not included in this tier for two reasons: control of access to these residents can minimize their risk of infection; studies show that immunization of health care providers in these facilities is as effective as immunization of residents. High risk conditions are the same as those cited as high risk conditions for severe seasonal influenza.

With current capacity, it is not expected that tiers beyond the first two would be reached with vaccine manufactured during a pandemic; priority groups listed after these are as outlined in state guidance without further sub-prioritization. Any necessary revision of the medically high risk priority groups will be made by the Commissioner of Health, with the recommendations of the State Epidemiologist.

B. Tentative federal priority tiers (as of November 2005)

1. Top Tier (health care service providers)

- a. All direct patient care providers in hospital settings to include physicians with privileges who are not hospital employees and the top 10% of non-patient care personnel responsible for critical hospital operations.
- b. Direct patient care providers in outpatient facilities that will have to provide care to pandemic influenza patients (e.g. primary care, infectious disease, cardiology, pulmonology, oncology, diabetes, obstetrics, gastroenterology clinics, Federally Qualified Health Centers [FQHC] and outpatient public health clinics); the top 10% of non-patient care personnel responsible for critical functions in these facilities. Outpatient clinics that do not normally provide such care, but alter their scope of services to provide care to infected patients during a pandemic wave also qualify.
- c. Emergency medical service personnel (EMT-Ps, paramedics) and patient care providers in long-term residential care facilities.
- d. Certified first responder medical personnel (EMT) affiliated with fire and police departments.
- e. Balance of non-patient care workers supporting essential functions in hospitals.
- f. Balance of non-patient care workers supporting essential functions in outpatient facilities providing care to pandemic influenza patients.
- g. Pandemic influenza vaccinators.
- h. Patient care providers in inpatient settings for non-pandemic influenza patients (e.g. Institutes for Mental Disease).
- i. Health care providers in outpatient facilities providing essential medical services to non-pandemic patients (e.g. neurology, psychiatry, orthopedics, day surgery or pharmacists).

2. Second Tier (medically high risk)

- a. Persons 6 months to 64 years with 2 or more influenza high risk conditions, not including essential hypertension.
- b. Persons 6 months or older with a history of hospitalization for pneumonia or influenza or other influenza high risk condition in the past year.
- c. Persons ≥ 65 years with one or more influenza high risk condition, not including essential hypertension.

3. Third Tier (medically at-risk groups)

- a. Pregnant women.
- b. Household contacts of severely immunocompromised persons.
- c. Household contacts of children <6 months of age.

4. Fourth Tier (preservation of social function)

- a. Public health emergency response workers critical to pandemic response, but not providers of direct patient care.
- b. Key state and local government leaders.

5. Fifth Tier (medically at-risk)

- a. 6 months to 64 years with 1 high risk condition, not including essential hypertension.
- b. 6-23 months old and healthy.
- c. ≥ 65 years and healthy.

6. Sixth Tier (preservation of social function)

- a. Public safety workers who are non-EMTs (police, fire, 911 dispatch, correctional facility staff).
- b. Other public health emergency responders that do not provide direct patient care (about 2/3 of public health staff).
- c. Utility workers involved in critical processes to support the work of power, water, and sewage systems.
- d. Transportation workers transporting fuel, water, food, medical supplies, and public transportation.
- e. Telecommunications/Information Technology (IT) staff for essential network operations and management.

7. Seventh Tier (preservation of social function)

- a. Additional key government health decision-makers.
- b. Funeral directors/embalmers.

8. Eighth Tier (lowest medical risk)

- a. Healthy persons 2-64 years not in above categories.

Vaccine Administration Principles

- A. Vaccine will be obtained from the state.
- B. Vaccine will be distributed to the public through the MPHD and will be administered by health department personnel and the MTMRC.
- C. The proportion of vaccine initially allocated to each regional health department will be proportional to the population in each region.
- D. Vaccine will not be allocated to a lower priority group until at least 75% of the estimated number of higher priority persons statewide have been vaccinated and/or supply exceeds the immediate demand in that group.

Metro Administration and Distribution Oversight

Oversight of vaccine administration and distribution will be the responsibility of the Operations Section Chief.

Vaccine Management and Distribution

- A. Vaccine will arrive in relatively small, frequent shipments over many months. The MPHD with the assistance of the Metro Police Department's Emergency Contingency Section will transport the vaccine to the mass vaccination clinics.
- B. The sites for the vaccination clinics will be Lentz Health Department and the Tennessee State Fairgrounds.
- C. When necessary, a special populations POD will be opened at the Sportsplex Tennis Center in order to distribute the vaccine to the facilities with special populations as defined in Section 7 Supplement 4 Special Populations.
- D. Communications will be conveyed to the public by the MPHD's Public Information Officer as outlined in Section 8 Communications Plan.
- E. The vaccine will be administered according to the Flu Clinic Model (Appendix J). Persons within a priority tier group will be given a specific day to report to an assigned clinic to receive the vaccine. Vaccine will be administered on a first come first served basis.
- F. Persons with special needs such as language barriers or physical disabilities will be directed to the special needs area within the mass vaccination clinic. Staff will be available to access

language line as a means of communicating with non-English speaking persons. In an effort to avoid undue stress to persons with physical disabilities, a special needs area will be established to deliver prompt vaccination.

- G. The MPHD will staff the vaccination clinics with MPHD employees and the MTMRC will supplement the staff required to operate the clinics. The MPHD will pull from their staff of 149 nurses and 358 support staff. A one hour just-in-time training will be conducted for those persons working in the mass vaccination clinics.
- H. The supplies essential to the operation of the vaccination clinics will be provided by the SNS and the MPHD's own cache of supplies and equipment.
- I. Vaccine will be stored at the Lentz Building in a locked refrigerator behind a locked door with an alarm. Temperatures will be checked daily to ensure vaccine temperature is maintained between 35°F to 45°F.
- J. Security for the vaccination clinics will be provided by the Metro Police Department. If the security requirements exceed the Metro Police Department's ability to provide adequate security, the Office of Emergency Management will be contacted for the request of additional security personnel.
- K. 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. The federal government plans to use such data to justify subsequent vaccine shipments to the state. The clerical staff from Metro Public Health Department will be assigned to enter data into the PTBMIS.
- L. The Pandemic Flu Coordinators within the hospitals will be the primary point of contact. The Coordinators will be responsible for providing a prioritized list of persons from their facility meeting the criteria for vaccination in each sub-group of Tier One.
- M. For Tier One recipients, pandemic flu coordinators at each hospital are responsible for communicating to qualified personnel within their institution details of where and when to obtain vaccine.
- N. Second Tier and Fifth Tier recipients may be identified by documentation of qualifying high risk conditions (e.g., possession of prescriptions or medical records). Third Tier recipients will be identified by a doctor's letter. The MPHD in conjunction with the TDH will identify the key state and local government leaders to be vaccinated within the Fourth Tier. The Fourth Tier is expected to contain all state and local level elected and appointed officials within Davidson County. The Sixth and Seventh tier recipients will be identified by a list provided by employers to the MPHD. During the pandemic, specific recommendations will be made to designate those medically at highest risk.

- O. 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 MPHD by their employer. Children with appointments may be confirmed with a parent's identification.
- P. After the first dose, the recipient should receive an immunization card from the MPHD noting the date of their first dose and the due date for the second dose. Recipients should present their immunization card at the time of the second dose.
- Q. Persons due for a second dose of vaccine take priority over persons not yet vaccinated. Vaccine is not protective until 2 weeks after the second dose.
- R. If a regular supply of vaccine delivered at least once monthly is assured, then vaccine will not be held in reserve for second doses. Second doses will be taken from subsequent shipments.
- S. Recipients are responsible for communicating their immunization status to their employer (e.g. by providing a copy of their pandemic influenza immunization card).
- T. Opening vaccination up to lower priority groups will be decided at the state level and implemented at the same time statewide.
- U. MPHD's Immunization Division will monitor adverse reactions utilizing the Vaccine Adverse Event Reporting System (VAERS).
- V. If the vaccine is given as a part of an investigational new drug protocol, additional staff will be provided in order to comply with the requirements of completing additional documentation and informed consent forms.

Section 6:

Antiviral Drug Distribution and Use

Purpose

To support the hospitals use of antiviral medications under state control to minimize morbidity and mortality from pandemic influenza.

Situation

Antiviral medications, primarily neuraminidase inhibitors, are expected to be the only specific therapeutic agents available to treat or prevent influenza at the onset of a pandemic. Tennessee will have access to stockpiles of antivirals through federal and/or state stockpiles. With currently available antiviral resources, it is not expected that any antivirals will be prescribed to outpatients in private outpatient facilities or health departments.

To maximize benefit, antivirals should be administered as quickly as possible after onset of symptoms. For example, antivirals fail to affect the duration of illness with seasonal influenza if administered >48 hours after symptom onset. The optimal timing, dosage, and duration of treatment for pandemic influenza may be known only after the pandemic begins. Treatment guidelines will be disseminated as they become available.

Assumptions

Priorities in this plan reflect the federal priorities issued in November 2005; MPH D guidelines will be adjusted to conform to changes in state/federal guidelines to optimize treatment effectiveness. Antiviral distribution and tracking will follow federal guidelines. Future revisions of MPH D's pandemic plan will reflect significant changes in the quantity of antivirals available in Tennessee and changes in scientific understanding of optimal treatment.

The supply of antivirals will be inadequate to treat everyone who would benefit from them. They should be used to minimize severe morbidity and mortality. Antivirals should be used in accordance with federal priority guidelines. The top priority is the treatment of hospitalized patients.

Antivirals will not be used for prophylaxis except as approved by the Commissioner of Health, State Epidemiologist or their designee in exceptional circumstances during the pre-pandemic period as outlined at the end of this section. The primary reason for discontinuing prophylaxis during a pandemic is that 6 to 10 treatment courses would be necessary to prophylax a single healthcare provider through a pandemic wave; the supply of antivirals will be too small to divert so many courses away from patients needing treatment.

Security Support

Security of the Strategic National Stockpile (SNS) requires complete planning, exercise and execution of protective measures in the event the SNS plan is initiated. Security measures are divided into several sections:

- Prevention of unauthorized access to the SNS operation location;
- Security in movement of the delivery vehicles to the treatment/clinic sites;
- Control of crowds at the sites of treatment;
- Overall protection of the SNS operation warehouse.

Collaboration and Planning

The SNS Task Force will brief all local, state and federal law enforcement agencies on the requirements of the SNS and has requested their expertise in developing the plan to provide security in the event that an SNS delivery occurs. The agencies have been asked to assess the risk of potential threats, protection of personnel and equipment at the SNS warehouse and treatment/dispensing sites. In addition, these agencies will determine specific vulnerabilities they may require adjustment in the initial plans.

SNS Protection

Local law enforcement agencies will provide security for the warehouse and entry to the facility. Gate security will be provided by State agencies and entry will be allowed only to law enforcement, military personnel, and SNS staff with appropriate identification. The SNS staff will have a staff listing available at the facility gates for verification of entry.

In addition, the Metro Police Department will provide perimeter security if it is a non-military facility. The Metro Police Department will provide officers in the area to maintain a low intensity security with limited visibility to the public. The concept of operation is to be within visual site of other officers during the operation but not to draw attention to the site.

Warehouse Security

As identified above, all personnel entering the warehouse will be SNS staff, and law enforcement or military personnel. All persons will wear identification visible to security upon entry into the facility. The warehouse staff will provide entry security through the main entrance and will verify SNS staff on the scheduled list of work hours.

Distribution Security

The Mayor's Office of Emergency Management (OEM) will provide vehicles and Metro Police Department will provide immediate security for transport to the treatment/dispensing sites. Each dispensing site has a primary and secondary route that is pre-planned and described elsewhere. The routes are referred to as alpha and bravo routes to the respective dispensing sites. All routes have been verified as minimizing bottlenecks or other choke points. Prior to delivery to dispensing site, the routes of transport will be identified to the driver. The concept of operation is to minimize public awareness of deliveries to prevent unnecessary public alarm.

Communications for delivery will be provided to the drivers and security force at the warehouse. The Metro Health Operations Center will be notified as well as the receiving dispensing sites. Security will be notified prior to departure and once security provides an all clear, vehicles will depart to the specified dispensing sites using the route approved.

Hospital Stockpiles

Hospitals that have invested in their own stockpiles using federal grant money or other funds will use their own antivirals according to guidance from the Tennessee Department of Health and the terms of the funding. For example, many Tennessee hospitals receive federal funds that may be invested in antivirals or protective equipment for the use of hospital personnel. It is recommended that these resources be used to treat ill personnel only, not for prophylaxis, because antivirals are unlikely to be available for purchase after a pandemic begins.

Hospital personnel may be treated using antivirals from the general state or federal stockpile if they meet the standard state criteria for treatment with antivirals from the SNS (e.g., if they require inpatient care and treatment is possible within the appropriate timeframe). It is the hospitals responsibility for storage, security, distribution and tracking of antiviral supplies per State and Federal guidelines.

Adverse event monitoring and any additional requirements if an antiviral is given as an investigational new drug (IND) will be completed per State and Federal guidelines.

Section 7:

Community Interventions

- | | |
|---------------------|--|
| Supplement 1 | Community Interventions |
| Supplement 2 | Pre-pandemic Case Management |
| Supplement 3 | Pre-kindergarten through Twelfth Grade and
Child Care |
| Supplement 4 | Special Populations |

Note: Business Recommendations see TDH plan Section 7 Attachment A (Appendix H). Legal Authority see TDH plan Section 7 Supplement 1. Colleges and Universities see TDH plan Section 7 Supplement 3 Attachment A (Appendix I).

Supplement 1: Community Interventions

Purpose

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

A. Principle of social distancing

In the absence of an effective vaccine, the most effective means of slowing the spread of a pandemic influenza virus are strategies such as good health habits, basic social distancing and advanced social distancing. Social distancing involves maintaining a distance between people and is designed to prevent opportunities for the pandemic influenza virus to spread in crowded settings where ill and well people mingle.

Large, crowded gatherings accelerate the spread of the virus through communities, leading to a steep rise in the daily number of cases and deaths. Sharply increasing case counts exacerbate the strain on the healthcare system, further reducing the resources available to seriously ill patients and increasing the likelihood of poor outcomes.

B. Present need for social distancing

Given that the current capacity to manufacture vaccine will yield late and limited supplies, social distancing measures will play a central role in minimizing illness and deaths. Social distancing measures will affect public gatherings and schools (preK-12). The epidemiologic criteria for implementation of such measures will be developed by the State Epidemiologist and his staff and approved by the Commissioner of Health or his designee. Such measures shall be implemented by the community. It is expected that individuals, businesses and colleges may adopt additional social distancing policies beyond those recommended by the state, based upon their judgment and their own pandemic plans. The MPH D will educate the community about social distancing measures by means of public announcements, presentations and distributing educational literature.

C. Definitions:

1. Good health habits
 - a. Respiratory etiquette- covering your mouth when you cough or sneeze
 - b. Hand hygiene- wash hands with warm, soapy water for 20-30 seconds

- c. Stay home when sick
- 2. Basic social distancing- maintaining a distance of 6 feet or more between you and someone else.
- 2. Advance social distancing- the closing of public gatherings depending on the number of people in attendance.
- 3. Discretionary public gatherings- public gatherings of > 100 people.
- 4. Very large discretionary public gatherings- public gatherings of > 10,000 people.

D. Mandated versus recommended social distancing measures

All social distancing procedures outlined in this plan reflect a worse-case scenario of a 1918-like pandemic (illness is fatal in about 1 in 50 affected persons). In milder pandemics (as defined in the core plan), avoiding crowded public settings may be strongly recommended, rather than mandated. Discretionary public gatherings of ≤ 100 persons are not expected to be affected by mandatory suspension. Law enforcement support may be used to ensure compliance where necessary; enforcement is possible pursuant to Tennessee Department of Health regulations outlined in Chapter 1200-14-4.

E. Legal Authority for Social Distancing

Pursuant to the Metropolitan Charter §§ 10.101 et seq., the Metropolitan Board of Health, through its Chief Medical Director, is authorized to issue rules and regulations it deems necessary to protect the public and control the spread of an epidemic disease in the state. Pursuant to Metropolitan Code of Laws §§ 2.36 et seq., the Chief Medical Director, subject to the directions of the Metropolitan Board of Health, may establish procedures to be followed during an emergency declared by the Board of Health to insure the continuation of essential public health services and enforcement. Pursuant to Metropolitan Code of Laws §§ 2.36 et seq., and subject to other applicable law, the Department of Health may take such action as is necessary to assure the maintenance of public health, the prevention of disease, or the safety of the Metropolitan Government and its residents. Pursuant to Metropolitan Code of Laws §§ 10.16 et seq., the Chief Medical Director, upon notification, has the authority to investigate, and establish and maintain disease control methods, including quarantining, isolation, and other restrictions necessary for the protection of the public health.

In addition to the above authority, executive orders from the Mayor during a civil emergency may be used to authorize such measures.

F. Roles and responsibilities

The Commissioner of Health or her designee is responsible for determining when to initiate and when to lift social distancing measures. These decisions will be based upon the recommendations of the State Epidemiologist, using the best available epidemiologic information on pandemic disease severity and spread. The Chief Medical Director of the

MPHD is responsible for implementing and lifting mandatory interventions when informed that the criteria for implementation or discontinuance have been met.

G. Criteria for implementing social distancing measures

Social distancing measures will be implemented when the following criteria are met in the county or a neighboring county:

1. The pandemic virus causes morbidity and mortality in excess of normal seasonal influenza, and
2. Laboratory confirms the pandemic virus in the county or neighboring county, and
3. Epidemiologic evidence from a state surveillance system indicates community spread of the pandemic virus in the county or neighboring county.

H. Criteria for suspension of social distancing measures

Measures will be lifted when surveillance systems indicate a return to essentially baseline influenza-like activity in the community (e.g. based on sentinel provider reports). The established criteria may be modified if additional information becomes available indicating the optimal time to lift restrictions.

I. Measures recommended to the public

1. Stay abreast of news of developments and advice of authoritative agencies (e.g. MPHD, TDH and CDC).
2. Practice good health habits to help prevent the spread of illness.
3. Encourage families to prepare themselves for anticipated challenges (e.g. have at least 2 weeks of non-perishable food and water stored, ensure adequate supply of essential medications, anticipate school and business closures).
4. Prepare for the next steps to prevent spread of disease in communities, such as cancellation of discretionary public gatherings, as defined in this section, for the duration of the pandemic waves in the community. The approval or disapproval of discretionary events will be declared by the Chief Medical Director of the MPHD, using criteria established by the Commissioner of Health. The Public Information Officer will disseminate the notification as addressed in Section 8.

J. Possible exceptions to suspension of social distancing measures

1. Facilities or events where patrons are not intended to mingle, but are seated at separate

tables for service (e.g. seated restaurants).

2. Facilities which offer unaffected services in addition to events or venues mandated for closure may continue to offer the unaffected services.
3. Businesses not affected by closure should consider other means necessary to minimize the risks of spreading infection in the workplace (See Appendix H).

K. Community Management

1. Domestic transmission of pandemic virus, with a loss of epidemiologic links among cases, is confirmed in the United States or in Tennessee by the CDC:
 - a. The Chief Medical Director of the MPHD for Nashville and Davidson County will employ basic social distancing measures and promulgate any necessary restrictions.
 - b. Encourage the public to use good health habits to reduce the possibility of spreading illness.
 - c. The prohibition of very large discretionary public gatherings (<10,000 people) will be implemented in order to reduce the likelihood of spreading the pandemic influenza.
 - d. The Division of Epidemiology and Health Monitoring will begin daily monitoring of all available influenza surveillance systems in Davidson County (e.g. sentinel provider network, syndromic surveillance and hospital surveillance).
 - e. Communicate these measures to the public and to local officials (See Section 8).
 - f. Strongly encourage persons with a high fever illness to stay home until well, except to seek medical care, if needed.
 - g. Communities and businesses may prepare to make hygiene materials (e.g. tissues, hand sanitizer) publicly available and encourage the public to use them appropriately.
2. Domestic transmission of the pandemic virus with a loss of epidemiologic links among cases is laboratory-confirmed in Davidson County by the TDH Laboratory:
 - a. The Chief Medical Director of MPHD may prohibit discretionary gatherings (>100 people) when advised by the Commissioner of Health that triggering criteria have been met.
 - b. Encourage the public to continue practicing good health habits.

- c. Communicate with the public and local officials.
 - d. Strongly encourage persons with a high fever illness to stay home until well, except to seek medical care, if needed.
 - e. Communities and businesses may prepare to make hygiene materials (e.g. tissues, hand sanitizer) publicly available and encourage the public to use them appropriately.
3. Pandemic wave ends in Davidson County:
- Once the criteria for the suspension of social distancing measures have been met, the Director of the MPHD of Nashville and Davidson County may declare that discretionary public gatherings may be resumed in Davidson County.
- 4. In the period between pandemic waves, normal activities resume. Continue surveillance activities to detect subsequent waves of illness.
 - 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. MPHD in conjunction with the TDH will review and adjust recommendations for social distancing, in light of the increasing or waning virulence of the strain and evidence of best practices for protecting health.

L. Mortuary Services – refer to Appendix G

Resource Websites

- <http://healthweb.nashville.org/>
- <http://www.state.tn.us/health>
- <http://www.cdc.gov>
- <http://www.pandemicflu.gov>
- <http://www.who.int/en>

Supplement 2: Pre-Pandemic Case Management

Purpose

To use individual case management, including legal isolation or quarantine orders and contact tracing, during the pre-pandemic period (World Health Organization [WHO] phases 3-5) to prevent the spread of an influenza virus with pandemic potential in Davidson County.

A. Objectives

1. To minimize the number of people who have unprotected exposure to a person with a novel influenza virus with pandemic potential in order to prevent community transmission from beginning.
2. To impose the least restrictive measures necessary to protect the public's health.
2. To use the Outbreak Management System (OMS) or other database program for efficient and effective data management for case and contact investigations.

B. Legal authority: procedures for implementing and enforcing isolation and quarantine orders

The Chief Medical Director of the MPHD may take steps to contain the spread of a novel influenza virus with enforcement ranging from unsupervised voluntary measures to court-ordered measures enforceable by law enforcement. The declaration of a state of emergency by the Governor of Tennessee may alter the requirements necessary to quarantine or isolate individuals and would likely streamline actions required for quarantine and isolation by the MPHD.

C. Definitions

1. Community transmission- the existence of transmission without clear epidemiologic links among cases.
2. Case- definition will be provided by the TDH.
3. Contact- a person who has come in contact with a case.
4. Isolation- to restrict the liberty of sick person reasonably suspected of having a communicable disease in order to prevent the spread of that disease to others.
5. Quarantine- to restrict the liberty of 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..

6. Quarantine Laws- cover both isolation and quarantine as described above and any other restrictions.
7. Sentinel Provider Network (SPN)- health care providers in the community who provide samples, from patients with influenza-like illness, to the state lab for testing. Davidson County has six providers (1 sentinel provider per 100,000 people in the population).

People under investigation will be quarantined or isolated in a hospital, at home, or in an alternative facility. MPHD will seek a public health measure from the court in order to commit cases and possible contacts to state custody. Once the state has identified a facility to house those under quarantine or in isolation, the MPHD will transport all cases and contacts to the appropriate facility located within Davidson County. If the designated housing facility is located outside of Davidson County, the state will be responsible for transporting the cases and contacts.

D. Sources for recommendations and case definitions

MPHD will follow standard case definitions and recommendations for control measures provided by the TDH. Case definitions and recommendations will be posted on the TDH pandemic website. If multiple case definitions are in use nationally, the State Epidemiologist or his designee will communicate the case definition and interventions to be used in Tennessee. Interventions for individual cases will be tailored to the specific situation.

E. Assumptions

1. Individual case management, to prevent or slow spread of a novel influenza virus with pandemic potential, will be used before community transmission begins in the United States.
2. Suspected cases of infection with a novel influenza virus with pandemic potential in Davidson County are likely to be:
 - a. Travelers identified during, or only days after, their travel to an affected area, or
 - b. People admitted to a hospital due to severity of illness.
 - c. People identified by the Sentinel Provider Network.
 - d. People exposed to animals infected with a pandemic influenza virus capable of causing human disease.
3. Once community transmission of a pandemic virus in Davidson County is under way, individual case management and contact tracing will be rendered inefficient and ineffective at controlling disease spread because of the rapidly increasing

number of cases and speed of spread.

4. After community transmission begins, the emphasis will shift to generally-applied social distancing strategies (see Section 7 Supplement 1).
5. Individuals suspected of meeting the case definition published by the TDH should be reported by telephone immediately to the MPHD. The report will be evaluated by the state hospital epidemiologist or a CEDS physician who will provide guidance for testing and contact management. Case report forms for CEDS and/or CDC will be completed by the Notifiable Disease staff and submitted to CEDS immediately, if indicated.

F. Investigating and responding to potential cases or local outbreaks

1. Response to suspected cases or contacts
 - a. The hospital will notify the Notifiable Disease Division Director at MPHD that a suspected case of the novel influenza virus has been identified. The hospital will have the option of sending a sample to the State lab or requesting the assistance of the MPHD's (Public Health Investigation Team) PHIT.
 - b. Notifiable Disease Division Director will contact the Public Health Investigation Team (PHIT) and they will deploy to the site of the hospital with the suspected case.
 - c. The CEDS physician at TDH will be contacted to determine if a sample test is required.
 - d. If requested, the PHIT will collect samples to be sent to the TDH Laboratory for confirmation. The CEDS physician will contact the Notifiable Disease Director with the results.
 - e. MPHD personnel will conduct rapid contact tracing to identify and evaluate close contacts for evidence of disease. Because of the short incubation period, contact tracing should not be delayed for laboratory confirmation in cases where the person meets the clinical/epidemiologic case definition. If the person cannot be interviewed, household and/or other contacts should be interviewed.
 - f. As the investigation grows the use of Disease Intervention Specialists (DIS) from the Tuberculosis (TB) and Sexually Transmitted Disease (STD) programs will be used to conduct interviews over the phone.
 - g. The collected data will be entered into either EpiInfo or the Outbreak Management System (OMS) by data managers or epidemiologists attached to the Epidemiology and Health Monitoring Division.

- h. Information will be communicated to the Planning Section Chief in the form of reports and briefings and used to update the Incident Action Plan to contain the spread of the virus.
- i. The Notifiable Disease Division Director or her designee will maintain communication with the TDH CEDS physician.

2. Case Management

- a. Individuals suspected of having been exposed to a novel influenza virus will be quarantined.
- b. Quarantined contacts or isolated cases should be assessed for symptoms of illness in person or by phone by a public health nurse or physician at least every 24 hours. Contacts should be provided with written information about symptoms and how to report them as soon as they develop. Daily follow-up should be documented by epidemiology in the OMS system or other database in use.
- c. Antiviral medications will be obtained from state or federal stockpiles through the SNS system according to federally-established protocols. Post-exposure prophylaxis or early treatment with an appropriate antiviral medication will be initiated as indicated by the State Epidemiologist or a designee.
- d. The Chief Medical Director of the MPHD will seek a facility, in conjunction with the TDH, to quarantine the suspected cases and contacts.
- e. Cases and contacts should be quarantined using contact and droplet precautions. Quarantine is to remain in effect pending evaluation of the suspect case and laboratory testing.
- f. MPHD, with the assistance of the Medical Reserve Corp (MTMRC), will provide the staff needed to care for people isolated or quarantined. The Director of the MTMRC should be contacted at 615-322-7639.
- g. The American Red Cross (ARC) will provide food and water for those isolated or quarantined. The number for the ARC is 615-250-4296.
- h. If a person under quarantine or isolation requires medical assistance that exceeds the ability of the on-site staff, the person will be transported to the hospital.
- i. If a case is transported to a hospital, the MPHD will have daily contact with a designated point of contact at the treating facility on order to monitor clinical outcome.

- j. Mental health services will be provided by the MPHD's behavioral health staff. The MTMRC will supplement the MPHD staff with behavioral health personnel.
 - k. In order to maintain communication, a hotline number for the MPHD will be available for questions and screening. Printed information sheets will be given to those quarantined and isolated. Phone lines will be made available at the facility for communication with family and friends.
 - l. Persons who are quarantined because of exposure to a confirmed case will remain quarantined until the incubation period has lapsed or will be offered post-exposure prophylaxis according to standard recommendations at the time as approved by the State Epidemiologist or his designee.
 - m. Cases or contacts unwilling to cooperate with necessary public health instructions for isolation, quarantine, or medical testing may be issued written health directives, temporary emergency hold orders, or public health measures by the Chief Medical Director of MPHD, prepared with the assistance of an attorney, to compel their immediate compliance, in accordance with state public health regulations (Tennessee Department of Health Rules and Regulations 1200-14-4).
 - n. Information Management:
 - (i). Information on all cases and contacts will be managed using OMS or other database system.
 - (ii). For OMS, specimens approved for laboratory testing at the TDH Laboratory should be documented in the system before testing.
 - (iii). Laboratory results for specimens submitted will be entered into OMS or other database by state public health laboratory staff.
3. All contacts should be instructed:
- a. To take antiviral medication as instructed, if provided.
 - b. To take their temperature and document it if they have a high fever.
 - c. To be vigilant for early signs of illness (e.g. fever, muscle aches, headache, cough, runny nose, diarrhea).
 - d. At the first sign of illness, to isolate themselves from other people, put on a surgical mask, and call a number provided by MPHD for clinical assistance.
 - e. Inform case to wear a surgical mask when going out of the house to seek

medical attention.

- f. To alert healthcare providers in advance of their arrival for medical evaluation and at the time of arrival that the person has been exposed to a novel influenza virus.
- g. Close contacts of persons not exhibiting symptoms are not restricted in their activities.
- h. Contacts should be notified when the period of quarantine ends.

4. Legal measures

See Section 7 Supplement 1 Legal Authority for details on legal measures that the Chief Medical Director of Metro Public Health Department may impose upon uncooperative isolated or quarantined individuals, including:

- o Health Directive (signed by health officer)
- o Temporary Emergency Hold (signed by judge with only an ex parte hearing – only the health officer petition is heard)
- o Court-Ordered Public Health Measure (signed by judge after a hearing)

G. Home Isolation: Pre-pandemic

If a patient, still considered infectious, is to be isolated at home, instead of in a hospital, the following steps should be taken:

1. Confirm the suitability of home environment for safe isolation of patient.
 - a. The home should have a telephone, electricity, running water, and another adult to act as the primary caregiver.
 - b. Household members other than the caregiver should be advised to live elsewhere for the duration of isolation, if feasible. If not, these household members should have minimal contact with the isolated/quarantined patient. Household contacts at high risk of complications, if infected, should not have contact with the patient or the patient's environment.
 - c. If health department or hospital personnel believe the patient to be unable or unwilling to be isolated safely at home, then alternative housing should be used or the patient should remain in the hospital for the duration of isolation.

H. Instructions and educational materials

The following materials will be provided:

1. Written instructions specific to this patient: date isolation ends, phone number for a health department contact, when they will be contacted by the health department, and what to do in case of acute medical care needs. This information will be provided on health department letterhead with the patient's name written in. This letter could be used as verification to employers or aid organizations.
2. Contact list of regional or local volunteer resources for social support (e.g. food, child care, emotional and spiritual needs and emergency financial needs).
3. Instructions on how to prevent the spread of illness to others (e.g. hand hygiene, surgical mask use).
4. Instructions to the household contacts on monitoring themselves for symptoms and instructions to wear a surgical mask and call the health department as soon as they develop symptoms.
5. If a health directive or other legal public health measure is issued, a copy must be provided along with a copy of the TDH Rules 1200-14-4.

I. Guidelines for infection control in the home

1. Masks
 - a. All persons in contact with (in the same room as) a patient should wear a surgical mask.
 - b. The patient should wear a surgical mask when in contact with uninfected people, if feasible, and any time they have to go outside the home.
 - c. Any time the patient needs to go to a doctor's office or to a hospital, the patient and caregiver should wear a surgical mask and they should alert the facility that they are coming so that the patient does not wait in a public waiting area.
2. Hand hygiene
 - a. Hand hygiene can be defined as thorough hand washing with soap and water or the use of an alcohol-based hand sanitizer when hands are not visibly soiled.
 - b. Patients should wash their hands frequently, especially after coughing and sneezing or using the restroom.

- c. Caregivers and contacts of patients should wash their hands before and immediately after any contact with the patient or their belongings or body fluids, whether or not gloves are worn.

3. Environment

- a. Household waste, such as facial tissues and surgical masks, can be thrown away as normal garbage.
- b. Laundry can be cleaned safely in a washing machine using normal detergent.
- c. Cleaning of household items or surfaces that the patient has touched can be achieved by wiping surfaces down with any EPA-registered disinfectant, according to manufacturer's instructions (see label), or with a dilute bleach solution (a quarter cup of household bleach in a gallon of water). Examples of EPA-registered disinfectants include: Vani-Sol™, Scrubbing Bubbles™, Tilex™ Instant Mildew or Soap Scum Removers, Lysol Disinfectant™.

4. Monitoring of household contacts and caregiver

At the earliest sign of illness, they should contact the health department. Antiviral medication will be given according to the State epidemiologist's recommendation and should be used as directed.

J. Quarantine

1. Confirm the suitability of the home environment for safe isolation of patient.
 - a. The home should have a telephone, electricity, running water, and another adult to act as the primary caregiver.
 - b. Household members other than the caregiver should be advised to live elsewhere for the duration of quarantine, if feasible. If not, these household members should have minimal contact with the person under quarantine. Household contacts at high risk of complications, if infected, should not have contact with the person under quarantine or their environment.
 - c. If the MPHD believes the person under quarantine is unable or unwilling to be quarantined safely at home, then alternative housing should be used.
 - d. Basic needs are provided for (e.g. food, medication, mental health care).

K. Instructions and educational materials

The following materials will be provided:

1. Written instructions specific to this patient: date quarantine ends, phone number for a health department contact, when they will be contacted by the health department, and what to do in case of acute medical care needs. This information will be provided on health department letterhead with the patient's name written in. This letter could be used as verification to employers or aid organizations.
2. Contact list of regional or local resources for social support (e.g. food, child care, emotional and spiritual needs and emergency financial needs). See Appendix A.
3. Contact information for health department and for medical services if symptoms develop.
4. Provide information sheets on suspected disease and instructions on how to prevent the spread of illness to others such as wearing a surgical mask and practicing good hand hygiene.
- 5.. Provide instructions to notify the contact number provided at MPHD if the person under quarantine or the caregiver exhibits a temperature >100.4°F, muscle aches, malaise, or respiratory symptoms for prescribed number of days following exposure.
6. If provided, directions for taking antiviral medication.
7. Instructions to the household contacts on monitoring themselves for symptoms and instructions to wear a surgical mask and call the health department as soon as they develop symptoms.
8. Before going to a healthcare facility, ensure that the medical care provider knows that they may have be exposed to a novel influenza virus. If the person calls their public health contact, this public health official should contact the receiving medical facility.
7. If a health directive or other legal public health measure is issued, a copy must be provided along with a copy of the TDH Rules 1200-14-4.

L. Alternative Housing

MPHD will provide a facility, in conjunction with the TDH, where infectious persons can be isolated until they are non-infectious (i.e. "patients") or quarantined contacts for the prescribed number of days after exposure (i.e. "contacts"). The facility operator should be informed of any steps necessary to protect the facility's staff. Staffing, food and communications will be arranged for by the health department. Such arrangements may be necessary for the following groups of persons:

- Homeless or indigent persons
- Travelers without an in-state residence
- Persons whose homes are inadequate for safe isolation or quarantine (e.g. a dormitory, a home without a separate bedroom for the patient, etc.)

MPHD will keep the identity of persons housed by the department confidential as well as the reason for quarantine or isolation.

M. Patient isolation facilities outside homes or hospitals

Every effort will be made to ensure that all facilities chosen, for housing isolated patients, will have the following characteristics:

1. Separate rooms for patients
2. Functioning telephone, electricity, and potable water
3. A separate bedroom for the patient, if a caregiver is staying with the patient. The bedroom should have a floor-to-ceiling wall with a door that remains closed at all times.
4. A separate bathroom designated for the patient
5. The ability to control access to the facility and to each room (i.e. fencing around the facility with limited access to outside parking, locking exterior doors, or the ability to post a security guard)
6. Areas that can be designated for patient evaluation, treatment, and monitoring
7. Rooms and corridors that can be disinfected
8. Facilities for accommodating staff (i.e. lounge, break room, living quarters)
9. Bagged garbage cans and regular garbage pick-up for disposal of waste
10. Facilities for collecting and laundering linens and clothing
11. Easy access for delivery of patients and supplies
12. Availability of food services and supplies

Supplement 3: Pre-kindergarten through Twelfth Grade And Child Care

Purpose

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

Introduction and Assumptions

A. Influenza in children

The Centers for Disease Control and Prevention (CDC) estimates that attack rates among school-aged children will be the highest of any age group (about 40%). Factors that contribute to this rate include children's immune system characteristics, hygiene practices, and prolonged close contact in congregate school settings. Ill children are generally more infectious than adults, shedding larger quantities of virus for a longer time, and will expose their household contacts to the virus. A pandemic influenza virus is expected to cause more deaths and severe illness than seasonal influenza among school-aged children; however, under current manufacturing conditions, vaccine and antiviral medications will not be widely available – prevention of exposure will be the primary means of protecting children's health.

Once a pandemic virus is confirmed present in the United States, spread throughout the country is expected to be inevitable and rapid, occurring in a matter of weeks. It also is possible that illness caused by the pandemic strain could occur sporadically for weeks before the beginning of the actual pandemic wave, as occurred in 1957 and 1968. For this reason, interventions to protect school children in Davidson County would be initiated in a stepwise fashion as soon as the virus is present in the United States.

B. Mandated versus recommended school interventions

Procedures outlined in this plan reflect a worse-case scenario of a 1918-like pandemic (illness is fatal in about 1 in 50 affected persons). Decisions to implement all social distancing measures, such as school closure, will be reviewed and revised based upon the virulence of a particular virus and evidence of the effectiveness of disease control strategies.

C. Colleges and Universities

Colleges and universities are affected by state policies concerning non-essential public gatherings, but not by specific school closure requirements affecting preK-12 schools. College students are older and have less continuous group contact than school-aged children. The closing of dormitories or suspension of classes at a college or university will be decided by the administration. Colleges and universities are expected to develop campus plans and to collaborate with Davidson County pandemic planning officials for community pandemic plans. Recommendations for college and university internal pandemic planning are available in Section 7 Attachment A in the TDH plan (Appendix I).

D. Licensed child care facilities

Child care facilities caring for 13 or more children licensed by the Department of Education and the Department of Human Services will also be closed and re-opened in concurrence with pre-K-12th grade schools when the decision to do so is made by the Commissioner of Health.

E. Routine authority to close schools and child care facilities

Nothing in this pandemic response plan is intended to interfere with the authority of educational authorities, private schools, colleges and child care facilities to choose to close for reasons other than meeting the criteria for public health-ordered closure. Routine reasons for closure, such as high absenteeism rates, may result in school closure decisions by such authorities and does not require the involvement of public health officials.

Concept of Operations

A. Agency responsibilities

The Chief Medical Director of the MPHD, pursuant to Metropolitan Code of Laws §§ 10.16 et seq., has the authority to investigate possible diseases among the Davidson County population, establish and maintain disease control methods, including quarantining, isolation, and institute other restrictions necessary for the protection of the public health. This authority includes the ability to implement necessary interventions in schools to slow the spread of disease, up to and including closure of public and private pre-K – 12 schools. The Chief Medical Director of the MPHD will act in accordance with the Commissioner of Health to determine what method of control should be implemented depending upon the risk to the public health, and the effectiveness of any controls already in place.

B. Private versus public schools

Private schools will be subject to the same public health requirements as public schools, including school closure, discretionary gathering cancellation and hygiene recommendations.

C. Criteria for closure

Upon notification by the Commissioner of Health that the following school closure criteria have been met, the Chief Medical Director of the MPHD will declare when child care facilities, public schools and private schools in Davidson County, pre-kindergarten through twelfth grades, should be closed.

The criteria used to determine school closure are:

1. The pandemic virus causes morbidity and mortality in excess of routine seasonal influenza, and
2. Laboratory confirmation of the pandemic virus in the county or a surrounding county, and
3. Epidemiologic evidence from a state surveillance system indicating community spread of the pandemic virus in the county or a surrounding county.

D. Criteria for re-opening

Schools and child care facilities will be reopened when surveillance systems indicate that the pandemic wave has subsided (based upon sentinel provider and hospital surveillance).

E. Summary of protocol for licensed child care facilities (≥ 13 children):

Licensed child care facilities will be closed and re-opened at the same time local schools are directed to do so.

Strongly recommended steps to reduce the spread of illness include:

1. Providing hand hygiene supplies and tissues for children and staff
2. Providing hygiene education to children and staff
3. Strictly excluding from the facility all sick children until they have been without a fever for 24 hours.

F. Protocol for public and private schools when domestic transmission of pandemic virus is identified in the United States

Depending upon the severity and epidemiologic characteristics of the pandemic influenza virus, school interventions will begin as soon as the virus is present in the United States. Control measures will be consistent with the best available evidence of effectiveness at the time, and proportional to the risk (determined by the virulence of the virus) up to and including the following steps:

1. Measures taken by MPHD

The Division of Epidemiology and Health Monitoring will continue to track daily school absenteeism data, provided by Metro Nashville Public Schools, to monitor for unusual patterns of absenteeism.

2. Measures taken by Director of Metro Nashville Public Schools

- a. In all schools, educate children and staff about good health habits necessary to help prevent illness, such as hand hygiene, respiratory etiquette and staying home when sick.
- b. Prepare staff, parents and students for the next steps to prevent the spread of illness, up to and including school closure for the duration of the pandemic waves in the community.
- c. Strongly encourage parents to keep children with febrile illnesses home from school; encourage teachers and school administrators to separate children with febrile illnesses at school from others and send them home.
- d. Suspend school attendance incentive programs.
- e. Ensure all students and employees have access to hygiene materials and are encouraged to use them appropriately; materials should include toilet paper, facial tissues, soap and alcohol-based hand sanitizers.
- f. Initiate the canceling of all school gatherings such as spectator attendance at school-based sporting events throughout Davidson County, including both public and private pre-kindergarten through 12th grades and colleges and universities.

G. Domestic transmission of pandemic virus is laboratory-confirmed by CDC or the TDH Laboratory in Davidson County.

Measures taken by the MPHD:

Monitor state surveillance data to determine criteria for local school closure have been met.

Information will be shared with CEDS to assure that the public health need for school closure is quickly recognized and communicated.

Once the presence of documented community transmission within Davidson County is noted, the Chief Medical Director of MPH, in accord with the state Commissioner of Health will determine if all schools and licensed child care facilities within Davidson County should be closed and will communicate the decision to the Director of Nashville Metro Public Schools.

The Chief Medical Director of the MPH will communicate control measures and public health closure of these facilities to the Director of Metro Public Schools.

H. Pandemic wave ends in Davidson County

1. The Chief Medical Director of the MPH will declare when all schools (pre-kindergarten through twelfth grades) and child care facilities in Davidson County should be re-opened and will communicate the decision to the Director of Metro Nashville Public Schools.
2. The Chief Medical Director of the MPH will communicate information publicly to the community to assure that child care facilities and private schools are aware of the re-opening.

I. Re-closure of schools in Davidson County in the event of Influenza like illness (ILI) among children after schools are re-opened

1. Upon notification by Metro Nashville Public Schools, or other school or daycare, that children are coming to school with ILI, Davidson County Health Department officials will investigate the cause.
2. If the cause is the pandemic influenza virus, schools in Davidson County may be re-closed by the Director of the MPH.

J. Director of Metro Nashville Public Schools

1. Re-close schools upon the recommendation of the Chief Medical Director of the MPH or the TDH Commissioner.
2. Re-open schools upon the recommendation of the Chief Medical Director of the MPH or the TDH Commissioner.
3. Private or public school authorities and child care facility operators may choose to close under their own authority in the absence of a recommendation to close by the Chief Medical Director of the MPH or the TDH Commissioner.

K. Normal activities will be resumed during the period between pandemic waves

L. Subsequent pandemic waves

1. When required, there will be repeat stages of closure and re-opening for successive pandemic waves.
2. Based on the evidence of best practices for protecting health, the Commissioner of Health will recommend school closures in light of the increasing or waning virulence of the influenza virus. The Chief Medical Director of the MPHD will follow the recommendations of the Commissioner of Health.

Supplement 4: Special Populations

A. Purpose

To provide planning guidance and outline the Metro Public Health Department's policy for populations at special risk because of confinement or language barrier.

B. MPHD's role

The Volunteer Coordinator for MPHD is the assigned liaison for long-term residential care facilities, as well as jails and prisons. The MPHD will provide information and guidance to facilities concerning precautions and procedures for vaccination staff and residents if applicable. Communication with facilities will be based on the contact information provided by the facilities.

C. Guidelines

All special population groups will be provided antivirals following the same method as the general population as outlined in Section 6 Antiviral Drug Distribution and Use. Vaccine will be distributed to the special population groups according to the tiered system outlined in Section 5 Vaccine Distribution and Use.

D. Correctional facilities (prisons and jails)

The Tennessee Department of Corrections is responsible for developing pandemic response procedures for prisons in Tennessee. The Sheriff's Department will develop pandemic response procedures for the local jails. The MPHD will share medical recommendations, information on disease spread and effective strategies for prevention.

E. Nursing homes

As is the case with hospitals, individual nursing homes are responsible for creating their own pandemic response plans. The MPHD will share the latest guidance on infection control and pandemic planning with these facilities. Facilities should note in their plans that healthcare providers caring for nursing home residents are eligible for vaccine however, nursing home residents are excluded from the highest priority medical risk groups for vaccination, largely because of their poor immune response to vaccination. Studies show that immunization of health care providers in these facilities is as effective as immunization of residents. In addition, the vaccine is not expected to elicit a protective immune response in these patients.

Alternative measures such as good health habits and social distancing can effectively protect these residents. Nursing homes and other similar facilities should ensure that all residents, for whom it is recommended, have received the pneumococcal vaccine to protect them from

pneumococcal infections that may complicate influenza infections (all >64 years and those with chronic health problems).

Nursing home residents needing medical care may face special challenges during a pandemic wave in a community because health care facilities will be overwhelmed. If hospitals are unable to accept nursing home residents, health care may need to be provided on site by the staff of the nursing home facility.

The Bureau of Health Licensure and the Tennessee Health Care Association (THCA), which represents approximately 90% of licensed nursing homes, will assist in communicating infection control measures and offering guidance. THCA has e-mail, fax and mailing addresses for members (only fax and mailing addresses reach all members) and is willing to disseminate information to member and non-member nursing homes. The Department of Health's Bureau of Health Licensure also will communicate with all licensed facilities, including assisted care living facilities and residential homes for the aged.

F. Other long-term residential care facilities

Other types of long-term residential health and mental health facilities, such as group homes, should follow the same guidance as nursing homes, adapted as needed to their specific settings. They should designate staff to coordinate pandemic preparedness and response and engage with hospital and community planners as needed to collaborate to meet the needs and use the resources of the facilities in local plans. They also should keep up with official pandemic information updates from the MPHD, the TDH and federal government for the latest recommendations.

G. Basic Principles for all facilities

1. Access to hand hygiene products and tissues.
2. Screening of residents/ inmates for fever and respiratory symptoms.
3. Segregation of ill and well residents/ inmates.
4. Suspension of visiting privileges when a pandemic wave is present in the community.
5. Screening of employees for fever and respiratory infection symptoms to assure that they do not work while ill.
6. Vaccination of staff as available.
7. Restriction of visitors, except in essential situations, and strict exclusion or isolation of anyone with fever or other respiratory illness symptoms

H. Non-English speakers

Every effort will be made to provide resources in Spanish and links to resources in other languages on the MPHD and TDH pandemic influenza website. A telephone-based translation service will be used by health department personnel to communicate with non-English speakers.

Section 8

Communications Plan

Introduction

The perceived threat of a worldwide flu pandemic calls for a proactive communications approach that provides consistent, timely, and easy to understand information for an informed and prepared community. The communication action plan will follow a two step approach. The first focuses on increasing awareness prior to a pandemic, and the second provides information in the event of a pandemic.

Persons living, working, and visiting Davidson County will increasingly seek information as more pandemic flu coverage appears in all forms of media, including Internet, print, national network news, cable news networks, and other outlets. To retain the public's trust, the Metro Public Health Department will reach out to the community and be ready to respond to community requests quickly and accurately based on confirmed flu pandemic information.

Metro Public Health Department has an established communication approach that provides information to government officials such as the Mayor's office, Metropolitan Government department heads, and Metro Council members. Pre-event communication will help ensure an organized response from Nashville's governmental agencies in the event a pandemic occurs. MPHD will depend on key information from State and Federal resources, including the Centers for Disease Control and Prevention (CDC), Health and Human Services (HHS), the Tennessee Department of Health (TDH), and the World Health Organization (WHO).

The Public Information Officer (PIO) for MPHD serves on the General Staff of the Incident Command Structure (ICS). In the event of the activation of the ICS, the PIO will work with the Incident Commander (Chief Medical Director for MPHD), the Liaison Officer, and the Tennessee Department of Health to coordinate informational announcements to be used to keep the persons living and working in Davidson County informed.

Purpose

To ensure timely dissemination of preparedness information to everyone in Davidson County prior to, during, and following a flu pandemic.

Assumptions

The demand for information will be great once the pandemic becomes imminent. Regularly updated, accurate and current information must be readily available in a variety of communication avenues to meet these information needs.

Communications Tools/Strategies

MPHD regularly depends on a variety of communication tools, including TV, radio, internet, and print media, to reach the community rather than relying on one information resource.

A. News Media

News media outlets are an established information resource that will be used by MPHD to distribute key messages before, during, and following a flu pandemic. Television, radio and newspapers typically reach more than 1,000,000 middle Tennessee viewers, listeners, and readers each day.

When a flu pandemic becomes imminent, the PIO will follow the MPHD's Crisis Communication Plan (see Appendix M). Ongoing and immediate information updates will be conducted for government officials. MPHD will provide news releases and updates to the media on a regular basis. A schedule for the media briefings will be provided. The Crisis Communication Plan will assure that consistent and accurate information is delivered to those who need to know to ensure appropriate management of the pandemic event, to provide reassurance to the public, and to prevent panic. The Department's PIO has established agreements with the Nashville news media to provide a link to preparedness information on each outlet's website and to MPHD's website for updates and direction in the event of a flu pandemic.

B. "Metro 3" Government Cable Access Channel

Metropolitan government's cable access channel – Metro 3 – provides the Health Department production and broadcast capabilities that will be used to reach out to the community with preparedness information and will broadcast key messages and direction during a flu pandemic.

Metro 3 will collaborate with the Mayor, the Chief Medical Officer for MPHD, and TDH to develop Public Service Announcements (PSA) to be provided to all media outlets. The information contained in the PSA's will also be streamed on the MPHD's website. The PSAs will be updated throughout the course of the pandemic event to ensure that the information provided is timely and accurate.

Metro 3 will produce preparedness presentations featuring a public health expert and supporting PowerPoint slides. Presentations will be marketed to key stakeholders and community groups. Preparedness presentations will be broadcast on Metro 3.

The PIO has an established process in place to reach key Metro 3 staff with key public health information for broadcast. Metro 3 offers an outlet to broadcast updates – 24 hours a day – providing public health direction during a flu pandemic.

C. Pandemic Influenza Internet Information

MPHD will establish a special pandemic flu section on the existing website. Information on the

site will be regularly updated throughout the course of the pandemic. MPHD's website provides links to TDH, CDC, and HHS allowing viewers access to authoritative state, national and international sources of information.

MPHD will place preparedness presentation on streaming video on Nashville.gov and all other applicable Metro Department Internet sites.

D. Pandemic Influenza E-Mail Updates

MPHD's Internet site, <http://healthweb.nashville.gov>, currently offers visitors/viewers the opportunity to register to receive free e-mail updates from the department containing current health information. Pandemic influenza information – pre-event and during a flu pandemic -- will be distributed to those who register to receive the updates. The site is managed by the Information Services Division at MPHD. Information provided on the website and in the emails is provided by the PIO, in conjunction with the Chief Medical Officer and the Executive Management Team of MPHD. During a pandemic influenza event, the PIO in collaboration as outlined in the Introduction to this Section will provide the most current information available to MPHD's Webmaster for posting on the site and for inclusion in the emails.

The e-mail updates will supplement MPHD's telephone information hotline and will seek to increase number of visitors accessing general information on the MPHD's Internet site.

E. MPHD Information Hotline

MPHD has the capability to provide an information hotline with staff prepared to answer basic questions for non-clinical community members. The decision to implement the hotline is made at the time that the Crisis Communication Plan is initiated. Staff currently working in communicable disease investigation supported by other MPHD staff who will receive just-in-time training will be the primary source of manpower for the hotline. Information provided on the hotline will be developed and provided by the PIO in collaboration as outlined in the Introduction to this Section

F. TDH Information Hotline

To accommodate calls from surrounding counties, TDH's hotline number will be placed on MPHD's website, in MPHD's news releases, and the MPHD hotline will also provide this information.

G. CDC Information Hotline

The Health Department will include the Centers for Disease Control and Prevention (CDC) hotline as a resource in MPHD news releases, website, and key messages.

H. Metro EOC Reverse 911

MPHD has established a process with Metro's 911 Center using the Reverse 911 recorded message system to distribute information to targeted areas within Davidson County. The PIO will provide key public health messages to the 911 Center for distribution as needed.

I. Metro Department Briefings

As outlined in the Crisis Communication Plan (Appendix M), regular conference calls/meetings will be held to provide pandemic flu updates to Metro Government departments.

Section 9:

Workforce Support

Workforce Support

Metro Public Health Department will provide a variety of supports for our response staff to ensure they are able to meet their basic physical and mental health needs.

The first of these is information about pandemic flu and its likely effect on them, their families, and the community. Ongoing educational sessions will be conducted with all staff, not just those that will be involved in specific response to the pandemic flu. These sessions will inform the staff about actions they can take now and when flu is spreading in the community to protect themselves and their families. These sessions will also inform the staff of the department's plans to respond to the pandemic including outlining the specific roles public health department employees will undertake. In addition, the educational sessions will include presentations by mental health professionals describing the likely emotional responses staff will experience and witness with their family members, fellow employees, and members of the community. This segment will also describe the mental health supports that will be made available to staff during the epidemic.

These information sessions will be supplemented with materials that staff will be able to take home for further reading and sharing with their family and friends. In addition, a section of the Department intranet will include information about pandemic flu, the department's role, and steps employees can take to protect themselves and their families and remain viable employees fulfilling their vital roles in the department's response. The intranet page will include an interactive function providing employees the opportunity to pose questions and receive a response.

During the epidemic, a major role for the Department's response team is staffing a telephone hotline. The department has the capability of setting up a phone response center with up to 60 stations. We anticipate that there will be a large volume of incoming calls to the hotline by the general public, especially during the first few weeks of the epidemic. Our plan during these early weeks is to staff the hotline from 7 am to 7 pm daily. Staff will work 12 hour shifts with two half hour breaks. Staff will be encouraged to bring their own food and drink, but a break room will also be set up with food and drink available. A separate room will be made available with cots for those who wish to rest during breaks. The telephone hotline area, food break area, and resting area will all be established within the confines of the Lentz Public Health Center which is the main administrative location of the health department. Arrangements have been made with Second Harvest Food Bank to supply the food and drink that will be made available to employees in the break room. This is one component of several services to be provided by Second Harvest Food Bank which are described in the MOA with that agency.

Employees working extended hours during the response will continue to commute to their homes for sleeping, showers, etc. Employees are expected to provide their own transportation. In the event an employee depends on public transportation and it becomes unavailable, a volunteer transportation system provided by other employees will be arranged.

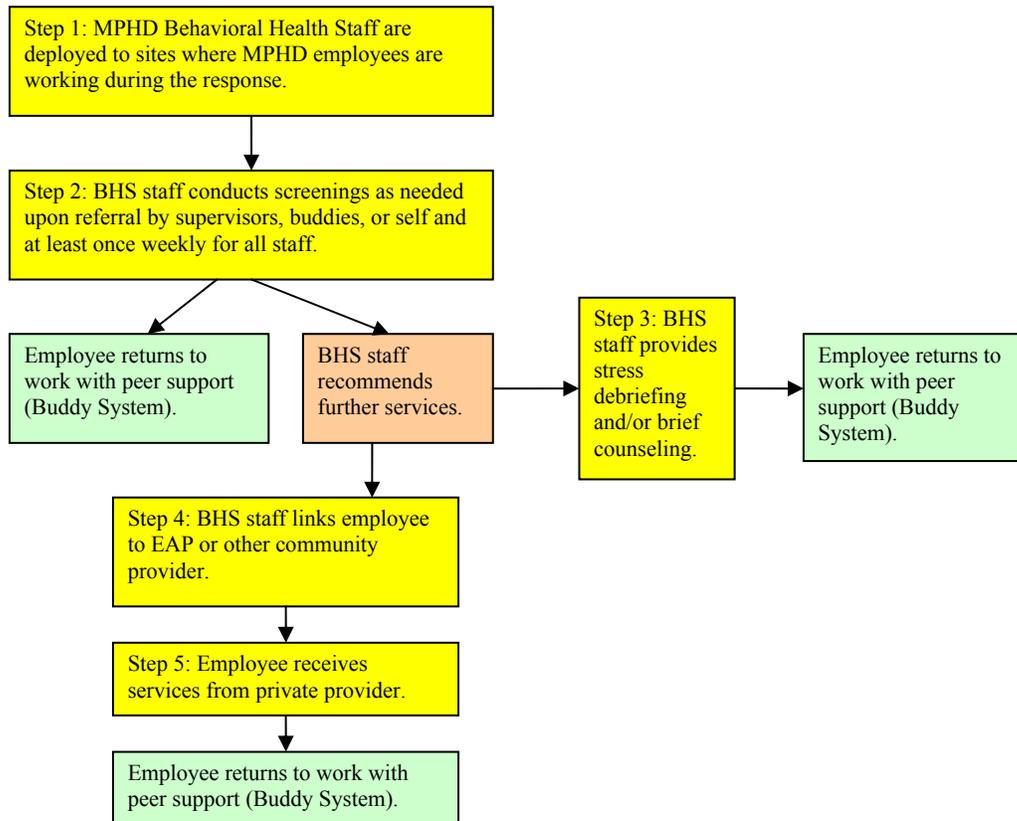
Employees working in response to the flu pandemic are likely to need emotional support and in some cases actual counseling by a mental health professional. To address these needs, the department's Behavioral Health Staff will be available on a daily basis. At the beginning of each shift, there will be a checking in time and briefing. The mental health staff person on duty will be introduced and staff will be encouraged to take advantage of their services if needed. In addition, each staff member will be asked to select another at the response site to look after and be looked after, i.e., a "buddy" who will offer support and encouragement. Supervisors will also check in with their employees from time to time and determine how they are coping. Anyone identified with a need, will be encouraged to talk with the mental health counselor. A diagram of the mental health services that will be provided follows below.

Social Support

It is anticipated that large numbers of our citizens will need assistance meeting physical, financial, emotional, medical, and spiritual needs during a pandemic. While it is not the responsibility of public health authorities to meet these needs, it is our duty to provide information to those who call on us about where they can find help. Thus, we have compiled a resource list of agencies that can meet these needs. The list includes the address and contact information of each agency and the specific needs they are prepared to address. This list was compiled from information provided by the local 211 telephone referral agency. We are now in the process of contacting these agencies to confirm the services they are prepared to provide during a pandemic.

In addition to providing this resource information in paper form and on our web site, we have developed a Memorandum of Agreement with the 211 agency that outlines the procedure we will follow in connecting persons to that resource for additional information and referral.

Flow Chart for Mental Health Services Provided to MPHD Workers
During a Disaster Response Such as Pandemic Flu



Explanatory Notes

1. Behavioral Health staff includes a team of 5 MH/AD counselors and five behavioral health staff from the Downtown Clinic.
2. The Director of the Behavioral Health staff will direct the team making decisions about deployment of staff and scheduling.
3. MPHD staff will be provided information and training about their preparation in advance. This will include a safety plan for their family and counseling about their own emotional health during the response.
4. Each MPHD staff will select another MPHD staff at the response site to look after and be looked after, i.e., a “buddy” who will offer support and encouragement.

Appendix A

Workforce and Social Support Resource List

Low Cost or Sliding Scale Medical Care

Faith Family Medical Clinic
Vine Hill Community Clinic
St. Thomas Family Health Center West
St. Thomas Health Center South

Federally Qualified Health Care Centers (FQHC)

United Neighborhood Health Services, Inc.
 Cayce Family Health Center
 Southside Family Health Center
 Waverly Belmont Family Health Center
 Northeast Family Clinic
 Dalewood School Clinic
 Madison Family Clinic
 Maplewood High School Clinic
 Antioch High School Clinic
Matthew Walker Comprehensive Health Center
Siloam Family Health Center
Health Care for the Homeless

Prescription Assistance

Goodlettsville Help Center
Metro Action Commission
Partnership for Prescription Assistance
Together Access Rx Program

Financial Assistance

Metro Action Commission
Saint Luke's Community House
Ladies of Charity Welfare Agency, Inc.
Big Brothers of Nashville, Inc.
Assumption St. Vincent North Nashville Outreach
Salvation Army Emergency Services Center
Campus for Human Development
Goodlettsville Help Center
Christian Community Outreach

Counseling for Low Income or Sliding Scale

AGAPE

Jewish Family Services of Nashville and Middle Tennessee
LifeCare Family Services
Woodmont Hills Church of Christ
Tennessee Christian
Centerstone
Catholic Charities of Tennessee, Inc.
St. Stephen Church
FCS LifeWork Counseling Practice (Southeast Counseling Office)
FCS LifeWork Counseling Practice (201 23rd Ave N.)
Vine Street Education and Counseling Services
First Church Unity

Adult Day Care .

American Senior Care Centers, Inc.
J.B. Knowles Home
Catholic Charities of Tennessee, Inc.
Westminster Presbyterian Church - Adult Day Services

Child Care

Bethlehem Centers of Nashville
Edgehill Center, Inc.
McNeilly Center for Children, Inc.
McNeilly at Nashville Child Center
McNeilly Center (611 Stockell Street)
Eighteenth Ave. Family Enrichment Center
Martha O'Bryan Center
Fannie Battle Day Home for Children

Child Care Resource and Referral Service .

Tennessee Department of Human Services

Emergency Food

American Red Cross Nashville Area Chapter
Assumption St. Vincent North Nashville Outreach
Second Harvest Food Bank

Second Harvest Satellites

East Nashville Co-op
Martha O'Bryan Center
New Life Seventh Day Adventist Church
Salvation Army Magness Potter
Bethlehem Centers of Nashville
Lutheran Family Services
Progressive Baptist Church
Hamilton United Methodist Church
St. Luke's Community House
Christian Cooperative Ministry

Donelson Christian Church
Goodlettsville Help Center
Christian Community Outreach
New Song Christian Fellowship Woodbine

Food Pantries not associated with Second Harvest

Provision International
Madison Church of Christ
Music City Mission
Charis Ministries
Adventist Community Services Of Madison
Ladies of Charity Welfare Agency, Inc.
Payne Chapel A.M.E. Church

Employment

Tennessee AFL-CIO Labor Council
Urban League of Middle TN
Christian Women's Job Corps
Middle Tennessee Career Center
Middle Tennessee Career Center (Nashville South)
Middle Tennessee Career Center (Opry Mills)
Middle Tennessee Career Center (Southside Enterprise Zone)
Martha O'Bryan Center
Better Tomorrows Adult Education Center, Inc.
Goodwill Industries of Middle Tennessee, Inc.
Park Avenue Community Career Center
Labor Source of Tennessee, Inc.

Low Cost or Sliding Scale
Medical Care

Faith Family Medical Clinic

326 21st Ave N.
Nashville, TN 37203
(615) 341-0808
<http://www.faithmedical.org>

Vine Hill Community Clinic

601 Benton Ave.
Nashville, TN 37204
(615) 292-9770

St. Thomas Family Health Center West

5201 Charlotte Ave
Nashville, TN 37203
Description:
(615) 222-1900
<http://www.stthomas.org>

St. Thomas Health Center South

4928 Edmonson Pike, Suite 205
Nashville, TN 37211
(615) 222-1400
<http://www.stthomas.org>

United Neighborhood Health Services, Inc. (FQHC)

617 South 8th Street
Nashville, TN 37206
(615) 228-8902
maryunhs@aol.com

Cayce Family Health Center (FQHC)

617 S. 8th Street
Nashville, TN 37206
(615) 226-1695
<http://www.unhs.net>

Southside Family Health Center (FQHC)

107 University Court
Nashville, TN 37210
(615) 726-1807
<http://www.unhs.net>

Waverly-Belmont Family Health Center (FQHC)

1501 12th Ave S.
Nashville, TN 37203-4909
(615) 269-3461
<http://www.unhs.net>

Northeast Family Clinic (FQHC)

222 Grace Street
Nashville, TN 37207-5802
(615) 255-8224
<http://www.unhs.net>

Dalewood School Clinic (FQHC)

1460 McGavock Pike
Nashville, TN 37216
(615) 226-2679
<http://www.unhs.net>

Madison Family Clinic (FQHC)

601 Due West Avenue
Madison, TN 37115
(615) 425-3333
<http://www.unhs.net>

Maplewood High School Health Center (FQHC)

401 Walton Lane
Nashville, TN 37216
(615) 467-3666
<http://www.unhs.net>

Antioch High School Clinic (FQHC)

1900 Hobson Pike
Antioch, TN 37013
(615) 471-5064
<http://www.unhs.net>

Matthew Walker Comprehensive Health Center (FQHC)

1035 14th Avenue North
Nashville, TN 37208
(615) 327-9400
<http://www.mwchc.org>

Low Cost or Sliding Scale
Medical Care (cont)

Siloam Family Health Center (FQHC)

820 Gale Lane
Nashville, TN 37204
(615) 298-5406
<http://www.siloamhealth.org>

Health Care for the Homeless (FQHC)

526 8th Avenue South
Nashville, TN 37203
(615) 862-7900
scott.orman@nashville.gov

Low Cost or Sliding Scale
Prescription Assistance

Goodlettsville Help Center

108 Depot St, Ste 400
Goodlettsville, TN 37072
(615) 859-4706

Metro Action Commission

1624 5th Ave N
Nashville, TN 37208
(615) 862-8860
<http://www.nashville.gov/mac/index.htm>

Partnership for Prescription Assistance

1-888-477-2669
www.pparxtn.org

Together Access Rx Program

(800) 444-4106
www.TogetherRxAccess.com

**Low Cost or Sliding Scale
Financial Assistance**

Metro Action Commission

1624 5th Ave N
Nashville, TN 37208
(615) 862-8860
<http://www.nashville.gov/mac/index.htm>

Saint Luke's Community House

5601 New York Ave
Nashville, TN 37209
(615) 350-7893

Ladies of Charity Welfare Agency, Inc.

2212 State St
Nashville, TN 37203
(615) 327-3430
locwelfare@bellsouth.net

Big Brothers of Nashville, Inc.

478 Craighead Ave, Ste 108
Nashville, TN 37204
(615) 269-6682
bbnashvl@bellsouth.net

Assumption St. Vincent North Nashville Outreach

2209 Buchanan St
Nashville, TN 37208
(615) 242-1554
<http://www.cctenn.org>

Salvation Army Emergency Services Center

225 Berry Street
Nashville, TN 37207
(615) 255-0921
www.salarmy-nashville.org or www.sanashville.com

Campus For Human Development

532 Eighth Ave S
Nashville, TN 37203
(615) 251-9791
<http://www.chd-nashville.org>

**Low Cost or Sliding Scale
Financial Assistance (cont)**

Goodlettsville Help Center
108 Depot St, Ste 400
Goodlettsville, TN 37072
(615) 859-4706

Christian Community Outreach
(Old Hickory Community Fund)
209 Bridgeway Street
Old Hickory, TN 37138
(615) 847-4996

**Low Cost or Sliding Scale
Counseling**

AGAPE
4555 Trousdale Dr.
Nashville, TN 37204
(615) 781-3000
<http://www.agapenashville.org/>

Jewish Family Service of Nashville and Middle Tennessee
801 Percy Warner Blvd. #103
Nashville, TN 37205
(615) 356-4234
<http://www.JFSnashville.org>

LifeCare Family Services
446 Metroplex Dr. Ste A 100
Nashville, TN 37211
(615) 781-0013

Woodmont Hills Church of Christ
3710 Franklin Rd
Nashville, TN 37204
(615) 269-6220

Tennessee Christian
500 Hospital Drive
Madison, TN 37115
(615) 865-0300
<http://www.tennesseechristian.com/>

**Low Cost or Sliding Scale
Counseling (cont.)**

Centerstone

1101 6th Ave N.
Nashville, TN 37208
(888) 291-4357
<http://www.centerstone.org>

Catholic Charities of Tennessee, Inc.

30 White Bridge Rd
Nashville, TN 37205
(615) 352-3087
<http://www.cctenn.org>

St. Stephen Church

14544 Lebanon Rd
Old Hickory, TN 37138
(615) 758-2424
<http://www.cctenn.org>

FCS LifeWork Counseling Practice

Southeast Counseling Office
4732 W Longdale Dr
Nashville, TN 37211
(615) 832-9220
<http://www.fcsnashville.org>

FCS LifeWork Counseling Practice

201 23rd Ave N.
Nashville, TN 37203
(615) 327-0833
<http://www.fcsnashville.org>

Vine Street Education and Counseling Services

100 Vine Ct
Nashville, TN 37205
(615) 383-2115
<http://www.pastoralcounselingctrs.org>

First Church Unity

5121 Franklin Rd
Nashville, TN 37220
(615) 333-1323
<http://www.firstchurchunity.org>

Low Cost or Sliding Scale
Adult Day Care

Adult Protective Services
(888) 277-8366

American Senior Care Centers, Inc.
1808 8th Ave S.
Nashville, TN 37203
(615) 383-3399

J.B. Knowles Home
1010 Camilla Caldwell Ln.
Nashville, TN 37218
(615) 862-6440

Catholic Charities of Tennessee, Inc.
30 White Bridge Rd
Nashville, TN 37205
(615) 352-3087
<http://www.cctenn.org>

Westminster Presbyterian Church - Adult Day Services
3900 West End Ave
Nashville, TN 37205
(615) 463-2266
<http://www.scitn.org>

Low Cost or Sliding Scale
Child Care

Bethlehem Centers of Nashville
1417 Charlotte Avenue
Nashville, TN 37203
(615) 329-3386
<http://www.bcnash.org>

Edgehill Center, Inc.
935 Edgehill Ave
Nashville, TN 37203
(615) 256-5108

McNeilly Center for Children, Inc.
400 Meridian St.
Nashville, TN 37207
(615) 255-2549

**Low Cost or Sliding Scale
Child Care (cont)**

McNeilly at Nashville Child Center

4119 Gallatin Road
Nashville, TN 37216
(615) 262-3358

McNeilly Center

Junior League of Nashville Infant and Toddler Program
611 Stockell Street
Nashville, TN 37207
(615) 780-5427

Eighteenth Avenue Family Enrichment Center

1811 Osage St
Nashville, TN 37208
(615) 320-1131

Martha O'Bryan Center

711 S. 7th St
Nashville, TN 37206-3895
(615) 254-1791
<http://www.marthaobryan.org>

Fannie Battle Day Home for Children

911 Shelby Ave
Nashville, TN 37206
(615) 228-6745
<http://www.fanniebattle.org>

Child Care Resource and Referral Service

Tennessee Department of Human Services

400 Deaderick St
Nashville, TN 37248
(615) 313-4700; (800) 462-8261
<http://www.state.tn.us/humanserv>

Emergency Food

American Red Cross Nashville Area Chapter

2201 Charlotte Ave
Nashville, TN 37203
211 or 269-4357 after 5pm or on weekends

Emergency Food (cont.)

Assumption St. Vincent North Nashville Outreach

2209 Buchanan St
Nashville, TN 37208
(615) 242-1554

Second Harvest Food Bank

331 Great Circle Rd
Nashville, TN 37228
(615) 329-3491
<http://www.secondharvestnashville.org>

Second Harvest Satellites

East Nashville Co-op

807 Main St
Nashville, TN 37206
(615) 244-7312

Martha O'Bryan Center

711 S 7th St
Nashville, TN 37206
(615) 254-1791

New Life Seventh Day Adventist Church

208 Gatewood Ave
Nashville, TN 37207
(615) 228-7505

Salvation Army Magness Potter

225 Berry Street
Nashville, TN 37207
(615) 255-0921

Bethlehem Centers of Nashville

1417 Charlotte Ave
Nashville, TN 37203
(615) 329-3386

Lutheran Family Services

1628 8th Ave N
Nashville, TN 37208
(615) 242-3156

Second Harvest Satellites (cont.)

Progressive Baptist Church

1419 12th Ave. S
Nashville, TN 37203
(615) 292-3618

Hamilton United Methodist Church

3105 Hamilton Church Rd
Antioch, TN 37013
(615) 361-7210

St. Luke's Community House

5601 New York Ave
Nashville, TN 37209
(615) 350-7893

Christian Cooperative Ministry

201 Madison St
Madison, TN 37115
(615) 868-6865

Donelson Christian Church

2319 Lebanon Rd
Nashville, TN 37214
(615) 889-8568

Goodlettsville Help Center

108 Depot St.
Goodlettsville, TN 37072
(615) 859-4706

Christian Community Outreach

306 Bridgeway Ave.
Old Hickory, TN 37138
(615) 847-4996

New Song Christian Fellowship Woodbine

2949 Nolensville Road
Nashville, TN 37211
(615) 837-9353

Food Pantries not associated with Second Harvest

Provision International

1419 Clinton St
Nashville, TN 37203
(615) 327-1200
<http://www.provisioninternational.com>

Madison Church of Christ

106 Gallatin Rd
Madison, TN 37116
(615) 860-3360

Music City Mission

413 Veritas St
Nashville, TN 37211
(615) 333-9377

Charis Ministries

P.O. Box 40662
Nashville, TN 37204
(615) 373-1261

Adventist Community Services of Madison

201 East Webster St.
Madison, TN 37115
(615) 865-6973

Ladies of Charity Welfare Agency, Inc.

2212 State St
Nashville, TN 37203
(615) 327-3430

Payne Chapel A.M.E. Church

212 Neill Ave
Nashville, TN 37206
(615) 262-3675

Employment

Tennessee AFL-CIO Labor Council (Apprenticeship Program)

1901 Lindell Ave
Nashville, TN 37203
(615) 269-7111

<http://www.tnaflcio.org>

Urban League of Middle TN (Adult Job Readiness)

(Nashville Urban League)

1219 9th Ave N
Nashville, TN 37208
(615) 254-0525

<http://www.urbanleagueofmidtn.org>

Christian Women's Job Corps

128 8th Ave South
Nashville, TN 37202
(615) 244-3669

<http://www.cwjcnashville.org>

Middle Tennessee Career Center (Metro Center)

621 Mainstream Dr Ste 210
Nashville, TN 37228
(615) 862-8890

<http://www.midtncareercenters.org>

Middle Tennessee Career Center (Nashville South)

3763 Nolensville Rd
Nashville, TN 37211
(615) 741-3556

<http://www.midtncareercenters.org>

Middle Tennessee Career Center (Opry Mills)

437 Opry Mills Dr
Nashville, TN 37214
(615) 514-9676

<http://www.midtncareercenters.org>

Middle Tennessee Career Center (Southside Enterprise Zone)

78 Lafayette St
Nashville, TN 37210
(615) 880-2489

Employment (cont.)

Operation Stand Down Nashville, Inc

1101 Edgehill Ave, Ste 1000
Nashville, TN 37203
(615) 321-3919
<http://www.osdnashville.org>

Martha O'Bryan Center

711 S. 7th St
Nashville, TN 37206-3895
(615) 254-1791
<http://www.marthaobryan.org>

Better Tomorrows Adult Education Center, Inc.

908 Meridian Street
Nashville, TN 37207
(615) 228-6525
www.better-tomorrows.com

Goodwill Industries of Middle Tennessee, Inc.

905 9th Ave N
Nashville, TN 37208
(615) 346-1249
<http://www.goodwillmidten.org>

Park Avenue Community Career Center

3703 Park Ave
Nashville, TN 37209
(615) 298-6752
www.communitycareercenter.net

Labor Source of Tennessee, Inc.

314 7th Ave S
Nashville, TN 37203
(615) 255-7711

Appendix B Mission Critical/Emergency Response

Office of Nursing

Preventive health services including immunizations, family planning, and well child physicals would be suspended by the Office of Nursing at East Nashville Health Center, Woodbine Health Center, and Lentz Health Center. Thirty-two public health nurses and 23 WIC/OSR3 staff could be deployed for emergency response.

Communicable Disease Control

The Sexually Transmitted Disease Program would suspend all clinical and surveillance activities. Six public health nurses, 6 OSR 3's, 2 Program Supervisors, 1 MAA 2, and 10 Disease Intervention Specialists could be deployed for emergency response.

Tuberculosis Elimination Program

TB Elimination Critical Processes

SERVICES	STATUS	STAFFING NEEDS Per Shift	STAFF AVAILABLE
Locate Active TB Cases	Initiate	1 RN Supervisor	1 Program Director
Receive Referrals for Active TB Cases	Continue	<ul style="list-style-type: none"> • Take Referrals • Make Referrals 	1 HCP – FNP or MD
Evaluation of Active TB Cases	Continue	<ul style="list-style-type: none"> • Oversee locating lost patients 	2 RN Supervisors
Provide Directly Observed Therapy for Active TB Cases	Continue	<ul style="list-style-type: none"> • Oversee continued services • Assist with Pharmacy 	6 RNs or 5 RNs and 1 LPN
Conduct Contact Investigations for Active TB Cases	Continue		
TB Screening – Risk Assessment for General Public (Not Contacts)	Suspend	1 Provider	
Evaluation of Latent TB Infection for General Public (Not Contacts)	Suspend	<ul style="list-style-type: none"> • Evaluate Active TB Cases * Does not need to be 100% TB	3 Contact Investigators
Treatment for Latent TB Infection for General Public (Not Contacts)	Suspend	1 LPN or RN	1 Health Educator
Provide Directly Observed Preventive Therapy for Children	Suspend * Continue DOPT for child contacts if staffing allows.	<ul style="list-style-type: none"> • Pharmacy 2 Outreach Workers <ul style="list-style-type: none"> • Provide DOT • Provide DOPT if able 2 Contact Investigators <ul style="list-style-type: none"> • Assist with locating patients Conduct Contact Investigations	3 Outreach Workers 4 Clerks 1 Spanish Language Interpreter

Appendix C

Health Promotion and Chronic Disease Prevention Division

Proposed 3 critical processes:

1. Continuation of contractual services
 - a. Community Services Block grant
 - b. Tobacco Control & Prevention grant
 - c. Rape Prevention grant
 - d. Renal Intervention grant
2. Community Emergency Preparedness Education
3. Community Diabetes Education-direct service provision

Health Promotion and Chronic Disease Prevention work is community oriented and in this case, all work could be suspended.

Cross-training

Staff that is available to be cross-trained:

- Public Health Nurse 2- 3
- Office Support Representative 3- 1
- Program Specialist 3- 6
- Medical Administrative Assistant 1- 3
- Medical Administrative Assistant 2- 1

Processes for Tele-commuting

The following processes could be accomplished via telecommuting:

- Continuation of contractual services

This would require the following:

- Laptop computers
- Internet access

Appendix D

Health Equality Mission

Critical Functions Maintained in an

All Hazards Emergency Response

Program	Mission Critical	Temporarily Discontinued	Emergency Response Personnel
Commodity and Supplemental Food Program	Providing food packages	None	None
Downtown Clinic for the Homeless	Primary care	Mental health and alcohol and drug counseling, dental care	None
Pharmacy	Filling prescriptions	None	None
Women, Infants, and Children Program	None	Voucher issuance, obtaining heights, weights, and hemoglobin and providing nutrition counseling	Nutritionist 1 – 5 Nutritionist 2 – 1 Home Economist – 6 Outreach Worker – 3 Office Support Rep 3 – 14 Office Support Spec 1 – 2 Med Admin Asst 2 – 1
Families First	None	Home visiting	Program Specialist 2 – 2
Breast and Cervical Cancer Screening	None	Cancer screening	Public Health Nurse 2 – 1
Behavioral Health Services*	None	Mental health and alcohol and drug screening and referral	Med Admin Asst 2 – 1 Program Specialist 2 – 4 Office Support Spec 1 – 1
Health Care Access	None	Bridges to Care administration	Med Admin Asst 2 – 1
Health Equality Administration	None	LOB administration and support	Bureau Director – 1 Administrative Assistant – 1 Office Support Rep 3 – 1 Office Support Spec 1 – 1

*Behavioral Health Services staff will be redeployed to provide counseling and support services for MPHD personnel working during the emergency response.

Appendix E

Environmental Health

Pollution Control

The following essential services will be continued with available staff:

1. Ambient monitoring activities and provision of Air Quality Index with available staff trained in monitoring (1-3 staff).
2. Inspection of major and synthetic minor sources, and responding to citizens complaints with available trained staff (2 – 3 staff).
3. Program management and support services (1 – 2 staff).
4. Permitting major sources, Title V, with available trained staff (1 staff).

The following activities will be suspended:

1. Inspecting minor air pollution sources to insure compliance with regulations.
2. Issuing construction permits for minor sources and renewing operating permits for all sources.
3. Collecting, reviewing and compiling emission inventory data from permitted sources and estimating/compiling emission inventory data for area sources.

Food Protection Services

The following essential services will be continued with available staff:

1. Inspections of retail establishments. The frequency of inspections will be based on potential risk instead of state law. For example, establishments with the greatest assessed risks will be inspected 3 times per year and establishments with the least assessed risk will be inspected 1 time per year. Establishments serving seniors will be inspected 3 times per year.
2. Follow-up on complaints
3. Investigation of food borne outbreak complaints
4. Disseminate weekly public health announcements related to safe food protection procedure in conjunction with the public information officer
5. Monthly mass mailing of food protection information on ways to prevent transmission of viruses in food to foodservice facilities

The following activities will be suspended:

1. Reviewing plans for remodeled and new establishments
2. Provision of training sessions for industry, high schools, and colleges
3. Conducting office consultations for various food safety issues
4. Conducting field consultations in restaurants regarding food safety issues
5. Speaking engagements in schools, civic groups, etc

Vehicle Inspection

All activities including emission testing, fleet testing, diesel opacity testing, and QA of emission test stations will be suspended.

Pest Management Services

The following essential services will be continued with available staff:

1. Rodent control to prevent associated diseases (3 staff)
2. Mosquito management (3 staff)
3. Inspection of apartment complexes and homes for insects and rodents. The frequency will depend on the number of available staff
4. Responding to questions on mice, spiders, bees, etc from the public

All the services are critical and will not be suspended

Environmental Sanitation

The program presently operates with a full staff of eight (8) including a support person and a field supervisor. A 40% reduction would reduce the number to five (5). This reduction would necessitate the following modifications in the program:

1. Feed all direct phone calls to a centralized system
2. Inspections would be strictly of sanitation nature (how to dispose of hazardous waste)
3. Ensuring Metro Public Works pickup garbage on regular basis
4. Educating citizens on proper disposal of contaminated waste through mailing, flyers and PIO
5. If shelters are necessary, inspect for proper sanitation and bathroom facilities

Animal Control

The following essential services will be continued with available staff:

1. Rabies control activities and quarantine of bite animals (investigation)
2. Pickup of dangerous and aggressive animals
3. Return of lost animals to owners
4. Maintain more than 200 animals in Animal Control facility including pickup and surrender/impound
5. Conduct vaccination, deworming, Heartworm and FELUK tests
6. Prepare laboratory specimens for state laboratory

The following activities will be suspended:

1. Nuisance animal pickup/trapping/capture
2. Adoption of animals by the public
3. Spay/neuter surgery
4. Education programs to the public

Environmental Engineering Services

The following essential services will be continued with available staff:

1. Field customer requests and complaints, and provide information to the public (1 staff)
2. Improper sewage disposal poses an immediate public health threat. At least one staff member will be necessary to investigate citizen complaints
3. Failing septic systems provide opportunities for exposure to untreated sewage, which poses a public health threat. One staff member will be necessary to investigate failing septic systems, provide repair recommendations, and enforce the repair of failing systems
4. Inspections of new and repaired septic systems to ensure compliance with regulations (1 staff)

The following activities will be suspended:

1. Approve building permit applications for building additions
2. Educate septic system installers
3. Provide septic system assessments for prospective home-owners
4. Provide soil assessments to identify feasible locations for the implementation of on-site sewage disposal systems

Public Facilities

The following essential services will be continued with available staff:

1. Child care facility inspections (3 inspectors will be necessary to provide services)
2. Public/private school inspections (3 inspectors will be necessary to provide services)

The following activities will be suspended:

1. Public swimming pool inspections
2. Hotel/Motel inspections
3. Correctional Facility inspections
4. Sexually Oriented Business inspections
5. Tattoo/Body Piercing inspections

Appendix F Family, Youth, Infant Health

Program	Normal Primary Function	Mission Critical Function	Telecommute Capable Function	Number of Staff & Title	Proposed Reassignment	Alliances or Other Organizational Support
School Health	Provides procedures to students in Metro Nashville Public Schools who need skilled nursing services during the day in order to attend school.	No mission critical functions. Schools would probably close in Pandemic or major event.	None	53 RN (includes 7 PRN staff) 1 LPN 1 Admin. Support	Nurse - Surge Capacity and Emergency Response Functions: Assessment and Triage, Medical Screening, Med. Prophylaxis or Vaccination Admin., Mental Health Support. Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	Nursing staff work with Metro Public School
HUGS	Provides home visits to high risk clients (pregnant women, infants, and children up to age 5 yrs) in Davidson County.	No mission critical functions. Home visits would cease during Pandemic	Some case management functions could be performed by telephone.	10 RN (2 staff have high risk medical conditions and probably should not respond.) 3 Admin Support	Nurse - Surge Capacity and Emergency Response Functions: Assessment and Triage, Medical Screening, Med. Prophylaxis or Vaccination Admin., Mental Health Support. Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	

Program	Normal Primary Function	Mission Critical Function	Telecommute Capable Function	Number of Staff & Title	Proposed Reassignment	Alliances or Other Organizational Support
Oral Health	Provides preventive oral health services in schools and in clinical/restorative dental service at Lentz Public Health Dept.	Some clinical service in mid-treatment would need follow-up, some emergencies would have to be seen in the clinic, but regular appointments could be suspended. School services would cease as schools close during a Pandemic event.	None	2 Dentists 7 Registered Dental Hygienist 2 Dental Assistant 2 Office Support Rep	Dentist - Assessment and Triage, Medical screening. Dental Hygienist, Dental Assistant, Office Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners.	Metro Nashville Public Schools Contact with TN Dental Association (They have volunteers available) Interfaith Dental Clinic
Healthy Start	Provides support and education to new mothers through a home visiting program especially families who may be at risk for child abuse &/or neglect	No mission critical functions as home visits would cease during a pandemic or major hazard.	Some of the case management functions can be performed by phone.	4 RN's (one with medical history that would probably prevent her from responding) 8 Admin Support (1 is changing programs soon)	Nurse - Surge Capacity and Emergency Response Functions: Assessment and Triage, Medical Screening, Med. Prophylaxis or Vaccination Admin., Mental Health Support. Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	

Program	Normal Primary Function	Mission Critical Function	Telecommute Capable Function	Number of Staff & Title	Proposed Reassignment	Alliances or Other Organizational Support
CSS	<p>Provides care coordination to child with chronic health conditions</p> <p>Provides speech and hearing clinical services, and authorize medical services and pay claims.</p>	<p>Would need to continue the authorization of medical services to be paid for by CSS program</p>	<p>Some functions could be performed by phone, computer or record access needed to authorize services and payment for services. Most care coordination can be done by phone.</p>	<p>3 RN's</p> <p>2 clerks (one will be leaving)</p> <p>2 program specialists</p> <p>2 speech therapists</p> <p>1 audiologist</p>	<p>Nurse - Surge Capacity and Emergency Response Functions: Assessment and Triage, Medical Screening, Med. Prophylaxis or Vaccination Admin., Mental Health Support.</p> <p>Clerks, Pg Specialist, Speech and Audiologist - Who serve in admin support role - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners</p>	
TenderCare	<p>Provides education awareness to TennCare recipients in the Davidson Co. community in regard to the availability of free TenderCare (EPSDT) exams.</p>	<p>None</p>	<p>20% of education could be communicated via phone to clients and agencies. Many clients are not accessible by phone</p>	<p>1 Director</p> <p>3 program coordinators</p> <p>11 outreach workers</p>	<p>All staff would function in Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners</p>	<p>Blue Cross and Blue Shield MCO</p> <p>Many schools, Community Centers</p> <p>Some medical providers in Nashville</p> <p>Juvenile Court, and Some corporate affiliation like Dollar General, Dollar Chains</p>

Program	Normal Primary Function	Mission Critical Function	Telecommute Capable Function	Number of Staff & Title	Proposed Reassignment	Alliances or Other Organizational Support
CPI	Provides technical assistance and coordination for CPI vendors whose programs are designed to reduce the risk of Drug and Alcohol use in at risk youth and pregnant teenagers in Davidson Co	Not mission critical but for CPI programs to receive their funding they must work with CPI coordinator	90% of service could be done by telephone and fax.	1 Program Director	Would function in Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	Alliance with the seven CPI programs we administer
Community Voices	Provides information to increase awareness of Infant Mortality in the Nashville/ Davidson County Area	None	None	1 Program Director	Would function in Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	Many Faith Bases Institutions
YAB	Fosters youth development by increasing the capacity of young people to make healthy life choices and to encourage development of future public health leaders	List any mission critical functions,	None	1 Program Director	Would function in Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	Alliance with MNPS

Program	Normal Primary Function	Mission Critical Function	Telecommute Capable Function	Number of Staff & Title	Proposed Reassignment	Alliances or Other Organizational Support
MPAC	Provides TenderCare (EPSDT) exams to children at schools and in day care centers.	None. Schools and day care centers would be closed during pandemic.	None	1RN 1 Nurse Practitioner 1 Medical administrative assistant 2 Admin. Support	Nurse - Surge Capacity and Emergency Response Functions: Assessment and Triage, Medical Screening, Med. Prophylaxis or Vaccination Admin., Mental Health Support, Site director. Admin Support - Registration, Traffic Control, Pod utility support, Greeters, Educators, Forms distribution, Clinic Flow, Inventory and Supply, Runners	Metro Schools

Appendix G

Forensic Medical

Metropolitan Nashville-Davidson County Medical Examiner's Office

The Metropolitan Nashville- Davidson County Medical Examiner's Office is located at 850 R.S. Gass Blvd., in Nashville, TN. The telephone number is (615) 743-1800 or Fax (615) 743-1892.

This office investigates deaths due to acts of violence, accidents, suicides, individuals found dead, sudden when in apparent health, in prison, any unusual, unexpected, or unnatural manner, and where a body is to be cremated. We locate and make notification to next of kin of order for autopsy, conduct examination/ autopsy, confirm positive identification of decedent, determine manner and cause of death. We generate report of county medical examiner, death certificates, autopsy reports, provide court testimonies, approve cremations- transit permits, and counsel with families.

Classification	Staff
Chief Medical Examiner	1
Deputy Medical Examiner	1
Assistant Medical Examiners	3
Odontologist	2
Anthropologist	1
Chief of Operations Officer	1
Chief Financial Office	1
Director of Investigations	1
Medico-legal Investigators	5
Director of Technical Services	1
Forensic Technicians	5 Full-time 1 Part-time
Forensic Photographer	1
Administrative Assistant	1
Secretary/ Transcriptions	1
Records Clerk	1
Receptionist/Telecom Operator	1
Accounting Clerk	1
Body Storage Capacity	40+ Bodies
Pathology Workstations	6

Mass Fatalities Plan of Operation

A mass fatality incident is defined as an occurrence of multiple deaths that overwhelms the usual routine capability of the agency. In reference to the medical examiner's office, the determination of a mass fatality will be made by the Chief Medical Examiner or his/her designee.

Evaluation Team

An evaluation team consisting of three or four individuals from the County/State Medical Examiner's Office, i.e., Chief Medical Examiner, Chief Operations Office and the Director of Investigations will go to the site of the mass fatality incident to evaluate the following:

- A. Number of fatalities involved
- B. Condition of the bodies, i.e., burned, dismembered.
- C. Difficulty anticipated in the recovery of the bodies and the number and types of personnel and equipment needed.
- D. Location of the incident as far as accessibility and the difficulty that may be encountered in transporting bodies from the scene.
- E. Evaluate the scene for possible chemical, radiological or biological hazards.
- F. From the information gathered at the scene, start formulating a plan as far as documentation, body recovery, and transportation.
- G. Evaluate the number of personnel needed to staff the morgue for identification, body examination, evidence collection, etc.

If the incident is of such magnitude that it is anticipated that personnel and equipment from outside of the Medical Examiner's Office may be needed, the following should be considered:

Disaster Mortuary Team (DMORT)

The Disaster Mortuary Unit provided through FEMA will send an evaluation team to the location to help evaluate the personnel and equipment that may be necessary to take care of the mass fatalities incident. They can activate the evaluation team and have experienced and reliable individuals on site within 8-12 hours. The request is made from the local to the state executive.

The National Foundation for Mortuary Care has a mobile morgue at Sky Harbor Airport in Phoenix, Arizona.

Order of Events

- ME's office notified that 6 or more fatalities at a single location.
- Contact Chief Medical Examiner, Director of Investigations, and Chief Operations Officer who will evaluate circumstances / scene and decide on appropriate action.
- Contact other staff as directed by the CME to inform them of the incident and overall plan of action.

*** COMMUNICATION REGARDING NUMBER OF FATALITIES AND ANY INFORMATION ON DECEDENTS' IDENTITIES WILL BE BY LAND LINE TELEPHONE ONLY.**

Major Operations of DMORT

Scene: Body Recovery

Examination Facility: Body identification and processing. Gathering of ante-mortem information, assist in making positive identification with assistance of family.

TEAM ASSIGNMENT

Dr. Bruce Levy, Chief Medical Examiner	Duties Defined
Dr. Amy McMaster, Deputy Medical Examiner	Duties Defined
Dr. Fang Li, Assistant Medical Examiner	Duties Defined
Dr. Thomas Dearing, Assistant Medical Examiner	Duties Defined
Dr. Stacy Turner, Assistant Medical Examiner	Duties Defined
Dr. Michael Tabor, Forensic Odontologist	Duties Defined
Dr. Michael Cisneros, Forensic Odontologist	
Dr. Hugh Berryman, Anthropologist	Duties Defined
Basil Welch, Chief Operations Officer	Duties Defined
Greg Smith, Logistics	Duties Defined
Adam Howell	Duties Defined/Assist Logistics
Linda Warhol	Assist Logistics
Adam Howell	Computer Network Specialist
Fran Wheatley, Director of Investigations	Duties Defined (See below)
Katie Culpepper	Duties Defined
Sherry Lewis	Telephone Response Team
Kathy Van Buren	Receptionist/Telecom
Pattie Pruitt	Telephone Response Team
Lisa Robison	Telephone Response Team
Allison Riley	Investigator/Coordinator/Safety Officer
Gary Biggs	Scene Investigator/ Recovery Team Coordinator Backup
Lance Long	Scene Investigator/ Recovery Team

Metro Public Health Department
Pandemic Influenza Response Plan

Shawn Bates/Burton Mixer	Scene Investigator/ Recovery Team
Sherrie Saint	Day to Day Investigator Backup Day to Day Investigator/ Liaison Postmortem Team 1
Denise Overton, Director of Investigations	Post Mortem Team 1/Backup for Recovery Team
Larry Barker, Chief Technician	Post Mortem Team 2
Michelle Walls	Post Mortem Team 2
Kim Lowery	Post Mortem Team 2
Jennifer McKenzie/Dan Hall/ Marie McGee/Jonathan Pearce/Jonathan Colton Dander Walker	Post Mortem Team 3

Disaster/Mass Fatalities Personnel Defined Duties

Chief Medical Examiner

- Will maintain overall responsibility and provide command supervision for entire operation.
- Coordinate with the OEM and other jurisdictional agencies.
- Release information to the media
- Monitor all pathologist, odontologist, and anthropologist and assign them as needed to disaster teams.
- Will conduct meetings with key personnel during the operation to discuss problems encountered and to brief on the overall status of the operation as well as consultations with key personnel when needed.
- Responsible for approving all final identifications made of the fatalities.

Deputy Medical Examiner, Assistant Medical Examiner, and Pathologist

- Under the direction of the Chief Medical Examiner.
- Will brief all team members concerning autopsy protocol and the procedures for handling toxicology specimens.
- Identify the deceased and oversee notification of next of kin.
- Process the dead and thoroughly examine each remain, to include examination of the body in an attempt to determine the cause of death and to discover individualizing characteristics that may assist in identification.
- Issue death certificate

Forensic Odontologist

- Will advise Search and Recovery Team Members on the procedure for identifying and collecting dental fragments.
- Will ensure that, as necessary, the jaws of the human remains are wrapped with ace bandages, or the like, to prevent loss of dentition during movement and transportation of bodies.
- Will accomplish a thorough postmortem dental examination on each set of remains, to include a thorough cleaning of dental structures and charting of dental evidence on a Postmortem Dental Record Form.
- Will compare completed dental evidence on a postmortem dental records and radiographs with assembled antemortem records and radiographs in an attempt to effect an identification or exclusion.
- Will complete a Dental Identification Summary Sheet for each dental identification made.
- Will utilize other forensic odontologist and their resources to assist if necessary.

Forensic Anthropologist

- Will provide technical assistance to the forensic pathologists as requested.

Chief Operations Officer

- To assist the Chief Medical Examiner in administrative support.
- To see that all the specialized equipment is acquired and ready to use:
 - A. Refrigerated trucks
 - B. Transport vehicles for victims
 - C. Generators
 - D. Extra lighting
 - E. Additional morgue facilities if needed
- To ensure deployment of disaster teams and the communication between those teams.
- To monitor staff
- To provide proper security for the M.E.O and adjacent grounds.
- To arrange adequate refreshment, food and bedding for disaster teams, as needed.

Investigator/Coordinator

- Assist the Medical Examiners with coordinating the OEM and other jurisdictional agencies.
- Respond to site along with the Chief Medical Examiner
- Assist Chief Operations Officer with:
 - A. Deployment of teams
 - B. Acquisition of specialized equipment and essential equipment
 - C. Coordinate with the Chief Medical Examiner and Chief Operations Officer in deploying volunteers for assistance to disaster teams.

Chief Financial Officer/Logistics

- Assist Chief Operations Officer
- Responsible for all logistical matters, including the acquisition and accountability of all supplies and equipment necessary to support the operation.
- Will maintain expense data, and all logistical information.

Telephone Response Team Responsibilities

- Answer all in-coming calls as briefly as possible.
- Transfer possible relatives to the Post Mortem Team 1 Investigator.
- Will personally monitor all high-priority administrative matters.
- Will conduct telephone communications, as directed, to support the operation.
- Will not communicate with next of kin.
- Support Administration.

Scene Investigator/Search and Recovery Team

- Will establish a search plan that provides for a thorough, deliberate, overlapping search of the disaster area by Search and Recovery Team personnel.
- Will search for human remains, fragments, and personal effects and assign numbers as directed.
- Will ensure that a log is maintained to record numbers assigned to found remains/body fragments and that each number is only used once.
- Will ensure that the exact locations of human remains/ body fragments are marked by placing a pre-numbered stationary stake/marker in the ground adjacent to the same number, on the remains.
- Will ensure that a meter-square grid chart is prepared to accurately chart the location of each body or fragment in relation to other remains, natural landmarks, significant debris and/ or other evidence.
- Will supervise the removal of remains from the disaster site.
- Will ensure that personal effects found on a body are transported with that body to the morgue.

Day to Day Investigator/Liaison

- Handle the day to day routine of the Medical Examiner's cases not associated with the disaster.
- Keep communications with Scene Investigator.
- Be prepared to relieve Scene Investigator.
- In the event fatalities are brought to the medical examiner's office, assist teams with admitting and documentation.
- Keep Chief Medical Examiner and Chief Operations Officer appraised of progress.

Post Mortem Team 1/ Safety Officer/ Recovery Team Backup

- Log all cases from disaster site.
- Establish a temporary file for each case.
- Will ensure an escort is assigned to each set of remains.
- Will oversee the collection of pre-death information and the control of these files.
- Responsible for collecting a list of all possible victims of the mass disaster so that acquisition of antemortem records can begin at the earliest possible time.
- Will communicate with those persons necessary to acquire records pertaining to the fatalities which may assist in the identification process.
- Locate known prints of suspected decedent.
- Assist odontologist or anthropologist if needed.
- Assist Search and Recovery as needed.

Forensic Photographer/Post Mortem Team 2

- Retrieve victim from cooler or cooler type facility.
- Photograph the victim prior to any examination or cleaning of the remains.

- A. Take an overall shot of the body and a close-up shot of the face.
 - B. Once the body has been cleaned, take another close-up of the decedent's face.
 - C. Photograph all jewelry prior to removal.
 - D. Photograph all clothing prior to removal.
 - E. Photograph any tattoos, scars, or any possible identifying marks.
- Fingerprint all victims and footprint all children.
 - X-ray all victims.
 - Assist pathologist with post mortem examination.
 - Return to cooler or cooler facility.
 - Will provide assistance as need to Pathologists, Director of Investigations and Director of Technician Services.

Post Mortem Team 3

- Check jewelry for dates, initials, and other useful information and pass information collected to Post Mortem Team 1.
- Check clothing and record sizes, manufacture, fabric type, and color. This information is passed on to Post mortem Team 1.
- Assist in preparing autopsy suite/ pathology workstations after each case for the next case.
- Assist pathologist with post mortem examination.

Medical Examiner's Office Equipment

Transport Vehicles

- 1- 1999 GMC Savanna w/ 2 Removable Cots Each
- 2- 1997 GMC Safari w/ 2 Removable Cots Each
- 1- 1997 Ford Windstar w/ 2 Removable Cots Each
- 1- 1997 Dodge Ram
- 1- 1996 GMC Savannah
- 1- 1999 GMC Safari

Supplies Contained in Each Storage Container for Investigators

- 10 Light Weight Body Bags
- 10 Disaster Response Kits
- 2 Heavy Duty Body Bags
- 1 Swivel Flashlight
- 1 Lantern
- 2 Pair Heavy Duty Gloves
- 1 Box Examination Gloves
- 50 (Purple) Ankle Bracelets
- 1 Helmet
- 1 Set Rain Gear
- 1 Pair Heavy Duty Boots
- 1 Decomposition Mask (Respirator)
- 1 Digital Camera w/ extra memory cards and batteries

Medical Examiner Disaster Equipment for 100+ Cases

MASS DISASTER INVENTORY

10% Buffered Formalin	6
120cc Wide Mouth Bottle	100
25 oz Specimen Jars (tissue Jars)	240
4-Sure Embalming Powder	1
Alcohol Swabs	2200
Autopsy Observer's Kit	80
Basic Shoe Covers Universal	1200
Universal Boot Length	200
Betadine Swabs	400
Bio-Guard Multi-Use Bag System (Hold Tox)	550
Blood Spot Filter Paper	2100
Body Bags-Infant	23
Body Bags-Child	22
Body Bag-Adult	59
Body Bags-Extra Large	19
Bouffant Cap	300
Carbon Steel Rib-back Blades #21	450
#60 Blades	6
#70 Blades	2
Clorox	7
Chieftain Cotton Tipped Applicators	380
Disposable Sleeve Covers	100
Disposable Sleeve Covers X-Large	400
Gowns Non-Sterile Large	96
Drug Triage Kits	25
EVA_SAFE Syringe Tubes	96
Extra-Heavy Trash Bag 55 gallon/Black	30
FingerPrint Cards (red/white)	50
FingerPrint Cards (blue/white) Infant	50
Cardstrips 50 ea (left/right)	500
F&G Formalin Neutralizer	8
Fluid Shield Procedure Mask-w/shield	400
Full Face Shields with Comfort Band	50
4x4 Gauze Pads	4400
Gritz	2
Half-Face Shield with Comfort Band	450
Lab Specimen Bags 8x10-tissue jar bags	1200
Latex Exam Gloves Ultra Care	12

Latex Non-Sterile Gloves sz. 7	12
Latex Non-sterile Gloves sz. 7.5	32
Latex Non-sterile Gloves sz. 8	3
Latex Non-sterile Gloves sz. 8.5	60
Merco Delight Air Freshener	11
Merco Spray and Wipe	32
Monoject Syringes-Lure Lock 20cc Sterile	80
Monoject Blood Collection Tubes Lavender Top 5ml Draw	400
Monoject Syringes-Lure Lock 20cc	325
Monoject Syringes-Lure Lock 60cc	250
Mop Heads	11
N95 Cone Mask	175
Ozium Odor Spray	4
Paper Twist-Tie Red 3/16 x7"	2000
Polyethylene Aprons	650
Precision Glide Hypo Needles 16 gauge 1.5"	1900
Quat 64	1
Rape Kits	10
Red-Printed Liners	500
Safeknit Cut Resistant Gloves Sz 6	2
Safeknit Cut Resistant Gloves Sz 8	9
Safeknit Cut Resistant Gloves Sz 9	5
Saline Solution 5ml	0
Sharp Collection Container Red 3 gallon	1
Specimen Containers 32oz 4x3 w/lids Widemouth w/cassettes	10
Spinal Needles 16 gauge 3.5"	600
Stryker Saw Blades-Adult	10
Stryker Saw Blades-Infant	2
Surgical masks w/ties-regular	600
Surgical Tie Back Cap	500
Tissue Tek Uni Cassette White	2000
Tissue Tek Uni Cassette Mega	750
Ultra One Plus Gloves-Large	25
Ultra One Plus Gloves-Medium	37
Universal Scalpel Blade Remover	44
Vacutainer Blood Collection Tubes Grey Top 10ml Draw	400
Vacutainer Blood Collection Tubes Grey Top 15ml Draw	1200
Vionex Hand Soap	6
Write on ID Wristbands (Red)	750
Write on ID Wristbands (Yellow)	500
X-RAY Film	10
Bouffant Caps Regular	300

Face Shields	33
Disaster Bags	24
Cases Grey Heavy Duty Body Bag	84
Disposable Towels	1100
4 Boxes Lock Lupes	100
21-100 count ID Markers	1 set
(20") Infant Yellow Disaster Bags	40
Yellow Body Bags	96
Sealed Yellow Disaster Pouches	15
Heavy Duty Rubber Gloves sz. 9	45
Blue Heavy Duty Bags	3
MD Coveralls	25
Disaster Response Kits	60
Three Yellow Tag Body Bags	120
Trash Bags	800
Gowns	49
Face Shields	66
Tissue Jars	100
8 Sharp Containers sz. Medium	8
Sharp Containers sz. Small	2
Bouffant Caps	1500
Paper Scrub Pants	50
4oz. Specimen Container	100
White Aprons	100
Anti-Fog Masks	140
Sz. 7.5 Surgical Gloves	250
Assorted Needles	100
Regular Body Bags	100
Shoe Covers	100
Specimen Jars	100
35cc Liver Tip Syringes	25
Ply Shoe Covers	15
Plastic Aprons	100
Sz. XL Shoe Covers	100
Disaster Response Kits Loose	7
Tissue Jars	100
Tubes Evidence Marker Flags	200
Trash Liners Loose	200
Pair Fire Boots	1
Fire Helmet	1

Tool Box	1
Box Green Light/Emergency Equipment	1
Assorted Bottles of Cleaning Agents	21
Kappler CPF3 Suits sz. Large	9
TYCHEM TK 150 Suits sz. 2XL	2
TYCHEM 9460 Level 3 Suits sz. Large	6
Bottles Potassium Iodate 85 mg	8
3M Airstream BreathEasy Units w/4 3M Battery Packs w/ Hose & Hooded Face Shield	4
1 Case Chemical Gloves	50
MSA Millenium CBA/RCA Gas Masks w/10 M40 NBC Filters	7
Chemical Shoe Covers	15

FORENSIC MEDICAL

IMPORTANT PHONE NUMBERS OF VENDORS

BUILDING

HVAC: Ralph Holstead 347-0303
Robert White 519-3915

Cabling: International Fibercom – 615-356-1906

Automated Systems: Trane – Jim Letsinger 615-242-0311
Or Jim Richard 615-565-9452

UPS:

MGE UPS System – 1-800-438-7373
Serial #249870-00; Model #72-160030-01
Johnston Technologies Inc – 615-661-6261, Ext. 21

CLEANING SERVICE

Raymond & Linda Oakley
Phone: 333-6604
Beeper: 817-3881 cell: 405-7241

COFFEE

Aramark Refreshment Services (delivers every 2 weeks on Tuesday)
Phone: 889-7627
Account #8666

COMPRESSED AIR

Holston Gas 256-1120

COMPUTER ISSUES

iNetStrategy: Office 835-4300

Internet & Email: ISDN-NET, Inc.
Ralph Beard, Account Manager 221-0106
Operations Dept: 221-4205

Police Central: Jim Martin
Office: 678-904-1654
Mobile: 770-335-3279

Hardware/Software/Parts Supplies: CDW: 1-866-301-5740

COPIER/PRINTERS

Larry Montgomery, Service Manager 386-5200

Xerox Document Centre 432:

Serial #NG3139589B; Rec'd 8/07/02

Service: 1-800-821-2797

Supplies should be shipped regularly based on meter readings.

Xerox Docu Color 12 Printer:

Serial # FU0025587; Rec'd 8/02/02

Service: 1-800-821-2797

Supplies should be shipped regularly based on meter readings.

Fiery X12 Color Server, Version 1.5, Model MXP-01

Serial #L70000924

Xerox DocuPrint N2125:

Serial #LE9-018206; Rec'd 7/16/01

Service: Xerox 1-800-821-2797

Tektronix Phaser 560 Color Printer:

Serial #J20MWC7

Service & Supplies:

Xerox 1-800-835-6100; Supplies Account #50444100

Nashville Office Machines: Hewlett Packard Printer Maintenance

Phone: 321-2679 or 329-3891

Nashville Office Interiors: most printer toner

Phone: 255-3879

COURIER

AA Dispatch, Inc.

615-329-4297

DICTATION MACHINES

Lanier Service & Supplies

1-866-542-6270

Customer #2500930

DRY ICE (for Freezer)

Air Liquid Dry Ice

601 Cowan St.

Jerry Hensley 255-2011

ELECTRICAL

Sullivan Electric
Danny Martin 615-313-7993
Cell 615-566-9848

McCarty Company (consulted on system Joe Legge): 615-297-0594

FAX

Tennyson Business Machines: fax maintenance & toner
Phone: 383-5636

FIRE ALARM

Southeastern Sound Inc.: 615-860-8000
Monitoring: Johnson Controls – 615-771-1361

GENERATOR

Nixon: 1-800-766-4966 Mike Martin

LOCKSMITH

Best Access Systems 615-356-7729

MICROSCOPES

Acts Instruments: 615-646-8083 Stan Smith

OSHA

Federal – 781-5423
State – 741-2793

PEST CONTROL

Belle Meade Exterminating
Phone: 298-5555

PHONES & VOICE MAIL

Ideacom: Service 615-256-3838

BellSouth: Trouble Line 1-800-925-2525
Customer #109992-001

AT&T: Customer Service 1-800-222-0400 or 1-800-222-3000
Account #0303316034001

Mobile: Cingular Wireless: Greg Saino 615-268-1710

PLUMBING

Advanced Piping & Plumbing Co.
Greg Tyler 642-0571

Kevin Herrin 533-8625

POSTAGE METER & SCALE

Pitney Bowes 1-800-659-2555, extension 3096

SECURITY SYSTEM & SURVEILLANCE

Access Control Technologies: 615-333-6300

STATE OF TENN:

Dept of Health, Facilities Management
Peggy Wilson: 532-5326; Fax 253-1998

TIRE SERVICE

Harris Service: Two Mile Parkway, Phone 859-0917
Best Tires: Demonbreum Street
Phone: 780-0800

TRANSPORT SERVICE

Wayne Moss: 664-9905 (pager)
Office: 860-7210
Denny: Mobile 207-4162

WEBSITE

Digital Dog Design
Phone: 777-1938

WRECKER SERVICE

Guess Wrecker Service: will bill on Best Tires account
Phone: 834-3333
Bailey's Service Center: 227-1283 or 227-1346

WASTE DISPOSAL

BFI
Phone: 242-0331

Transportation-Mutual Aid

Woodbine Funeral Home
3620 Nolensville Rd.
Nashville, TN 37211
(615) 832-1948
1-Hearse

Johnson House of Atena
1107 Buchanan St.
Nashville, TN 37208
(615) 254-3472
1-Hearse

Anderson -Garrett
P.O. Box 68
Joelton, TN 37080
(615) 876-2968
1-Hearse

Gupton's Mortuary Svcs.
1616 Church Street
Nashville, TN
(615) 327-3927
Contact: B. Steve Spann
1-Hearse

Marshall-Donnelly- Combs
201 25th Av. North
Nashville, TN 37203
(615) 327-1111
Contact: Jim Brewer
1-Hearse

Lewis and Wright
2500 Clarksville Highway
Nashville, TN 37208
(615) 255-2371
Contact: Richard Lewis
1-Hearse

Ambulance Services

Medic One Ambulance Inc
(615)255 1200
Contact: Dennis Downey or Samm Post

Area Hospital	Address	Main #	E.R. #	Health Info Manger/ Privacy Officer	Records Release (615) unless stated otherwise	Fax # (615) unless stated otherwise
Baptist Hospital	2000 Church St. Nashville, TN. 37203	284-5555	284-5114	Shonda Cannon - 284-3027	284-5303	340-4582
Centennial Medical Center.	2300 Patterson St. Nashville, TN. 37205	342-1000	354-1500	McKhail Brown - 342-3838	342-3753	342-3892
Metro-Nashville General Hospital	1818 Albion St. Nashville, TN. 37208	341-4000	341-4357	Beverly Hunter	341-4139	341-4494
Select Specialty Hospital	2021 Church St. Nashville, TN. 37201	284-4599		Stacy Merrill - 284-6715		
Skyline Medical Center	3441 Dickerson Rd. Nashville, TN.	769-2000	865-3485	Carol Draper, Privacy Officer - 769-4450	865-3466	860-0852
Saint Thomas Hospital	4220 Harding Road Nashville, TN.	222-2111	222-6733	Pamela Ford - 222-6464	222-6434	222-6342
Southern Hills Medical Center	391 Wallace Road Nashville, TN. 37211	781-4000	781-4600	Karen White, HIM Manager Kim Cannon RLS of Info	781-4170	781-4106

Metro Public Health Department
 Pandemic Influenza Response Plan

Area Hospital (cont)	Address	Main #	E.R. #	Health Info Manger/ Privacy Officer	Records Release (615) unless stated otherwise	Fax # (615) unless stated otherwise
Summit Medical Center	5655 Frist Blvd. Hermitage, TN. 37076	316-3000	316- 3600	Kelly Milam, Privacy Officer		316-0126
Tennessee Christian Medical Center	500 Hospital Dr. Madison, TN. 37115	865-0300	860- 6331	Teresa Holbert - 860-6340	865-0300 Ext. 4490	
Vanderbilt University Medical Center	1211 22nd Av. S Nashville, TN. 37203	322-5000	322- 3391	Jane Alger, Bereavement Liaison	322-2062	343-0126
Veteran's Hospital	1310 24th Av. S. Nashville, TN. 37212		327- 4751	Beverly Clayton	327-5353	321-6391

Metro Public Health Department
Pandemic Influenza Response Plan

Area Funeral Homes

J.W. Adkins F. H.
2510 12th Avenue South 37208
615-292-8367

Affordable Alternative F.S.
408 Woodbine St.; 37211
615-977-4891

Anderson & Garrett
Joelton, TN
615-876-2968

Bond Memorial F.H.
1098 Weston Dr.; Mt. Juliet 37122
615-773-2663

Brentwood F.H.
9010 Church Street E Brentwood
615-373-3040

Broady (Tyrell) Funeral Home
3855 Clarksville Pike; 37218
615-244-4755

Buena Vista F.H.
3634 Clarksville Hwy 37218
615-254-7511

Cole & Garrett F.H.
182 W. Main St; Hendersonville
615-824-8605
127 N. Main St; Goodlettsville
615-859-5231

Crawford Mortuary & Crematory
2714 Grandview Ave 37211
615-254-8200
Crawford Cremation Service
2930 Murfreesboro Pk; Antioch
615-399-1115

Davis Campbell & McClain
1404 Jefferson Street 37208
615-329-9700

Eastland Funeral Home
904 Gallatin Road 37206
615-227-9558

Ellis Funeral Home
2627 Nolensville Road 37211
615-255-5412

Forest Lawn Funeral Home
1150 Dickerson Road; Goodlettsville
615-859-5279

Franklin Memorial
1009 West Main Street; Franklin
615-794-1512

Funeral Support Services
615-399-1100

Gardner Memorial
2302 Buchanan St 37208
615-255-1338
Grace Funeral Home
1012 Buchanan St 37208
615-255-0053

Gunter & Sons F.H.
1711 Jo Johnston Av 37203
615-329-4301

Gupton Mortuary Services
2507 West End Ave 37203
615-327-3927

Harpeth Hills
9090 Highway 100 37221
615-646-9292

Hendersonville Funeral Home
353 Johnny Case Pky; 37075
615-824-3855

Hermitage Funeral Home
535 Shute Lane; Nashville 37138
615-889-0361

Hibbett & Hailey F.H.
429 Donelson Pike: 37214
615-883-2361

Holmes Funeral Home
1208 Meharry Blvd; 37208
615-329-2596

House Of Hatch Funeral Home
924 Jefferson St.; 37208
615-726-8000

Johnson's House of Atena
1107 Buchanan St.; 37208
615-254-3472

Lewis & Wright Funeral Directors
2500 Clarksville Highway; 37208
615-255-2371

Madison Funeral Home
219 Old Hickory Blvd.; Madison
37115
615-868-9020

Marshall Donnelly Combs
201 25th Avenue N; 37203
615-327-1111

McGavock & Martin Bros
1503 Buchanan St.; 37208
615-256-6277

Memorial F.H.
902 N. 1st Street; 37207
615-258-2211

Middle TN Removal
3560 Dickerson Pike; 37207
615-860-8028

Mount Olivet F.H.
1101 Lebanon Pike; 37210
615-255-4193

Music City Mortuary
2409 Kline Ave.; 37211
615-244-2774
Nashville Removal & Embalming
210 McMillin St.; 37203
615-256-1605

Overland Transport – Larry McCormick
(Mac)
Cell 615-944-9519

Patton Bros F.H.
1306 South Street; 37212
615-256-3608

Pettus Owen & Wood F.H.
4506 Charlotte Pike; 37209
615-292-3392

Phillips Robinson F.H., Inc
2707 Gallatin Road; 37216
615-262-3312

Roesch Patton ...
1715 Broadway; 37203
615-244-6480

Roundtree Napier & Ogilvie
101 Confederate Drive; Franklin
615-790-7226

Scales Funeral Home
1412 Jefferson Street; 37208
615-329-9880

Smith Bros Funeral Home
707 Monroe Street; 37208
615-726-1476

Spring Hill Funeral Home
5110 Gallatin Pike; 37216
615-865-1101

Waters Mortuary
1408 Columbia Ave; Franklin
615-591-2184

West Harpeth F.H. & Crematory
6962 Charlotte Avenue; 37209
615-352-9400

Williamson Memorial
3009 Columbia Ave.; Franklin
615-794-2289

Woodbine F.H / Hickory Chapel
Nolensville Road; 37211
615-832-1948

Woodlawn Funeral Home
660 Thompson Lane; 37204
615-383-4754

**HEALTH AND SAFETY POLICY AND PROCEDURE
MASS DISASTER/ MASS FATALITY**

All blood and other potentially infectious materials are infectious for several bloodborne pathogens. Some body fluids can also transmit infections. For this reason, the Centers for Disease Control developed the strategy that everyone should always take particular care when there is a potential exposure. These precautions have been termed “Universal Precautions”.

Universal Precautions stress that all persons should be assumed to be infectious for HIV and/or other bloodborne pathogens. Universal precautions apply to blood, tissues, and other potentially infectious materials. Universal precautions also apply to semen (although occupational risk or exposure is quite limited), vaginal secretions, and to cerebrospinal, synovial, pleural, peritoneal, pericardial, and amniotic fluids. Universal precautions do not apply to fecal material, nasal secretions, human breast milk, saliva, sweat, tears, urine, and vomitus unless these substances contain visible blood.

General Guidelines which shall be used by every employee include the following:

1. Exercise common sense when there is potential exposure to blood or other potentially infectious materials that require universal precautions.
2. Keep all open cuts and abrasions covered with adhesive bandages that repel liquids.
3. If hands are contaminated with blood or other potentially infectious materials, to which universal precautions apply, wash immediately and thoroughly. Hands shall also be washed after gloves are removed even if the gloves appear to be intact. When soap and water or handwashing facilities are not available, then use a waterless antiseptic hand cleaner according to the manufacturer recommendation for the product.
4. All workers shall take precautions to prevent injuries caused by needles, scalpel blades, and other sharp instruments. To prevent needle stick injuries, needles shall not be recapped, purposely bent or broken by hand, removed from disposable syringes, or otherwise manipulated by hand. After they are used, disposable syringes and needles, scalpel blades and other sharp items shall be placed in puncture resistant containers for disposal. The puncture resistant container shall be located as close as practical to the use area.
5. The Medical Examiner’s Office will provide gloves of appropriate material and quality for affected employees. The gloves are to be worn when there is contact (or when there is potential contact) with blood or other potentially infectious materials to which universal precautions apply:
 - While handling an individual where exposure is possible;
 - While cleaning or handling contaminated items or equipment;
 - While cleaning up an area that has been contaminated with one of the above;

Metro Public Health Department Pandemic Flu Response Core Plan

Gloves shall not be used if they are peeling, cracked, or discolored, or if they have punctures, tears, or other evidence of deterioration. Employees shall not wash or disinfect surgical gloves for reuse.

6. Masks and protective eyewear or face shields shall be worn during procedures that are likely to generate droplets of blood or other potentially infectious materials to prevent exposure to mucous membranes of the mouth, nose, and eyes.
7. Personal protective clothing, which includes but is not limited to gowns, aprons, sleeve covers, and shoe covers shall be worn during procedures that are likely to generate splashes of blood or other potentially infectious materials.
8. Areas and equipment contaminated with blood shall be cleaned as soon as possible. A solution of chlorine bleach and water (1 part bleach to 10 parts water) shall be applied to the contaminated surface as a disinfectant leaving it on for at least 30 seconds. The solution must be changed and remixed every 24 hours to be effective. The bleach must contain a minimum of 5.25 percent sodium hypochloride.
9. Contaminated clothing (or other articles) shall be handled carefully and washed as soon as possible. Laundry and dishwashing cycles at 120 degrees Fahrenheit are adequate for decontamination.
10. Place all disposable equipment (gloves, masks, gowns, etc...) in a clearly marked red plastic bag within a clearly marked biohazardous container with fitted lid. Biohazardous containers shall not exceed 75 percent full. If the red plastic bag is to be removed from the biohazardous container, prior to waste removal, place the bag in a second clearly marked bag (double bag). Seal and dispose of by placing in a designated "hazardous" area until pickup by Hazardous Waste Removal Company. NOTE: Sharp objects must be placed in an impervious container and properly disposed of.
11. Tags shall be used as a means of preventing accidental injury or illness to employees who are exposed to hazardous or potentially hazardous conditions, equipment or operations which are out of the ordinary, unexpected or not readily apparent. Tags shall be used until such time as the identified hazard is eliminated or the hazardous operation is completed.

Personal Protective Equipment

Personal protective equipment shall be of safe design and construction, maintained in a sanitary condition and stored in accessible locations in the facility. An inventory of protective equipment, including protection for the eyes, face, head, extremities, air passages and clothing must be maintained by the employer at no cost to the employees.

Metro Public Health Department Pandemic Flu Response Core Plan

The employer determines what protective coverings and equipment are necessary for each procedure with due regard to the *reasonable likelihood* of a splash, spray or other exposure-causing incident occurring. During invasive procedures, or during procedures, which could cause body fluids to “aerosolize,” appropriate equipment must be used to avoid exposure to any reasonable likely exposure incidents.

This facility provides protective equipment near all locations where infectious materials are generated. The Safety Officer provides protective clothing for any reasonable likely exposure risks in each area. If an employee feels more protection should be provided for certain procedures, they should make this request to the Safety Officer and help determine what is needed to protect the employee. If an employee feels there is not a *reasonable likelihood* of a spray, splash or other form of exposure, they should make this request to the Safety Officer for reevaluation.

The use of protective clothing is an OSHA requirement and a requirement of this facility. If the procedure requires certain protective equipment, or if the manufacturer recommends its use, protective clothing must be used.

GLOVES

Gloves must be of good quality, able to perform the task and fit the employee properly. Peeled, cracked, discolored, torn or deteriorated gloves must be discarded, even if they have not been used.

Gloves must be used:

- If the skin of the employee is cut, abraded or chapped
- When the employee’s hands contact blood or other potentially infectious material
- During examination of a body
- During invasive procedures
- During housekeeping and cleaning involving body fluids and decontamination procedures

The following glove protocol must be followed:

- Wear gloves whenever your hands might touch blood, body fluids or surfaces which can be contaminated
- Fit gloves so they cover the cuff of your clothing, if possible, to reduce the area of skin exposure
- After donning gloves, examine them for physical defects
- Discard gloves properly before leaving work area
- Do not wash and reuse latex gloves
- Wash hands after glove disposal
- Cut-proof gloves must be worn during autopsies

Protective Eye Wear – Masks and Goggles

Masks and goggles are required when contamination of the eyes, nose or mouth is likely to occur from splashing, misting or any other means. Prescription spectacles can be worn in lieu of goggles if they furnish adequate protection from all angles of exposure.

An N-95 mask must be worn in the presence of a possible tuberculosis sufferer. The N-95 mask removes most of the airborne tubercules from the air.

Gowns and Head Coverings

Gowns are worn to protect street wear and the arm and neck areas from contamination. Gowns are changed daily or until they become soiled or wet. Gowns and aprons are required only when splashes of body fluids onto skin or clothing are “reasonably likely” to occur. (Note: “reasonably likely” is OSHA’s criteria for determining a potential exposure risk situation. Chances of over one out of 20 might be considered “reasonably likely”.) Exposed employees must wear suitable protective clothing when splashing, misting or aerosolization is possible.

Head coverings are worn whenever procedures are performed or chemicals are handled which might create splashing or aerosolization. They should cover the hair, ears and parts of the neck and face.

Shoe Covers

Shoe covers must be worn whenever the possibility exists of stepping in blood or blood droplets that may be carried from dirty to clean (biohazardous to nonbiohazardous) work areas.

Protective Clothing Disposal

- Linens and reusable protective clothing which are heavily soiled with body fluids shall be handled as little as possible
- Soiled linens must be transported in bags which have been appropriately labeled and prevent leakage
- **Contaminated protective clothing must not be worn outside of the work areas**
- When removing protective clothing apparel, avoid contamination of your exposed body parts
- Handwashing must be performed immediately after contact with body fluids or contaminated surfaces or laundry
- Disposable protective clothing must be discarded into appropriately labeled containers which have a tight-fitting lid

Hazardous Material/Nuclear Incident Weapons of Mass Destruction

Purpose

To address the Medical Examiner's Office, role in case of a hazardous material/nuclear incident weapons of mass destruction.

Since many casualties (1000+) can be the result of such an incident the role of the medical examiner is key.

In case of a mass casualty incident the Chief Medical Examiner will contact the mutual aids and the appropriate state agency who will in turn notify The Disaster Mortuary Unit (DMORT).

If this type of incident were to occur a temporary decontamination facility could be erected before transferring the human remains/ body fragments to the refrigerated trucks. Provisions have been made for refrigerated trucks to plug directly into the building and our facility is equipped with a decontamination area.

Metro-Nashville/Davidson County Medical Examiner's Fatality Management

Preface

The Metro-Nashville Medical Examiner's Office is an integral part of the network providing emergency services within Nashville. During widespread, multiple site disasters medical examiner's personnel and resources may be in short supply. Further, major incidents such as earthquakes, tornadoes, large explosions, or the release of a hazardous materials may create major problems for the medical examiner's office. During these events, activities will be concentrated on the collection, identification and disposition of deceased.

Responsible Department/Agency

Primary

- Metro Medical Examiner's Office

Support

- Ambulance Providers.
- Metro Fire
- Metro Police
- TN Funeral Director's Assoc.
- Hospitals

Purpose

This annex addresses general policies and procedures for the collection, identification, and disposition of the deceased in mass fatality incidents and disasters.

Policy

It is the policy of the Metro-Nashville Office of Emergency Management that remains should only be removed if authorized by the medical examiner or his/her designee.

Departments/Agencies/Organizations Involved and Their Responsibilities

In the fullest context, these responsibilities assume a full Emergency Operations Center (EOC) activation. In the interest of time and efficiency, the departments and organizations involved with this function may or may not be utilized in smaller situations. As the situation grows larger and more complex, additional departments and organizations may be called upon to perform some or all of its stated responsibilities.

Metro Public Health Department Pandemic Flu Response Core Plan

If local government capabilities are exceeded, support may be available upon request through the Metro - Nashville Office of Emergency Management (OEM) from the following departments/agencies/organizations that comprise the emergency organization for this function:

A. Primary

1. Medical Examiner's Office

- Implement and coordinate the Davidson County Mass Fatality Management Plan.
- Implement search and recovery protocol and establish collection areas to facilitate recovery operations.
- Insure chain of custody during transport of victims from the scene to MEO.
- Protect the property and personal effects of the deceased at all times.
- Determine the identity of victims, and the manner and cause of death.
- Notify relatives.
- Establish and maintain a comprehensive record keeping system for continuous updating and recording of fatality numbers.

B. Support

1. Ambulance Providers.

- Provide emergency medical transportation.

2. Fire Department.

- Provide assistance to the Medical Examiner for the removal/recovery of remains.

3. Funeral Directors; Associations

- The Mortuary Disaster Response Team of the Tennessee Funeral Directors Association will assist in the mass facilities incidents by providing recovery, evacuation, mortuary operations, identification and notification.

4. Hospitals

- Report to the Davidson County's Medical Examiner Office disaster related victims who become deceased at their respective healthcare facility.

5. Metro Police Department

- Provides scene security and evidence identification.
- Provide security for Medical Examiner's Office and/or temporary morgue.
- Provide chaplain service to relatives of deceased.

Concept of Operations

A. General - Disaster Scene Response

1. Upon notification all Medical Examiner's Office employees are to report to the Forensic Science Center for briefing and assignments as ordered by the county Medical Examiner.

Metro Public Health Department Pandemic Flu Response Core Plan

2. The County Medical Examiner will:
 - In the event of a disaster the Medical Examiner will coordinate with the Office of Emergency Management (OEM).
 - Determine whether full autopsies are required on all victims.
 - Oversee all functions of the Medical Examiner's Office, monitor all disaster teams in the field, and at the Medical Examiner's Office.
 - Perform autopsies as needed. Insure proper identification is made of all decedents.
 - Release media statements or permit the same to be done at designated times.
 - Monitor all pathologist, odontologist, and anthropologists and assign them as needed to disaster teams.
3. It is the responsibility of the Medical Examiner to ensure a smooth and effective service be provided to the victims, their families, and Davidson County.
4. It is the responsibilities of the postmortem and antemortem teams to perform all tasks and duties at the Medical Examiner's Office, Command Center, and temporary morgue as needed.
5. The scene investigation is the first stage in the process and for final disposition of the deceased when dealing with any disaster. The afore stated procedures will be implemented by Medical Examiner investigators responding to the scene, thus ensuring a most efficient investigation.
6. Processing at the Medical Examiner's Office operations center. During any disaster the processing of bodies, body parts, or other items by the Medical Examiner's Office are of extreme importance. Every effort should be made to achieve the identification of victims, the determination of manner and cause of death, and final disposition of the victim. The procedures performed by the Medical Examiner's Office will be done diligently and efficiently with the afore mentioned goals in mind. The following sections will illustrate the process needed to be followed to assure the responsibilities of the Medical Examiner's Office are met.
7. Follow-up. All information obtained during the postmortem exam and by the antemortem team will be compiled and compared in an attempt to identify the victims.
8. Releasing. No victim will be released until having been positively identified, an examination performed, release authorized by pathologist, the next-of-kin notified, funeral arrangements made, and a Medical Examiner case number assigned.
9. Emergencies/disasters can potentially lead to mass fatality situations.
10. Emergency operations for Medical Examiner and mortuary services will be an extension of their normal duties. However, during widespread, multiple site disasters, Medical Examiner and mortuary services personnel, resources and facilities may be in short supply.

Metro Public Health Department Pandemic Flu Response Core Plan

11. Existing mutual aid agreements may be able to augment and satisfy a temporary increase in local needs.
12. Coordination between Medical Examiner and mortuary services agencies is necessary to ensure emergency operational readiness. Each department/agency having responsibility for Medical Examiner and mortuary services must develop operating instructions and resource listings to support this plan.

B. County-Wide Disaster

1. During a county-wide disaster, The EOC "Fatality Management Unit Leader" within the Operations Section Health and Medical Branch is responsible for overall coordination of all emergency Medical Examiner and mortuary services activities. Under these circumstances, all emergency Medical Examiner and mortuary services operations will be directed from the EOC by the Fatality Management Unit Leader or his/her representative. Routine operations will be handled by standard procedures. The Metro Medical Examiner or his/her representative normally serves in this capacity. State and federal support will be called upon as needed with requests channeled through the OEM/EOC to the State EOC.

C. Crisis Action Team

1. If the Metro Medical Examiner or designee or other public safety responder determines that a mass casualty/mass death emergency has occurred, OEM will be immediately notified, if not already notified.

D. EOC Activations

1. When the EOC is activated, the EOC Director will appoint an EOC "Fatality Management Unit Leader" within the EOC Operations Section Health and Medical Branch to coordinate Medical Examiner and mortuary services activities. The Fatality Management Unit Leader is responsible for directing and coordinating emergency programs relating to Medical Examiner and mortuary services. OEM or the "Fatality Management Unit" in the EOC will make request to the state EOC for additional resources when all Metro Medical Examiner and mortuary services resources have been exhausted.
2. Medical Examiner personnel will be alerted according to prescribed departmental/agency/organization policy. The operational priorities for personnel will be assigned by the EOC Fatality Management Unit Leader. All personnel will report to their pre-designated locations unless otherwise directed by their supervisor at the time they are notified of the emergency. Pre-designation of duties and responsibilities will facilitate a reduction in response time.
3. The Fatality Management Unit Leader will establish and maintain lines of communication in the EOC Communications Center during major response operations to facilitate coordination of activities and resources.

4. During emergency operations, the Medical Examiner provides representatives to the EOC. Position responsibilities include:
 - Staffs the EOC "Fatality Management Unit " within the Operations Section Health and Medical Branch.
5. EOC Fatality Management Unit duties may include:
 - Implements and coordinates the Davidson County Mass Fatality Plan.
 - Determine if the situation may require temporary morgue facilities.
 - Identify potential sites and/or storage facilities for the dead, (i.e., refrigeration units, trucks, trailers, etc.) as well as processing sites.

F. Damage Assessment

An initial EOC priority is to gather as much intelligence about the extent of damage as soon as possible. As soon as possible, Medical Examiner personnel will submit situation reports to the EOC.

G. Field Operations

1. Medical Examiner emergency actions include:
 - Determine if there have been fatalities and the numbers involved.
 - Plan for collection sites and personnel to bring fatalities in from the field, (litter bearers) as well as security for site where fatalities occurred.
 - Make sure that locations are noted where each body was found and that all information is appropriately tagged and/or attached (i.e. date, time, approximate age, location and identification if known).
2. Hazardous Materials Response
 - Medical Examiner or mortuary services units responding to a hazardous material incident will ensure that they have a full understanding of the Incident Commander's assessment of the situation and that they take full and proper precautions to protect themselves.
 - Only personnel having proper training should be deployed to a hazardous material incident.

H. Mass Fatality Plan

1. This plan establishes general policy and procedures for the care and disposition of the dead in multi-death disaster situations. Copies are on file at OEM and EOC. Reference should be made to the Mass Fatality of the Medical Examiner's Office for details regarding specific actions which will be instituted following notification of the office that a disaster involving multiple fatalities exists.
2. Tennessee Code Annotated (TCA) Title 38, Chapter 7, prescribes the specific authority of the Medical Examiner's Office in regard to the investigation of deaths falling within specified categories, to include authority and responsibility to deaths wherein a requirement for positive identification is present.

Metro Public Health Department Pandemic Flu Response Core Plan

3. The Medical Examiner or his designated representative will coordinate with the Incident Command. Following completion of emergency medical activities involving living persons, and with permission of the Incident Commander, the Medical Examiner in conjunction with law enforcement personnel, will assume responsibility for controlling access to the incident site.
4. Operations will be controlled and directed by the Medical Examiner and may be coordinated with the Tennessee Funeral Director's Association Disaster Response Team Coordinator, as well as with any other involved local, State or Federal agencies. Procedures for the control, documentation, collection and transportation of the remains, associated property and personal effects are specified in the Medical Examiner Mass Fatality Plan and will be instituted.
 - None of the deceased shall be moved or touched by rescue workers after a determination of death has been made.
 - No personal property on, or in the immediate area adjacent to the dead, shall be moved or disturbed without the express permission of the Medical Examiner or his designated representative.
5. Mortuary Operations.
 - A temporary morgue will serve as a predesignated secure facility for the processing of human remains. Specific plans for the setup and site locations of these facilities are delineated within the Medical Examiner Mass Fatality Plan. Procedures for the positive identification of remains are specified within the Plan and will be instituted as appropriate. The Medical Examiner will be responsible for requesting any outside assistance.
6. Notification
 - The Medical Examiner will be responsible for coordinating notification of next-of-kin activities as specified in the plan. It is the official policy of the Medical Examiner's Office to notify the next of-kin as soon as possible following positive identification of remains and prior to such information being released to the news media.
7. Resources
 - It will be the responsibility of the Metro Medical Examiner's Office to ensure that appropriate types and amounts of equipment and materials are readily available for use during at least the early stages of any mass disaster. It is understood that the scope of certain mass disaster situations may exceed the capabilities of the Medical Examiner's Office to provide a sustained amount of equipment and materials and that in such circumstance appropriate assistance will be requested from other agencies as determined and initiated by the Medical Examiner.

Appendices and/or References

A. Appendixes:

- 1.
- 2.

B. References:

1. Medical Examiner's Office Davidson County Mass Fatality Plan.
2. Tennessee Code Annotated (TCA) Title 38, Chapter 7.

Signatures

- A. Primary.

Medical Examiner's Office, ESC

Appendix H

TDH Section 7 Attachment A: Business Planning Recommendations

I. Purpose:

To guide businesses in obtaining resources for pandemic planning to reduce opportunities for transmission of disease in the workplace and provide for business continuity.

II. Assumptions:

Every business will be affected by a pandemic. Businesses of all sizes will be better prepared to cope with such an event if they incorporate pandemic planning into their business contingency plans. Challenges include the following:

- A. Cancellation or discouragement of non-essential public gatherings during a local pandemic wave (see Section 7 [Community Interventions])

- B. Global business recession

- C. Disruptions of supply chains due to illness and interruptions in international travel

- D. Employee illness and absenteeism that could reach 40% during the peak weeks of a pandemic wave in a community because of illness, childcare, fear or ill dependents.

- E. The availability or timing of federal or state government assistance cannot be predicted; the national scope of the problem will preclude significant federal assistance in any given local response. Federal, state and local pandemic plans provide information about what to expect from government response.

III. Issues:

The planning steps listed below are not comprehensive, but are intended to stimulate thinking and further examination of business needs:

- A. Designating a person to be responsible for pandemic contingency planning and having that person review the Tennessee Pandemic Influenza Plan and other pandemic planning resources.

Metro Public Health Department Pandemic Flu Response Core Plan

B. Minimizing the risk of contagious employees infecting others in the workplace; for example, by temporarily modifying sick leave policies during the pandemic to allow employees with flu-like illness to stay away from work until non-infections (5-7 days).

C. Developing strategies to accommodate the need to restrict business travel, if national or international travel restrictions are imposed.

D. Developing the capacity to allow employees responsible for critical functions to work from home if unable to come to the workplace.

E. Preparing for employee child care challenges when/if schools and daycare facilities close in the community for as long as 6-8 weeks (Community Interventions, Section 7).

F. Examining the risk of supply-chain problems and taking measures to address them.

G. Making tissues and hand hygiene supplies easily available at the workplace.

H. Accessing up-to-date, accurate information from authoritative sources (see resources listed below).

I. Determining conditions for business closure and how to cope with a period of closure. Mandatory closure of non-essential public gatherings of >100 persons is possible during a local pandemic wave during a severe pandemic (one that kills roughly 1 in 50 ill persons) (Section 7 [Community Interventions]).

J. Reviewing the terms of any applicable insurance policies.

K. Engaging as appropriate with community pandemic planning groups through health departments, chambers of commerce, and other groups.

IV. Resources:

A. Tennessee State Pandemic Response Plan

B. Federal pandemic website, including business planning checklists, National Pandemic Response Plan, and other planning resources for businesses at www.pandemicflu.gov

Metro Public Health Department
Pandemic Flu Response Core Plan

C. Centers for Disease Control and Prevention (CDC) at www.cdc.gov

D. National professional associations

E. Chambers of Commerce

F. County Economic and Community Development groups

G. New Zealand business pandemic plan (pages 13 and following):
http://www.med.govt.nz/templates/MultipageDocumentTOC____14455.aspx

Appendix I

TDH Section 7 Supplement 3 Attachment A: College and University Planning Recommendations

I. Purpose:

To guide colleges and universities to appropriate resources and strategies for pandemic planning for these institutions.

II. Assumptions:

Colleges and universities are subject to state policies concerning the suspension of discretionary public gatherings (defined in Section 7), but not by specific school closure requirements affecting preK-12 schools. College students are older, have less continuous group contact than school-aged children, and are not considered a significant source of influenza spread in a community. Closing dormitories or suspending classes at a college or university may be recommended by regional or state health officers in collaboration with university officials in light of specific outbreak conditions. Colleges and universities are encouraged to develop campus plans and to collaborate with local and regional pandemic planning officials for community pandemic plans.

III. Issues to consider:

- A. Each college and university should designate a person or group to be responsible for monitoring updated information and preparing for a pandemic; it is recommended that one person be designated to liaise with regional and state health officials.
- B. Pandemic response plans for colleges and universities should address the unique conditions of their institutions. Planners should be familiar with policies outlined in federal and state plans. For example, government plans will outline the anticipated use of antiviral medications and vaccines, as well as government policies for social distancing to slow the spread of the virus (see Sections 5, 6, 7).
- C. Examples of issues unique to colleges and universities include:
 - 1. Authorizing student trips to affected areas or to international programs
 - 2. How students' health should be monitored
 - 3. Provision of hygiene supplies and education throughout campus
 - 4. Care of ill students on campus

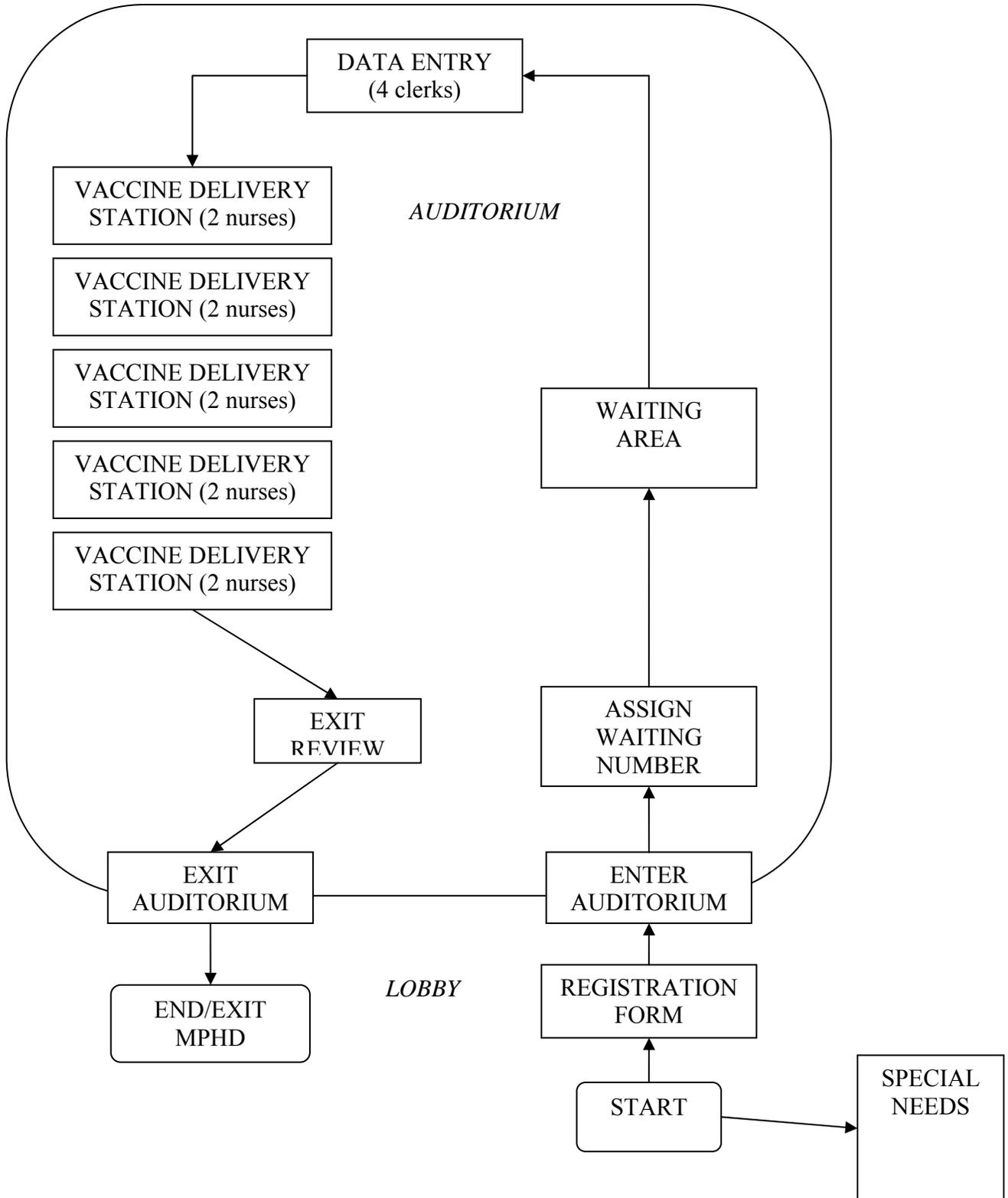
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5. Classroom attendance policies when influenza is circulating
6. Communication with students and families
7. Housing of international students and others without other homes if the facility is closed
8. Conditions under which the college or university would cancel classes
 - A. How to implement state policies to cancel non-essential public gatherings (Section 7).
 - B. Representatives are encouraged to participate in local pandemic planning, as appropriate, along with public health and other community leaders to assure that the needs and resources of the college or university are considered into local plans.

IV. Resources:

- A. Federal pandemic planning checklist for colleges and universities at www.pandemicflu.gov
- B. National College Health Association plans (under development at this writing)
- C. Tennessee State Pandemic Response Plan
- D. Local or regional pandemic response plan

APPENDIX J: FLU CLINIC DIAGRAM



**Appendix K:
Hospital Disaster Coordinators/Hospital Emergency
Management Directors Contact List**

Confidential

Appendix L: Hospital Pandemic Flu Coordinators List

Confidential

Appendix M: Crisis Communication Plan

Metro Public Health Department

Any event that threatens the safety and welfare of the general population will bring about widespread fear. The public will demand and is entitled to rapid and accurate information from its elected officials. In order to stem the panic that could ensue following the use of a biological agent, local officials must gain the trust of the public. It is imperative that local government officials speak as one and avoid releasing contradictory information to the public.

Our objective is to provide timely critical public health information to Metro Davidson County during and after a potential bio-terrorism event within the United States.

The Public Information Team will consist of the Mayor's Director of Communications, the Mayor's Press Secretary, and Public Information Officers from the Metro Public Health Department, Metro Police Department, Metro Fire Department, and the Office of Emergency Management. This team will be responsible for disseminating accurate information to the public and will coordinate with official from their respective departments to keep abreast of any change in the situation. In order to provide a consistent and reliable source of information, the Situation Management Team will appoint a media liaison from a member of the Public Information Team.

The following timeline will be utilized to provide information to the public should a potential biological threat occur:

Step 1

The Mayor and the Director of the MPHD will gather at the Mayor's office to make a statement to media with confirmed information once possible biological threat has been identified.

Step 2

Metro Public health Department's (MPHD) Medical Director (or designee) and the Director of the Division of Notifiable Disease Control (or designee) will immediately seek to confirm the threat with the Tennessee Department of Health (TDOH) and the Center for Disease Control and Prevention (CDC).

Step 3

The Situation Management Team will assemble when there has been confirmation of a potential threat. MPHD will provide information specific to the incident and agent. The Situation Management Team will make the decision to implement the Crisis Communication Plan and will notify the lead spokesperson of that decision. A schedule of the follow-up meeting will be set at this time. MPHD will provide ongoing and immediate updates to the Situation Management Team as information becomes available. (Note: The Situation Management Team consists of the Deputy Mayor, Vice Mayor, OEM Director, Metro Police Chief, Metro Fire Chief, MPHD Director, and the School Director).

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Step 4

The secured Provider Alert Network will be activated by MPH D to alert the community physicians and other health care providers of the incident. Updates will be provided on this secure website with specific recommendations for treatment and plans for prophylactic measures.

Step 5

A news conference will be held after the initial Situation Management Team meeting. The lead spokesperson will make available to the public all information known at that time and will announce a schedule of follow-up news briefings and other avenues of obtaining information. The Public Information Team will determine the number of new briefings to be conducted during the event. The main message will focus on reassurance that MPH D is following CDC guidance to ensure the safety and health of all members of the community.

Step 6

The Public Information Team will draft news release updates with confirmed facts. Information will be provided to all local television and radio stations, local newspapers, and Metro Government Channel 3. The release will also be posted on the Metro Government Internet Home Page and the Metro Public Health Department Home Page.

Step 7

Prior to the Situation Management Team's decision to implement the communication plan MPH D will activate their phone bank with up to 50 lines available. The hotline phone number will be included in all press releases. 911 operators will be instructed to route calls from concerned citizens to Metro Channel 3 for information/instructions. Metro Channel 3 will broadcast specific instruction/information as well as the MPH D hotline phone number. The same information will be provided to all Nashville media for broadcast. Hotline health experts will provide information on the specific agents involved and will provide reassurance that MPH D is following CDC guidance and doing everything possible to protect the public.

Step 8

MPH D will immediately begin printing community information sheets based on the specific biological agent. Information will be provided in Spanish, Kurdish, Somali, Vietnamese, Arabic, Albanian, Serbo/Croatian, in addition to English. Distribution of the information sheets will begin within three hours. The following avenues can be utilized for distribution of written material:

- All Libraries
- U.S. Postal Service
- Davidson county newspapers
- Metro Government buildings
- Metro schools
- Police officers
- Kroger/Ethnic Grocery Locations
- Churches
- Council Member community groups
- Door to door via volunteers

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Water, NES, Nashville Gas bills (time permitting)

Step 9

Within 24 hours of the Situation Management Team's decision to implement the communication plan, Metro Media will produce a PSA with the Mayor and the MPHD Director. Key messages will be based on the specific biological event. This PSA will be provided to all media outlets within one hour of completion and video streamed on the Metro Home Page. The Public Information Team will develop additional PSAs throughout the event as necessary.

Step 10

If the CDC recommends mass medication or vaccination of Davidson County residents the MPHD will implement its internal Disaster Plan. Predetermined clinic sites will be selected and site set-up will begin. Clinics will not open until MPHD receives medication and/or vaccine from the CDC. The public will be informed of clinic sites, hours of operation, and pick up points for transportation to the sites of opening. Metro Police will implement security measures prior to the announcement of the sites and arrival of the public. Public notification will occur as soon as possible and is dependent upon the amount of time require to provide security an to get clinics set up and operational.

These measures will remain in place until the Director of Health in concurrence with the Situation Management Team determines that the threat has been eliminated. Once the communication plan has been deactivated, a final news briefing will be held to communicate this information to the public. The MPHD hotline will operate for an additional 48 hours to deal with further public inquires.