

Brookings County Pandemic Influenza & Infectious Diseases Response Plan

Version 2.2



Table of Contents

Brookings County Pandemic Influenza & Infectious Diseases Response Plan	1
Disclaimer.....	2
Authorities and Responsibilities.....	3
Governor of the State of South Dakota	3
South Dakota Department of Health	3
County Commissions.....	4
Emergency Management	4
Public Health	4
Pandemic Phases for Influenza and Definitions	5
Communications.....	6
Internal Communications (Including Modes)	6
Planning & Preparedness	6
Internal Coordination (EOC Level 3).....	7
Internal Coordination (EOC Level 2).....	8
Internal Coordination (EOC Level 1).....	9
External Communications (Including Modes)	10
Planning & Preparedness	10
External Coordination (EOC Level 3)	10
Coordination (EOC Level 2)	11
Coordination (EOC Level 1)	11
Joint Information System (JIS).....	12
Joint Information Center (JIC)	12
Coordination.....	13
NIMS / ICS	13
Emergency Operations Center (EOC).....	13
Organization (Multi Agency Coordination Group (MAC)).....	13
Staffing	14
EOC Staffing – Precaution Levels	15
Planning & Preparedness	15
Coordination (EOC Level 3)	16
EOC Level 3 Activation - Coordination	16
Coordination (EOC Level 2)	16
EOC Level 2 Activation - Coordination	17
Coordination (EOC Level 1)	17

EOC Level 1 Activation - Coordination	17
Coordination & Command (EOC Level 1)	18
EOC Level 1 Activation – Coordination & Command	18
JIS – Joint Information System and Joint Information Center	19
Intelligence.....	19
Incident Command System (ICS) Position Descriptions for the EOC and Pandemic Incident Response	20
COMMAND & COORDINATION STAFF	20
OPERATIONS STAFF.....	21
PLANNING STAFF.....	22
LOGISTICS STAFF	22
FINANCE/ADMINISTRATION STAFF	23
Possible Individuals to Fill ICS Positions	23
Planning Phase (SD Department of Health Phase 1 & Phase 2).....	26
Warning Phase A (SD Department of Health Phases 3 & 4)	28
Warning Phase B (SD Department of Health Phase 5).....	30
Response Phase (SD Department of Health Phase 6).....	32
Recovery Phase (SD Department of Health phase 6 continued)	33
Mitigation Phase (SD Department of Health Post Pandemic Phase).....	34
Appendix 1: Brookings County Pandemic Influenza/Infectious Diseases Response Network	35
Public Health MAC Representative Functions	35
Health Care MAC Representative Functions.....	35
Government MAC Representative Functions	37
SDSU/School MAC Representative Functions	37
Industry, Business & Critical Infrastructure MAC Representative Functions	38
Faith & Volunteer Organizations MAC Representative Functions.....	39
Individual & Family MAC Representative Functions.....	41
Appendix 2: Brookings County Pandemic Influenza/Infectious Disease Response Plan.....	42
Healthcare Sector.....	42
Surge Capacity.....	42
Alternate Care Site(s)	42
Appendix 3: Supplies, Equipment, and Alternate Facilities Resource List	45
Introduction	45
Stockpile Contents	45
Mobile Medical Assets	45
Activation/Utilization	45
Fatality Management/Temporary Morgue	46

Distribution	46
Non-pandemic Minimum Stockpile Reserve Level	46
Responsibilities	47
Inventory Lists	47
EMERGENCY STOCKPILE UTILIZATION REQUEST FORM	50
Facility/Entity Identifies Need	51
Grant Partner Representatives	52
Fatality Management / Temporary Morgue	52
Appendix 4: Law Enforcement/Safety Services	53
Appendix 5: Nursing, Pharmacists, Physicians, and Medical Personal	54
Nursing Resource List	54
Pharmacists Resource List	54
Physicians Resource List	54
Emergency Medical Services Resource List	54
Appendix 6: Points of Dispensing (POD)	55
Appendix 7: Abbreviations	57
Appendix 8: Glossary of Common Terms	58
Appendix 9: Continuing Challenges	61
Appendix 10: GENERIC FACILITY PLANS	63
Appendix 11: BROOKINGS TRIAGE FORM	64

Brookings County Pandemic Influenza & Infectious Diseases Response Plan

Pandemic Influenza could cause a wide variety of problems including overloading our local health care facilities, potentially a high death rate, reduced work forces, shortages of medical supplies, shortages of food, shortages of medicines, shortages of fuel, and security issues. The difference with pandemic influenza versus “normal” disasters is that there probably will not be assistance coming from other jurisdictions such as the state or the federal government. The length of the pandemic influenza outbreak may be several weeks in length and repeat itself becoming a cyclic event. Therefore Brookings County will need a self-reliant response plan that would assure survival of its citizens.

This plan may also be applicable to other infectious diseases or other health related events.

The Brookings County Pandemic Influenza Response Plan was compiled based on input from the Pandemic Planning Coordination Committee (PPCC), the grant partners which are the Brookings Health System, the City of Brookings, Brookings County, South Dakota State University (SDSU), American Red Cross-Brookings County Chapter, representatives of the following sectors: Public Health, Health Care, Government, Critical Infrastructure, Schools, Faith Based and Volunteer Organizations, Family and Individual. There were several “summit meetings” where information and comments on the plan were received. Existing Plans were reviewed from the City of Sioux Falls/Minnehaha County, Hand County; Hughes, Stanley, Sully Tri County and pertinent sections addressed in this plan.

The Brookings County Pandemic Influenza Response Plan is modeled after the Brookings County Local Emergency Operation Plan (LEOP) and is divided into several phases, and lists. The LEOP phases are planning, warning, response, recovery, and mitigation. The resource lists include a list of examples of entities in each sector (Appendix I,) a call list of volunteers by job category (Appendix III.4, .5, .6, .7,) and a supply list and equipment list (Appendix III.1). The LEOP uses several checklists to cover the various aspects of the emergency plan and this plan will be similar. There will also be several references to existing sections of the LEOP. These references will be attached as appendixes to the pandemic influenza response plan. This plan may become an appendix to the LEOP.

The Brookings County Pandemic Influenza Response Plan will reflect and attempt to be consistent with planning efforts by all sectors which include public health, governments, health care providers, school systems (including SDSU), industry/businesses, critical infrastructures, faith based organizations/volunteers; individuals/family.

The plan has the following basic **goals**:

- Contain and control disease outbreak
- Limit the number of illnesses and deaths
- Preserve continuity of critical government functions
- Minimize social disruption
- Minimize economic losses

The specific **objectives** of the plan are as follows:

- For each sector (health care, public health, schools, government, critical community infrastructure, business/industry, faith based organizations/ volunteers and family/individuals) define preparedness activities that should be undertaken before a pandemic occurs that will enhance the effectiveness of response measures.

- Describe the response, coordination, and decision-making structure that incorporates local health department, area health care systems, response agencies and state and federal agencies during a pandemic.
- Define roles and responsibilities for the local health department, area health care partners, area response agencies and resources during all phases of a pandemic.
- Describe public health interventions in a pandemic response and the timing of such interventions.
- Serve as a guide for all sectors in the development of pandemic influenza response plans.
- Develop a communication plan to coordinate county agencies, the public, public health partners, other jurisdictions, and authorities during a pandemic.

This plan is based on the following **assumptions**:

- Susceptibility to the pandemic influenza virus will be universal.
- Efficient and sustained person-to-person transmission signals an imminent pandemic (SD Dept. of Health phase 6).
- The typical incubation period for seasonal influenza is about two days. The specific incubation period for a novel virus is unknown, but may approach 7 to 10 days.
- Risk groups for severe infection are likely to include infants, the elderly, pregnant women, and persons with chronic medical conditions.
- Asymptomatic or minimally symptomatic individuals can transmit infection and develop immunity to subsequent infection.
- Viral shedding and the risk of transmission will be greatest during the first two days of illness. Virus transmission can occur from up to one day before the onset of illness through acute illness.
- It is anticipated that 30-40% of the work force will be unavailable.
- The number of hospitalizations and deaths will depend on the virulence of the pandemic virus.
- In an affected community, it is estimated a pandemic outbreak will last 6 to 8 weeks and at least two waves are likely.
- During a pandemic influenza event, it is estimated that approximately 236,000 people in South Dakota will become ill during the course of the event, and that 50% of those will require outpatient care. Approximately 26,000 will require hospitalization, with 3,900 requiring intensive care. Approximately 1,957 will require mechanical ventilation and 4,996 will die.
- Brookings County data for pandemic influenza as a basis includes a 35% attack rate with potential of 7,415 individuals ill with influenza, 149 hospitalized and 45 deaths. It is also anticipated that the population to be served may include residents of surrounding jurisdictions; in particular, Kingsbury, Deuel, Lake and Moody Counties, as well as SDSU with a population of several thousand students.

For updates on this plan contact:

Brookings County Emergency Management, 605-692-5212

Please refer to bereadybrookings.com for notices on updates and revisions.

Disclaimer

The Pandemic Influenza Response Plan is a document that will be periodically reviewed and undergo many changes over time. These reviews will be brought about as the plan is further developed, tested, exercised and reviewed by other agencies. Therefore, think of this document as a work in progress or “a living document”. Please do not be offended if your organization, business, industry or individual name does not show up at this time. This plan is not a substitute for any individual, family, school, business or organization plan as each of the entities needs to have a pandemic influenza response plan in place.

The material in this Plan has been assembled for the purpose of guiding the County and its citizens in planning for a possible influenza pandemic. The information is current as of the date of publication. However, further work is ongoing in this area, and consequently changes, deletions, additions, or other amendments may be made to the plan without notice. Readers should check for more up-to-date information on:

Brookings Preparedness website:	bereadybrookings.com
Brookings County website:	brookingscountysd.gov
City of Brookings website:	www.cityofbrookings.org
Brookings Health System website	www.brookingshealth.org

The information in the plan is not intended to cover every possible pandemic situation. Details which may be relevant to readers' particular circumstances may have been omitted.

Brookings County accepts no liability or responsibility for any acts or omissions done or omitted in reliance, in whole or in part, on the plan. Brookings County disclaims all responsibility or liability to any person, whether in contract, equity or tort, or on any other basis, for any direct or indirect losses, illness or injury, or damage of any kind arising from use of the information in the plan.

Brookings County is not responsible for the contents or reliability of any websites mentioned in the plan (other than its own website), and does not necessarily endorse the views expressed in them. The Brookings County cannot guarantee that links will work all the time, and has no control over the availability of the linked pages.

Authorities and Responsibilities

A critical component of the local emergency preparedness and response is an understanding of the decision making and authority that occurs within defined parameters. Various state and local public officials have overlapping authorities with regard to protecting public health and safety. The Governor, the State Department of Health, States Attorney, county commissions, city councils, town boards, and the local health directors all can implement authorities within the scope of their jurisdiction to protect public health, such as closing public or private facilities. During a pandemic, the presence of overlapping authorities will necessitate close communication and coordination among appointed and elected leaders to ensure decisions and response actions are clear and consistent. Effective communication between all agencies will be particularly important and the development of predetermined memorandums of understanding in place delineating lines of authority should be established.

Governor of the State of South Dakota

The Governor has authority to proclaim a state of emergency when there is a disaster that affects life, health, property, or the public peace. The Governor may assume direct operational control over all or part of local emergency management functions if the disaster is beyond local control. After proclaiming a state of emergency, the Governor has the authority to restrict public assembly, order periods of curfew, and prohibit activities he/she believes should be prohibited in order to maintain life and health.

South Dakota Department of Health

The South Dakota Department of Health (SDDOH) has authority to adopt rules to protect the public health, including rules for the imposition and use of isolation and quarantine and for the prevention and control of infectious diseases. The SDDOH will operate a CDC Laboratory Response Network public health reference laboratory for novel influenza virus testing. The department is responsible for investigating outbreaks and disease epidemics and advising local health authorities about measures to prevent and control outbreaks.

Health officials, law enforcement officials, and all other state and local officers shall enforce all rules adopted by the Department.

County Commissions

Within Brookings County, the County Commissioners shall coordinate all matters pertaining to the preservation of the life and health of each respective community and its residents. The commission also may enact such local rules and regulations deemed necessary to preserve and promote the public health and to provide the enforcement of those rules and regulations. As the face of government, the commission has a role in communicating with the public by helping ease public concern and giving guidance on how to respond during an emergency event.

Emergency Management

Brookings County Emergency Managers have the authority in their jurisdiction to coordinate the activity of all public and private agencies engaged in emergency management activities. In order to carry out appropriate emergency plans and procedures and better protect public health, safety and public welfare, these officials will activate and manage their Emergency Operations Center (EOC).

Brookings County has adopted the National Incident Management System (NIMS) to manage and coordinate emergency operations. In addition, Brookings County has adopted a comprehensive Local Emergency Operations Plan (LEOP) that identifies roles and responsibilities of county agencies, emergency responders, partner organizations, volunteers, and others engaged in emergency management activities.

The Emergency Manager within this jurisdiction will implement emergency plans and take appropriate emergency actions required to manage both declared and undeclared emergency events that threaten public safety within the county. As necessary, the individual will liaison with federal, state, and local authorities to ensure the most effective disaster preparedness and response capabilities, and will activate mutual aid agreements or reciprocal assistance in the case of a disaster too great to be dealt with unassisted.

Public Health

The local public health sector consists primarily of the community health nurses in the county. Public health shall establish, in consultation with federal, state and local health agencies, emergency management personnel, law enforcement agencies, and other entities deemed necessary, plans, policies, and procedures for instituting emergency measures to prevent the spread of communicable disease.

Public health representatives may take all necessary actions to protect the public health in the event of an infectious disease occurring in a school or day care center. Actions may include closing school(s), ordering cessation of certain activities, and excluding persons who are infected with the disease. Prior to taking action, public health shall consult with the SDDOH.

Pandemic Phases for Influenza and Definitions

The South Dakota Department of Health plan for preparedness has identified phases based on the status of the virus and geographic/population affected. The South Dakota Department of Health phases are numbered 1-6 followed by a Post Pandemic (final) phase.

Phase	Definition
INTERPANDEMIC PERIOD	
Phase 1	No new influenza virus subtypes detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human infection or disease is considered to be low.
Phase 2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial risk of human disease.
PANDEMIC ALERT	
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread or at most rare instances of spread to a close contact.
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.
Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).
PANDEMIC	
Phase 6	Pandemic: increased and sustained transmission in general population.
POSTPANDEMIC: Return to Interpandemic Period	

The United States Federal Government also has a matrix describing response and issues concerning a Pandemic Incident. This schematic is included to provide reference between the two systems. Both systems may be used and referred to during a Pandemic Event.

SD DOH Phase	Federal Stages	Definition	Goals
1 & 2	0	New Domestic Animal Outbreak in At-Risk Country	Provide coordination, support, and technical guidance
3	1	Suspected Human Outbreak Overseas	Rapidly investigate and confirm or refute
4 or 5	2	Confirmed Human Outbreak Overseas	Contain outbreak and limit potential for spread
6	3	Widespread Outbreaks Overseas	Delay emergence in North America
6	4	First Human Case in North America	Contain first cases in North America
6	5	Spread Throughout the United States	Support Community response
6	6	Recovery and Preparation for Subsequent Waves	Return to a pre-pandemic level of functioning

Communications

This chapter will address the communications needs involved in a response to a Pandemic Influenza outbreak. The real challenge with this topic is the varying degrees of communication that are necessary during a progressing pandemic cycle. Another challenge is communications with the public itself, getting accurate and timely information to the public on what “they” should do to aid in the regional as well as community response to the emergency. This chapter addresses these issues.

The level of response of a jurisdiction is dependent on the needs of the organization and the incident that is occurring within the jurisdiction. Therefore, the levels of response necessary in this jurisdiction may not correspond to any Phase (WHO, State of SD) or Stage (US) system, rather the level of response necessary within the jurisdiction itself. Example: The WHO may be at Phase 6 – Pandemic and there may be no presence of the disease within Brookings County.

Internal Communications (Including Modes)

Internal Communications will be addressed by linking those communication modes and frequencies (timeliness) of communications to the various phases of a pandemic influenza event. It is also recognized that there are at a minimum, three (3) distinct groups among and between which communication must be of the highest priority to ensure the most effective and efficient outcome. Those groups are: 1) Personnel and Agencies responsible for planning and response to a pandemic influenza event; 2) Government leaders and jurisdictions that are not directly involved with the planning process but will be very involved in the response to any event, and: 3) the general public (which will be addressed in Chapter 2.2 External Communications). *These planning procedures are just that, planning procedures and can be and should be altered if necessary at the time of an actual occurrence.*

Planning & Preparedness

These two stages are linked together due to their commonality with their prescribed communications frequency as well as modes and that the same organization (Planning Committee) will be utilized. This communication should center on the planning and preparedness activities involved with preparing for a pandemic and should be as frequent as necessary to accomplish preparedness and planning activities. Modes of communication can be meetings, e-mail lists, or via telephone contacts if specific information is directed towards a sector. Again, depending on the needs at the time and activities, this communication may be altered if necessary. It will fall upon the members represented to accomplish the briefing of government leaders and agency supervisors as to the status and plans being constructed.

<i>Internal - Planning & Preparedness</i>	<i>Mode</i>	<i>Frequency</i>
Planning & Preparedness	Meetings, e-mail lists, Telephonic	As Necessary
Briefings	Reports, Briefs, Meetings	As Necessary

Internal Coordination (EOC Level 3)

This phase may mark an increase in the possibility of a pandemic influenza outbreak becoming a reality in the near future. A more formal organization may be instituted at this stage including an activation of the Emergency Operations Center at a Level 3 - Coordination (refer to Coordination Chapter #3 for full explanation). The positions of Public Information Officer and Intelligence Officer are both activated in this stage as part of the organization. The Public Information Officer (Command Staff) will be responsible for communicating with the public and will be further described in Section 2.2. The Intelligence Officer (Command Staff) is responsible for gathering information and data concerning the pandemic nationally, at the State level, and locally, and then distributing this information throughout the organization. Both positions will coordinate their efforts and information to ensure consistency and accuracy. Steps should be taken to increase the awareness of all sectors in the preparedness and planning for an outbreak event. Planning should be solidified and fleshed out as necessary depending on the situations that present themselves. Meetings, e-mail communications, as well as telephone communications will probably be utilized once again, but on a more frequent basis. Communication & Coordination will become increasingly important as the Stage level is increased during an event. Closer communications with elected officials and agency representatives will need to be accomplished with regularly scheduled updates and briefings being accomplished. This responsibility will fall upon the Intelligence Officer.

The main resources for information during this phase will be the Health related community. In this region, both the Brookings Health System and the South Dakota Department of Health (Community Health Nurse) will serve in this capacity. It will be their responsibility to ensure information they receive from all sources is passed on to the Information and Intelligence positions via all forms identified. However, it should be noted that we all have “stovepipes” or information that is fed to us from our contacts outside our pandemic information structure. Due to that fact, as all members of the Planning Committee receive information from their contacts, this information should be passed on to the Intelligence Officer for evaluation and possible distribution. This will create Situational Awareness in all members of the organization and allow the big picture to be seen by all. At this point, meetings should be increased by having regularly scheduled meetings where the most recent information can be shared as well as planning and preparedness activities can be discussed. Depending on the situation, these may be monthly, weekly, or even daily meetings if necessary. These meetings may also come in the form of conference calls as a substitution to face to face gatherings. At a minimum, all information received from higher levels of government should be distributed to the other members of the organization through the Intelligence Officer.

<i>Internal Coordination (EOC Level 3)</i>	<i>Mode</i>	<i>Frequency</i>
Planning & Preparedness	Meetings, e-mail lists, Telephonic	Monthly or more Frequent as necessary
Briefings	Reports, Briefs, Meetings	Monthly or more Frequent as necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution, Situation Reports	As received (Share & Exchange)

Internal Coordination (EOC Level 2)

This phase heightens the level of awareness and preparedness with the fact that a pandemic is very possible at this point. At this point, the EOC will consider a transition to a Level 2 - Coordination organization. The Public Information and Intelligence Officer Positions will continue to coordinate their efforts with the Public Information Officer transitioning his or her position, with a JIC (Joint Information Center) being established adjacent to the EOC and the Intelligence Officer transitioning to a full Section in the General Staff as the Intelligence Section Chief. Responsibilities will remain basically the same; however staff and work load will be increased.

Representatives from the Planning Group as well as leaders from the individual identified sectors may be asked to be present in the EOC. At a minimum, regularly scheduled briefings will be held, weekly or possibly even daily, to make sure current information and intelligence is shared among the stakeholders and planners. Individually scheduled briefings will be held for Elected Officials, again, weekly or possibly on a daily basis to keep them informed of the operation as well as the steps being taken at all levels of government to combat the pandemic. This group should also be informed of possible strategies that they may be asked to activate to help combat the pandemic. Again, these meetings may be in the form of face to face meetings or via electronic means including the internet as well as telephonic.

<i>Internal Coordination (EOC Level 2)</i>	<i>Mode</i>	<i>Frequency</i>
Briefings	Reports, Briefs, Meetings	Monthly, Weekly, or more Frequent as necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	As received (Share & Exchange)

Internal Coordination (EOC Level 1)

The Pandemic is occurring or is rapidly approaching. When these stages are reached, the EOC may transition to Level 1 – Coordination or even a Level 1 – Coordination / Command activation. Positions and responsibilities will remain unchanged with the Public Information Officer operating a JIC and the Intelligence Section Chief maintaining their activities and Section. Representatives from the Planning Group as well as leaders from the individual identified sectors may be asked to be present in the EOC to fill positions or serve as a member of the Multi-Agency Coordination Group (MAC). Communications should remain at its previously identified levels with the exception that briefings may become daily events, especially if the outbreak is occurring locally. The severity of the outbreak and information being sent from the State, National, or other organizations will dictate to some level any necessary changes in the communications structure established.

<i>Internal Coordination (EOC Level 1)</i>	<i>Mode</i>	<i>Frequency</i>
Briefings	Reports, Briefs, Meetings	Daily, or more Frequent as necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	As received (Share & Exchange)

External Communications (Including Modes)

External Communications will be addressed in the same manner as was Internal Communications, by linking those communication modes and frequencies (Timeliness) of communications to the various stages of a pandemic influenza event. External Communications refers to both communications with the general public as well as communications with other outside county or region information sources and JIC's. *These planning procedures are just that, planning procedures and can be and should be altered if necessary at the time of an actual occurrence.*

Planning & Preparedness

The general public is the second audience with whom communication must be delivered. Public Awareness campaigns seem to be well suited for these Stages. Radio ads, newspaper articles, fliers, handouts are all well designed and established forms of communication with the public. The center of these campaigns should be preparedness and awareness of plans that may be enacted during a pandemic event. People knowing what to do and what might happen in their community will aid in the response at many different levels during an actual event.

This is also the time to establish, test, and maintain those contacts and communications with information sources as well as those with our contacts in higher levels of organizations or government. These communications links will be extremely important as the phase level is increased and un-interrupted communications is absolutely necessary.

<i>External Planning & Preparedness</i>	<i>Mode</i>	<i>Frequency</i>
Public Awareness Campaigns	Newspaper, Radio, Fliers	As Necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	As Necessary

External Coordination (EOC Level 3)

Communication with the public is now moving into a different realm. This is the point in the communication chain that accurate and timely information becomes increasingly important. Steps should be taken to keep the public informed on the progression of the pandemic and reiterate again the importance of preparedness and planning for their agencies, organizations, and families. When determining the information to be shared with the general public at this Stage or at further stages, careful attention must be taken relative to the mental health impact of the particular message to avoid causing undue anxiety or panic in extreme cases. The information must be balanced between keeping the public adequately informed and causing undue stress.

“The Iron is getting HOT” and the realism of an outbreak is starting to hit home with many people. This is the time to start reaching those people and helping them to take necessary steps to prepare themselves.

The EOC may become activated at a Level 3 – Coordination and a Public Information Officer is appointed. This person will be responsible for the dissemination of information to the public concerning the situation and steps that they can take to help prepare them and their families.

At this point, information from higher levels of government as well as other outside jurisdiction resources should be flowing freely updating information on strategies as well as the progression of the Pandemic possibilities. This information, gathered by the Intelligence Officer, should be passed on to the Public

Information Officer. It is important to double check these communications links to make sure information is flowing in a timely fashion as well as checking the information for accuracy.

<i>External Coordination (EOC Level 3)</i>	<i>Mode</i>	<i>Frequency</i>
Public Awareness Campaigns	Newspaper, Radio, Fliers	Monthly, Weekly as Necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	Monthly, Weekly, Daily as necessary.

Coordination (EOC Level 2)

At this point, the EOC will consider a transition to a Level 2 - Coordination organization. The Public Information and Intelligence Positions will continue to coordinate their efforts with the Public Information Officer transitioning his or her position into a JIC (Joint Information Center) being established adjacent to the EOC and the Intelligence Officer transitioning to a full Section in the General Staff as the Intelligence Section Chief. Responsibilities will remain basically the same; however staff and work load will be increased.

The formalized structures of the JIC will be described in the next two sections. Communications with the public will be handled through the JIC.

<i>External – Coordination (EOC Level 2)</i>	<i>Mode</i>	<i>Frequency</i>
Public Awareness Campaigns	Newspaper, Radio, Fliers	Weekly, Daily or more often as necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	Weekly, Daily or more often as necessary

Coordination (EOC Level 1)

The Pandemic is occurring or is rapidly approaching. When these stages are reached, the EOC may transition to Level 1 – Coordination or even a Level 1 – Coordination / Command activation. Positions and responsibilities will remain unchanged with the Information Officer operating within a JIS & JIC and the Intelligence Section Chief maintaining their activities and Section. Representatives from the Planning Group as well as leaders from the individual identified sectors may be asked to be present in the EOC to fill positions or serve as a member of the Multi-Agency Coordination Group (MAC). Communications should remain at its previously identified levels with the exception that briefings may become daily events, especially if the outbreak is occurring locally. The severity of the outbreak and information being sent from the State or National organizations will dictate to some level any necessary changes in the communications structure established.

<i>External – Coordination (EOC Level 1)</i>	<i>Mode</i>	<i>Frequency</i>
Briefings	Reports, Briefs, Meetings	Daily, or more Frequent as necessary
Intelligence / Information	Meetings, reports, Briefings, E-mail Distribution	As received (Share & Exchange)

Joint Information System (JIS)

A JIS is an organized, integrated, and coordinated mechanism to ensure the delivery of understandable, timely, accurate, and consistent information. Personnel involved within a JIS have one responsibility, to provide information to those they serve that meets those criteria. They serve not only the others that are serving in the EOC, but the elected officials and the public. This system is put into place to make sure those interacting with the public, whether it in a one to one situation, a presentation or meeting, or utilizing one of the mass media resources, is providing the most accurate and timely information that is known at the time. In this situation, the Public Information Officer will serve as the supervisor of the JIC. The JIC will be managed by the EOC. The Brookings JIC will interact with both the State of SD JIC and other JIC's that are established. These structures will form those formal communications structures that will be important to a successful management of the event.

Joint Information Center (JIC)

A Joint Information Center (JIC) may be established to organize the information management of this type of incident. The JIC is a location where members responsible for information management can operate and become organized to accomplish their tasks. This facility should be closely located to the EOC (Preferably in the same facility) to make sure that the EOC staff and the JIC staff have a close communication link. All information distributed by the JIC needs to be approved by the EOC before being disseminated. The JIC will need to be large enough for the members to have working space, communications links such as telephones, computers, fax machines, etc. A location should be established to hold briefings for not only elected officials and other emergency officials, but for the public and media.

Coordination

This chapter will address the coordination needs involved in a response to a Pandemic Incident.

A Pandemic Incident will be unlike many of the hazards that our jurisdiction faces. It will affect all aspects of our society and create unique challenges concerning the management and coordination of the incident. During Phase 6/Stage 5, the organization may transform from purely coordination to include elements of command as well.

As with all incidents, knowing who is “in charge” or “responsible” for areas or tasks is extremely important to the organization and ultimately, the management of the incident. This section will establish the plan for the organization and management of a pandemic incident utilizing the Incident Command System as well as coordination entities such as Multi Agency Coordination Groups and Emergency Operations Centers.

The level of response of a jurisdiction is dependent on the needs of the organization and the incident that is occurring within the jurisdiction. Therefore, the levels of response necessary in this jurisdiction may not correspond to any Phase (World Health Organization, State of SD) or Stage (US) system, rather the level of response necessary within the jurisdiction itself; e.g. the WHO may be at Phase 6 – Pandemic and there may be no presence of the disease within Brookings County.

NIMS / ICS

NIMS ICS is the management system designed to enable effective and efficient domestic incident management by integrating a combination of facilities, equipment, personnel, procedures and communications operating within a common organizational structure. This system is designed to enable effective and efficient domestic incident management. NIMS ICS is the recognized and adopted management system by all Counties in South Dakota including Brookings and will be utilized during a Pandemic Incident.

Emergency Operations Center (EOC)

Emergency Operations Centers (EOC's) are the physical location at which the coordination of information and resources to support local incident management activities normally takes place. EOC's function in various ways at various levels of government to provide coordination, direction, and support for incidents.

EOC's can be activated at different levels depending on the needs of the incident for coordination, normally running in numerical order from 3 to 1 with 1 being the highest level of activation requiring the most need for coordination and staffing.

Brookings County has an identified EOC within their jurisdiction. During a pandemic incident, the EOC will be activated and staffed at the appropriate level to meet the incident needs.

Organization (Multi Agency Coordination Group (MAC))

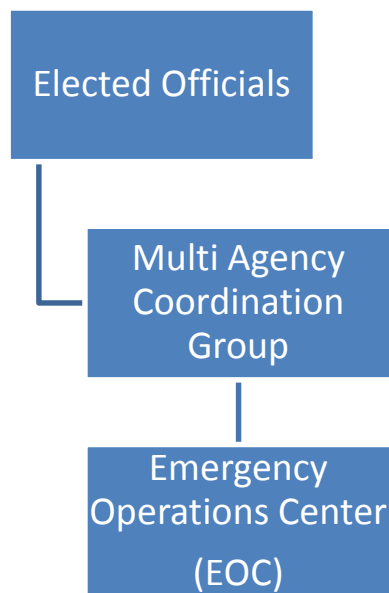
A Multi Agency Coordination System is a combination of facilities, equipment, personnel, procedures, and communications integrated into a common system with responsibility for coordinating and supporting domestic incident management activities. The primary functions of a MAC are to support incident management policies and priorities, facilitate logistics support and resource tracking, make informed resource allocation decisions using incident management priorities, coordinate incident related information, and

coordinate interagency and intergovernmental issues regarding incident management policies, priorities, and strategies.

Staffing

There are three groups of personnel included within the organization when describing the Emergency Operations Center and the MAC Group.

- The Emergency Operations Center has staffing to facilitate logistical support and resource tracking for the jurisdiction, gather and provide information, and implementing MAC Group decisions. Within Brookings County, the EOC is staffed utilizing the standard ICS organizational positions.
- The MAC Group may also be located within the EOC facility and consists of agency policy representatives with decision making authority who facilitate strategic coordination by providing policy direction, resolving issues, and ensuring resource allocation. This group consists of those identified agency representatives and may utilize other support staff from the EOC.
- The Third Group that may be present at different times during an incident at the EOC is the Elected Officials Group. This group gives the authority to those agency representatives and is there to make formal decisions if necessary and to keep current with the emergency situation.



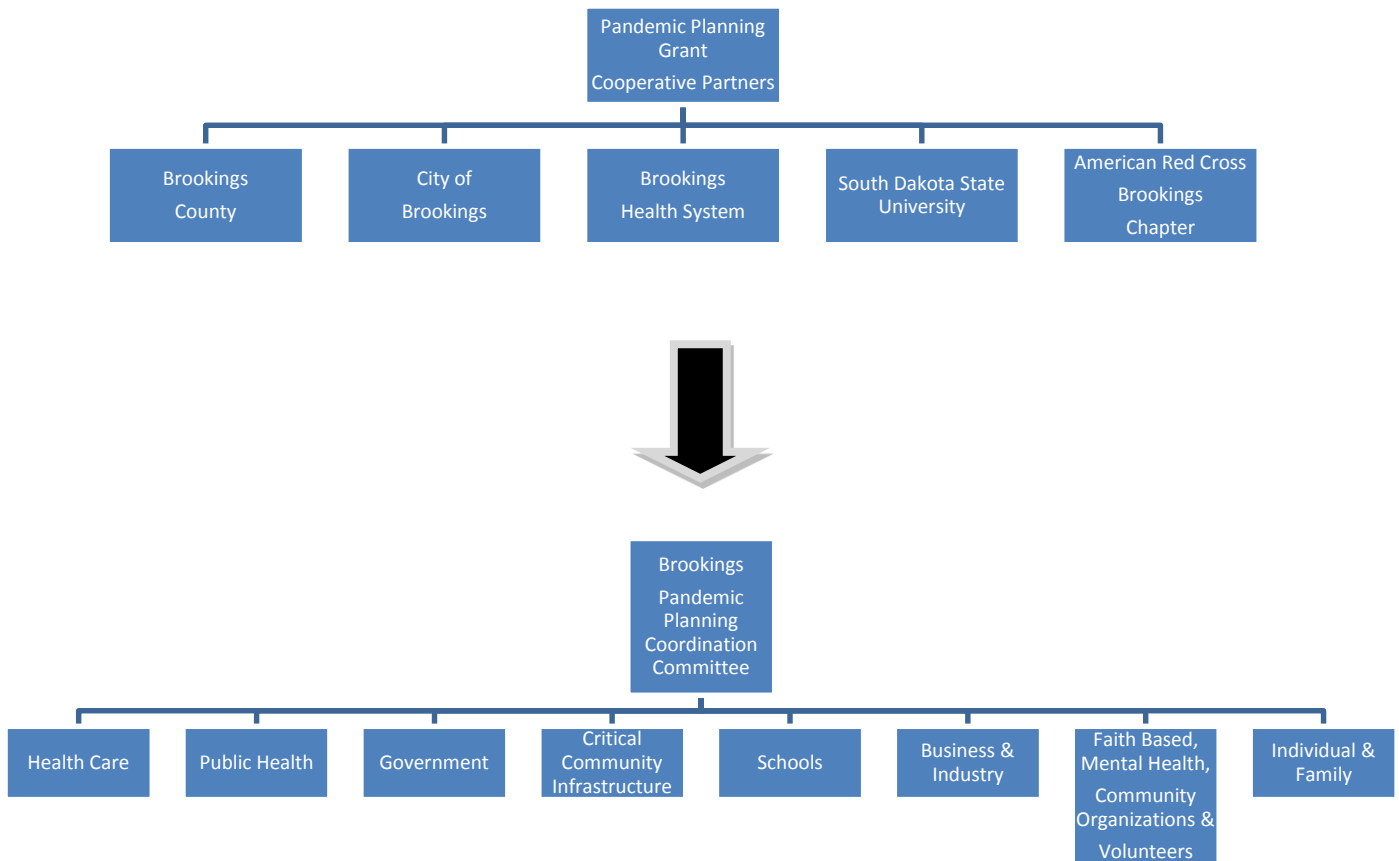
EOC Staffing – Precaution Levels

There may be times in which precautionary levels may need to be introduced into the operation of the EOC. These precautions may range from elevated hygiene precautions such as hand washing and disinfecting regimes to the utilization of Personal Protective Equipment (PPE) to screening of reporting staff and quarantining of the staff itself within the EOC. The Emergency Management Coordinator in consultation with the Health Sector representative and the County Commission will determine when best if and when to institute these measures. The goal of these measures is to ensure that the Coordination and Command structures stay in place as much as possible and practical during an incident.

Planning & Preparedness

The Brookings County Pandemic Planning Coordination Committee (PPCC) was formed by the grant partners who are: Brookings County, City of Brookings, the Brookings Health System, South Dakota State University (SDSU), and the American Red Cross-Brookings County Chapter. The PPCC is made up of representatives of the following sectors: Public Health, Health Care, Government, Critical Infrastructure, Schools, Faith Based and Volunteer Organizations, Family and Individual.

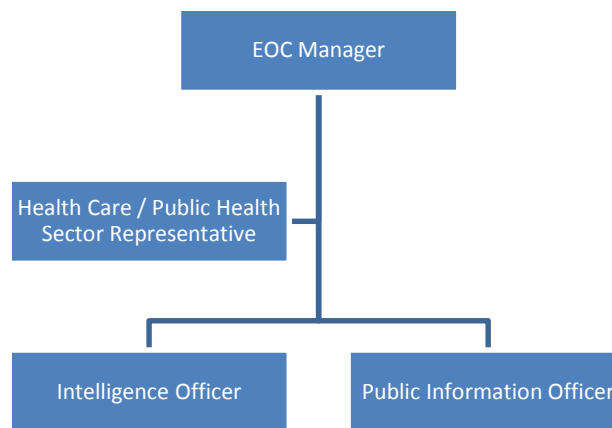
These Stages are marked by general preparedness, planning, and awareness activities for the jurisdiction. These activities are coordinated by a Planning Committee which should have a formal structure such as elected leadership, formal recordkeeping, etc. In Brookings County, this entity is identified as the Brookings Pandemic Planning Coordination Committee.



Coordination (EOC Level 3)

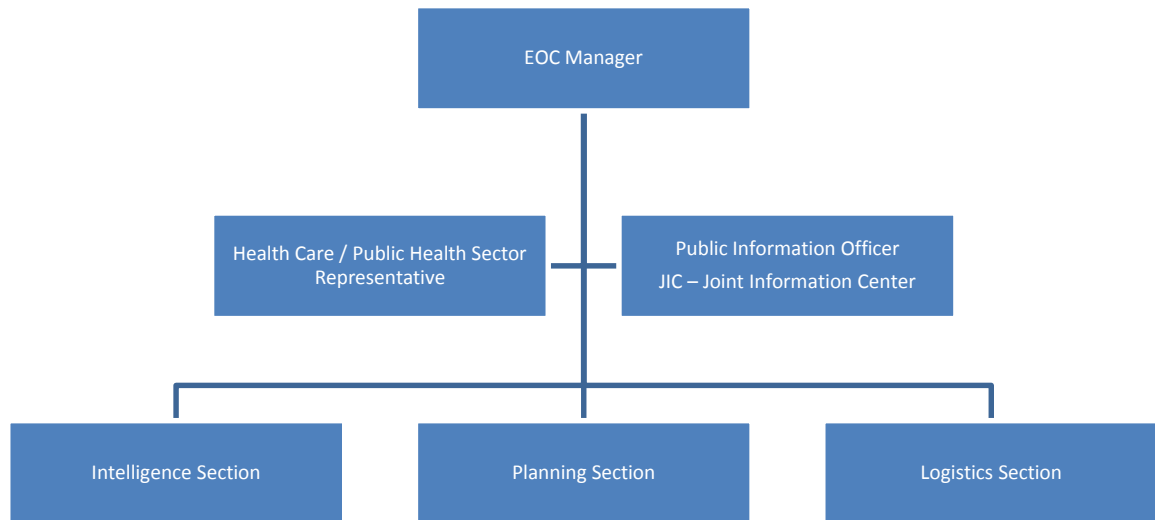
As a local response increases in size and scope, more demands than the Planning Committee can provide are placed upon the organization. In addition to the demands of coordination, authority for that coordination needs to be in place. At this Stage, an EOC Level 3 Activation may be necessary. In essence, the Emergency Operations Center is activated at a level necessary to coordinate the activities in the Health Sector as well, and probably most importantly, that of Information Management. The Public Information Officer will need to begin establishing Information Management Policies and Procedures as well as establishing those contacts for direct links to accurate and timely information sharing. The Information Officer should also begin pre-planning for a Joint Information Center (JIC) that may be necessary during the next stage. The other position to be established during this Stage is that of the Intelligence Officer. This position needs to start gathering information and intelligence on the pandemic itself as well as local conditions from supplies and resources to status of plans and preparedness measures.

EOC Level 3 Activation - Coordination

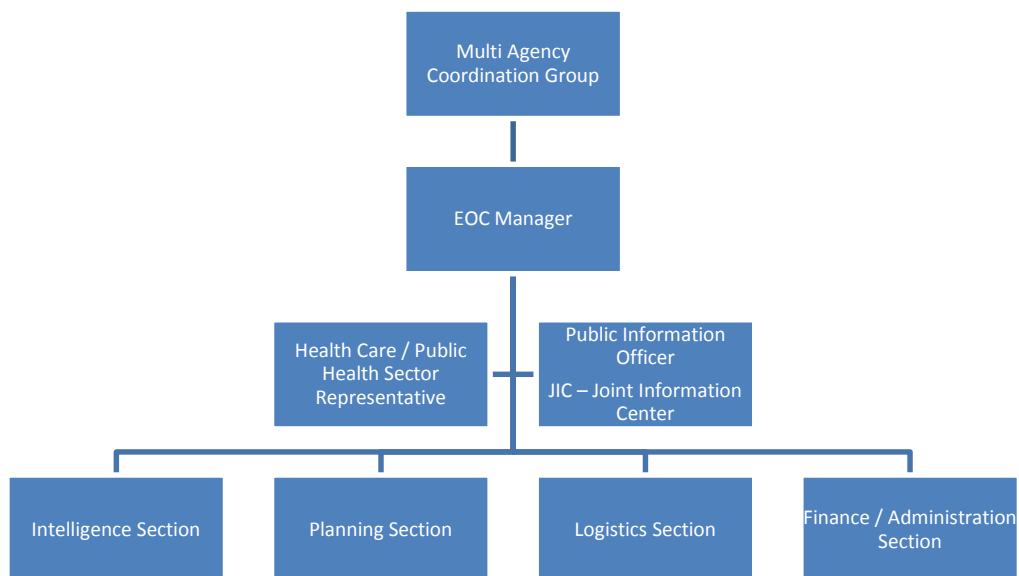


Coordination (EOC Level 2)

At this point in the local response, a Pandemic may exist somewhere in the world and the jurisdiction will be impacted at some point in the near future by a pandemic incident. At this Stage, EOC Level 2 activation is considered still centering on the coordination aspects of management. More immediate preparations need to be accomplished to prepare for the approaching incident; therefore more support personnel in the EOC are necessary to accomplish these tasks. In addition, the need for intelligence on the world situation as well as local preparations and resource/supply status needs to be accomplished so the Intelligence Officer position is moved to the General Staff in the organizational structure.

EOC Level 2 Activation - Coordination**Coordination (EOC Level 1)**

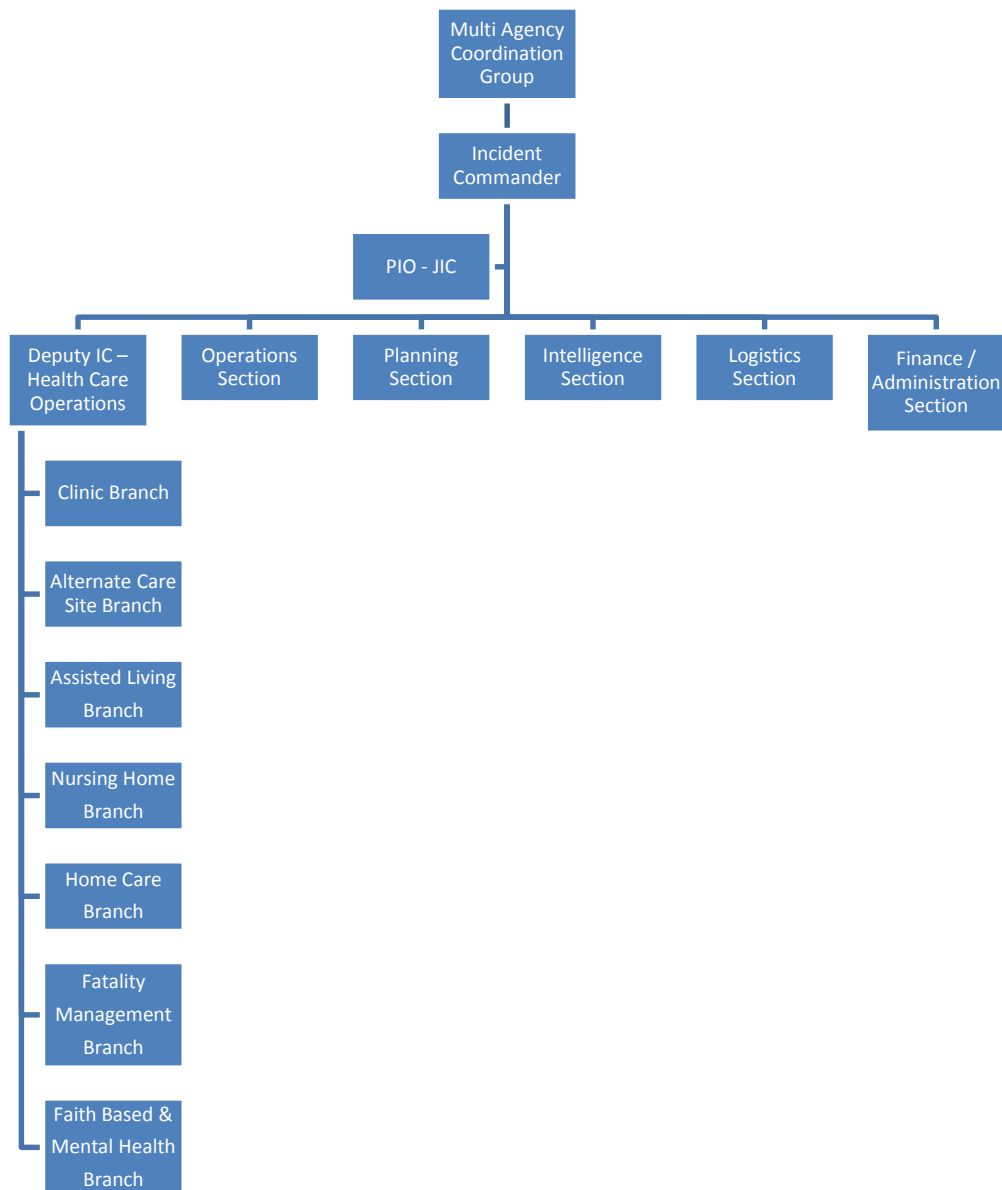
At this Stage, the first Human Case of the Pandemic may have been diagnosed in North America or in the local jurisdiction. At this Stage, the EOC will consider upgrading to a Level 1 Activation with full staffing including formation and regular meeting and assistance of the MAC Group. All Sections will be expanded with necessary personnel as well as the inclusion of the Finance/Administration Section being added. Gathering intelligence both locally as well as from higher levels of government will be extremely important as well as information management. The coordination of information among all in the region will be of utmost importance.

EOC Level 1 Activation - Coordination

Coordination & Command (EOC Level 1)

At this Stage, Pandemic Influenza is active within the jurisdiction and coordination and command are necessary to manage the incident. The EOC may be upgraded to a Level 1 – Coordination & Command activation. The MAC Group will function as the Coordination Entity and the Incident Commander (either single or unified) will be appointed for the incident. The Health Sector Representative position that has been present from the beginning of the EOC Activations will transition into a Deputy Incident Commander position responsible for a separate Operations Section. The Deputy Incident Commander will be responsible for the Health Care Sector response for the Incident. The Deputy Incident Commander will coordinate with the Incident Commander and manage the various functions identified all as they relate to the Health Sector response. In addition, an Operations Section will be added to the EOC organization to handle other tactical aspects of the jurisdiction response.

EOC Level 1 Activation – Coordination & Command



JIS – Joint Information System and Joint Information Center

A Joint Information System (JIS) is established to coordinate the information both being received and developed and then distributed in a coordinated manner. The overarching goal of a JIS is to develop messages that are both timely and accurate as well as coordinate and distribute messages so that there is “one” message. This system is established in a facility named a Joint Information Center (JIC) and for purposes of this organization will be located close to the EOC.

Intelligence

Intelligence in this incident will be extremely important to the decision making process locally. This “information” will be gathered locally as well as received from supporting levels of government to include the State of South Dakota as well as the Federal Government. This Intelligence will be utilized locally to determine strategies and resource requirements and will help to provide information to those supporting levels of government to give them a good situational awareness of what is happening in this jurisdiction.

Incident Command System (ICS) Position Descriptions for the EOC and Pandemic Incident Response

COMMAND & COORDINATION STAFF

MAC Group - In a pandemic influenza outbreak a Multi-Agency Coordination Group may be activated to help coordinate the response. This MAC Group will be comprised of the Sectors identified in this plan; Public Health, Health Care, Government, Critical Infrastructure, Schools, Faith Based and Volunteer Organizations, Family and Individual.

Public Health - The Public Health Representative may be responsible for coordination of surveillance, preparedness planning, public education, education of employees and their families, providing psychosocial support for employees and their families, directing the use of isolation or quarantine, exchanging information and statistics with state and federal agencies, providing social distancing advisories, managing the operation of the POD (Points of Dispensing), as well as maintaining essential services of their respective organizations.

Health Care –The Health Care Representative may be responsible for coordination of surveillance, preparedness planning, public education, education of employees and their families, providing psychosocial support for employees and their families, triage, treatment of patients, alternate site operations, exchanging information and statistics with state and federal agencies, alternate care activities and storage of supplies.

Government – The Government Branch Representative may be responsible for coordination of preparedness planning, public education, education of employees and their families, providing psychosocial support for employees and their families, identify and assist special populations, operating the temporary morgue, as well as maintaining essential services of their respective government departments.

School/SDSU – The School/SDSU Representative may be responsible for coordination of disseminating surveillance information to staff and students, preparedness planning, public education, education of employees and their families, providing psychosocial support for employees and their families, identifying and developing a plan to monitor youth at risk (special population), making use of social distancing for school activities, and making the decision for closing of the schools.

Industry, Business & Critical Infrastructure – The Industry, Business & Critical Infrastructure Representative may be responsible for the coordination of disseminating surveillance information to business, industry, and critical infrastructure, preparedness planning, public education, education of employees and their families, providing psychosocial support for employees and their families, assisting if possible the health care and government sectors with equipment or staff, providing each entity as much information so they can independently decide how to continue operations or close.

Faith & Volunteer Organizations – The Faith & Volunteer Organization Representative may be responsible for coordination of disseminating surveillance information to churches and volunteer organizations, preparedness planning, public education, education of members and their families, providing psychosocial and spiritual support for members and their families, providing assistance to the health care, schools, and government sectors in aiding special populations.

Individual & Family – The Individual & Family Representative may be responsible for the coordination of getting assistance to those families and individuals that need help with preparedness planning, public education or special needs.

Emergency Services – The Emergency Services Representation may be made up of multiple individuals representing the various Emergency Services present in Brookings County. This should include Law Enforcement, Fire, and EMS at a minimum.

EOC Manager / Incident Commander - In a pandemic influenza outbreak an EOC Manager will be designated to ensure that all functions of the Incident Command System are carried out and to be responsible for the overall management of the incident. The EOC manager may have one or more deputies, provided that each deputy is fully qualified to assume the EOC Manager position.

Public Information Officer - The Information Officer is the sole source of information concerning the incident. He or she is responsible for ensuring that the media and incident personnel have accurate and timely information provided to them and will work with a joint information system (JIS).

Intelligence Officer - The Intelligence Officer is responsible for the collection of information from all sources possible, both locally and from supporting levels of government to include the State of South Dakota as well as the Federal Government. The Intelligence Officer then takes the information received and converts it into Intelligence that is useable by the organization and sectors within Brookings County. This Intelligence will be utilized locally to determine strategies and resource requirements and will help to provide information to those supporting levels of government to give them a good situational awareness of what is happening in this jurisdiction. In later phases, this position will transition to a general staff position (Section Chief) due to the importance of intelligence guiding actions of the jurisdiction.

Health Care Sector Representative - The Health Care Sector Representative will be utilized in lower levels of the Pandemic. This Representative is present in the organization to offer expertise in the Health Care field. This representative may come from the Public Health Sector or the Health Care Sector. In later phases, this position may transition to a Deputy Incident Commander responsible for all Public Health and Health Care Sector operations.

OPERATIONS STAFF

Deputy Incident Commander – Health Care Operations - This position can be utilized when the EOC has been activated to a level requiring a combination of coordination and command. This position oversees and manages all Health Care Operations within the jurisdiction. The Section will be organized by utilizing Branches to include the following: Clinic Branch, Alternate Care Site Branch, Assisted Living Branch, Nursing Home Branch, Home Care Branch, Fatality Management Branch, and Mental Health & Faith Based Branch.

Clinic Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Clinic Branch Director may be responsible for coordinating and managing the operations of all Health Care related Clinics within the jurisdiction.

Alternate Care Site Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Alternate Care Site Branch Director may be responsible for coordinating and managing the operations of any Alternate Care Sites that are established in response to the event.

Assisted Living Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Assisted Living Branch Director may be responsible for coordinating and managing the operations of all Assisted Living Centers within the jurisdiction.

Nursing Home Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Nursing Home Branch Director may be responsible for coordinating and managing the operations of all Nursing Homes within the jurisdiction.

Home Care Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Home Care Branch Director may be responsible for coordinating and managing all Home Care operations within the jurisdiction.

Fatality Management Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Fatality Management Branch Director may be responsible for coordination and management of all activities related with the final disposition of bodies after they have succumbed to the Pandemic or any other cause during a Pandemic event.

Mental Health & Faith Based Branch Director - Branch Directors are responsible for functional or geographic areas of an event and are responsible for implementing that portion of the incident action plan on that level. Branch Directors may assign deputies as needed. The Mental Health & Faith Based Branch Director may be responsible for managing mental health and ministerial services for all sectors of the population affected by a pandemic influenza outbreak. The Mental Health & Faith Based Branch Director will also assist the Public Information Officer in terms of monitoring the official “message” as needed to avoid causing panic. The Mental Health and Faith Based representatives will work to provide educational materials, resources, and/or guidance regarding stress, grief, care-giving, and making funeral arrangements.

POD (Points of Dispensing) Manager - Points of Dispensing Manager is responsible for making all POD decisions in consultation with the Deputy Incident Commander – Health Care Operations. The POD Manager will also coordinate (informational exchange) with the South Dakota State Health Department.

Operations Section Chief - The Operations Section Chief is responsible for the direction and control of all tactical actions. The Operations Section Chief can assign deputies to assist as needed. This position will be responsible for the effects of the Pandemic. Health Care operations are managed by the Deputy IC – Health Care.

PLANNING STAFF

Planning Section Chief – The Planning Section Chief is responsible for the collection, evaluation, dissemination, and use of information about the incident development and the status of resources.

LOGISTICS STAFF

Logistics Section Chief – The Logistics Section Chief is responsible for providing the facilities, services, and materials in the support of the incident and the incident response personnel.

Security Manager – The Security Manager ensures the facilities in an incident are secure and provides for the safety of personnel and equipment.

FINANCE/ADMINISTRATION STAFF

Finance / Administration Section Chief – The Finance / Administration Section Chief has the responsibility of managing all the financial aspects of an incident. The four main units of this section are Time Unit, Procurement Unit, Compensation / Claim Unit, and the Cost Unit.

Possible Individuals to Fill ICS Positions

Position	Possible Individuals
Public Health / Health Care MAC Representative	Community Health Nurse (2) SDSU Vet Science Department Representative (check) Brookings Health System Representative
Government MAC Representative	City of Brookings Manager County Commissioner Chair or Delegate City of Brookings Mayor/City Councilperson City of Volga Mayor/City Councilperson City of Elkton Mayor/City Councilperson City of White Mayor/City Councilperson City of Bushnell Mayor/City Councilperson City of Sinai Mayor/City Councilperson City of Bruce Mayor/City Councilperson City of Aurora Mayor/City Councilperson
SDSU/School MAC Representative	SDSU Vice President of Student Affairs Superintendent of Brookings Public School Business Manager Brookings Public School Superintendent of Sioux Valley School Superintendent of the Elkton School Superintendent of Deubrook Schools
Industry, Business & Critical Infrastructure MAC Representative	Chamber of Commerce Executive Director Brookings City Economic Development Director Downtown Brookings, Inc. Director Brookings Municipal Utilities Manager Brookings Swiftel Communications Manager Brookings Area Economic Development Corporation, Executive Director SDSU Vice President of Business Finance
Faith Based, Mental Health & Volunteer Organizations MAC Representative	Disaster Chairperson of American Red Cross-Brookings Chapter East Central Behavioral Health Director Ministerial Association Coordinator (check) Volunteer Service Bank Coordinator Brookings Mental Health Association President
Individual & Family MAC Representative	Disaster Chairperson of American Red Cross-Brookings Chapter
EOC Manager / Incident Commander	Director of Emergency Management Deputy Director of Emergency Management County Commission Chairperson
Public Information Officer	Brookings Health System Director of Marketing & Public Relations

	City of Brookings City Manager Brookings County Commission SDSU University Marketing and Communications Director
Intelligence Officer	SDSU Vet Science Department Representative SDSU Extension Service Representative Brookings Health System – Infectious Control
Health Care Sector Representative	Brookings Health System Representative Avera Medical Group Brookings Administrator (throughout doc.) Sanford Health Clinic Manager SDSU Student Health Services, Associate Director SDSU College of Nursing Dean Brookings Family Planning Clinic
Deputy IC – Health Care Operations	Brookings Health System Representative Avera Brookings Medical Clinic Representative Sanford Health Clinic Manager SDSU Student Health Services, Associate Director SDSU College of Nursing Dean
Clinic Branch Director	Avera Brookings Medical Clinic Manager Sanford Health Clinic Manager SDSU Student Health Services, Associate Director
Alternate Care Site Branch Director	Brookings Health System – Director of Nursing Services/Representative SDSU Student Health Services, Wellness Center Director Avera Clinic Nurse Manager Sanford Clinic Nurse Manager
Assisted Living Branch Director	Edgewood Vista Administrator Stoneybrook Assisted Living Administrator Dakota Sun Assisted Living Administrator Park Place Assisted Living Administrator
Nursing Home Branch Director	Brookings Health System – Director of Elder Care United Living Community (ULC) Administrator WCC Administrator
Home Care Branch Director	Brookings Health System – Director of Home Health Community Health Nurses SDSU College of Nursing Dean
Fatality Management Branch Director	Brookings County Coroner Brookings County Deputy Coroner
Mental Health & Faith Based Branch Director	American Red Cross Disaster Mental Health SDSU Psychology Department Head East Central Behavioral Health Director SDSU Student Health Services, Associate Director SDSU Counseling and Human Development, Department Head Ministerial Association Coordinator
POD Manager (48 hrs)	Community Health Nurse SDSU Student Health Services, Associate Director Brookings Fire Chief/Representative Brookings Health System Director of Nursing

	Avera Clinic Nurse Manager Sanford Clinic Nurse Manager
Operations Section Chief	SDSU Director of Environment & Safety SDSU Emergency Manager Specialist SDSU Assistant VP for Safety & Security Deputy Director of Emergency Management Brookings Deputy Fire Chief/Representative
Planning Section Chief	Brookings County Development & Emergency Management Director/Representative City of Brookings Assistant Police Chief/Representative
Logistics Section Chief	Brookings County Highway Superintendent City of Brookings Street Department Superintendent County of Brookings Sheriff/Representative
Security Manager	Brookings County Sheriff City of Brookings Police Chief SDSU, UPD, Campus Police Chief SDSU Assistant VP For Safety & Security
Finance/Admin. Section Chief	Brookings County Finance Officer City of Brookings Finance Manager City of Volga Finance Officer City of White Finance Officer

Planning Phase (SD Department of Health Phase 1 & Phase 2)

- ___ 1. Establish a Pandemic Preparedness Coordinating Committee that represents all relevant stakeholders in the jurisdiction (including governmental, public health, healthcare, emergency response, agriculture, education, business, communication, utilities, community based, and faith-based sectors, as well as private citizens) and that is accountable for articulating strategic priorities and overseeing the development and execution of the jurisdiction's operational pandemic plan.
- ___ 2. Coordinate the development of facility and response plans for a pandemic influenza outbreak from the following sectors: health care facilities, public health agencies, government, education, business, industry, critical infrastructure, volunteer/faith based organizations and individuals/families.
- ___ 3. Facilitate information on work force issues such as work comp, general liability, leave policies, the use of volunteers or non-certified personnel to augment the staff of health care facilities, critical infrastructure and first responders.
- ___ 4. Ensure existence of a demographic profile of the county (including special needs populations and language minorities) and ensure that the needs of these populations are addressed in the operation plan.
- ___ 5. Develop a plan for advising citizens to ration pharmaceuticals if there is an interruption in supplies.
- ___ 6. Develop a plan to distribute educational information for families, individuals, organizations, businesses, industry, etc.
- ___ 7. Address provision of psychosocial support services for the community, including patients and their families, and those affected by community containment procedures in the plan.
- ___ 8. Review local plans for each agency involved in response to a pandemic influenza outbreak.
- ___ 9. Review resources (See Appendix II) available for response to a pandemic influenza outbreak.
- ___ 10. Coordinate with other local entities such as electric and water utilities, telephone companies, city governments identify capabilities and resources that would be available to assist in a pandemic influenza outbreak. Review, revise, and / or put in place, mutual aid agreements with these agencies.
- ___ 11. Conduct a Pandemic Influenza Outbreak exercise and revise this plan as needed. Test the communication operational plan that addresses the needs of targeted public, private sector, governmental, public health, medical, and emergency response audiences; identifies priority channels of communication; delineates the network of communication personnel, including lead spokespersons and persons trained in emergency risk communication; and links to other communication networks.
- ___ 12. Identify those agencies/businesses/communities that will be needed to assist in this type of event.
- ___ 13. Identify the legal authorities responsible for executing the operational plan, especially those authorities responsible for case identification, isolation, quarantine, movement restriction, healthcare services, emergency care, and mutual aid.
- ___ 14. Develop and test for surge capacity of public health and clinical laboratories to meet the needs of the jurisdiction during a pandemic.

- ___15. Develop a Points of Dispensing (POD) plan.
- ___16. Develop a plan coordinating the efforts of the funeral homes, the county coroner and the City of Brookings in operating of a temporary morgue (Larson Ice Arena) during the pandemic outbreak.
- ___17. Create a management system for the pandemic plan based on the National Incident Management System and exercise this system, along with other operational elements of the plan.
- ___18. Identify the state and local law enforcement personnel who will maintain public order and help implement control measures. Determine in advance what will constitute “law enforcement” emergency and educate law enforcement officials so that they can pre-plan for their families and sustain themselves during the emergency.
- ___19. Develop a method to document equipment and supplies used, personnel hours spent, including overtime and other expenses which might be necessary for later reimbursement. Ensure all grant planning partners are aware of this requirement.
- ___20. The Mental Health Technical Specialist will identify mental health providers and a means to coordinate efforts to monitor mental health issues. This will include the following:
 - ___a. Assist with the development of the Response Plan to assure that prevention of emotional/psychological reactions be considered through use of advanced education and collaboration of all segments and sectors of the planning process.
 - ___b. Provide appropriate training to other first responders on the factors that influence the emotional impact of a disaster of pandemic proportions including but not limited to emotional stages of a disaster, psychological first aid, what to expect in terms of reactions in the community, how to talk to clients who have been traumatized and what to look for, when to refer to a mental health professional, how to avoid panic in themselves, etc.
 - ___c. Organize mental health care providers into will be providing mental health support both during and in the aftermath of a disaster to avoid overlap of services and confusion by assigning various populations to respective providers.
 - ___d. Provide special disaster response training for qualified mental health providers on topics such as collaboration and the scope of disaster mental health response, the similarities and differences between crisis counseling and disaster counseling, how disaster response is similar and how it is different from a traditional approach to providing services.
 - ___e. Provide training for Spiritual Care providers (clergy representatives) on what to anticipate following disaster event that includes fatalities on a large scale.
 - ___f. Work with the clergy representatives to develop an information sheet of “whom to call” during times of crisis.

Warning Phase A (SD Department of Health Phases 3 & 4)

The South Dakota Department of Health, SD DOH, directs the operations of a state-wide system for communicable disease prevention, control, and treatment. The SD DOH conducts communicable disease surveillance which includes detection, assessment, and analysis.

- ___ 1. Surveillance is accomplished in the following manner:
 - a. Virologic Surveillance: the South Dakota Public Health lab performs PCR and culture testing on all appropriately submitted samples. Influenza isolates are typed and sub-typed with selected isolates submitted to CDC for antigenic characterization.
 - b. Rapid Antigen Reporting: Hospitals, clinics, and laboratories send weekly aggregate reports of rapid antigen influenza testing (total tested and total positive).
 - c. Laboratory Confirmed Cases: Culture and direct fluorescent antibody (DFA) positive tests are reportable.
 - d. Mortality Surveillance: Pediatric influenza-associated deaths are reportable events. Adult influenza deaths are identified by death certificate review.
 - e. Facility Reports: Nursing home, daycare, school, and other institutional influenza outbreaks are reportable.

The South Dakota Department of Health encourages voluntary reporting of Influenza like Illness (ILI) outbreaks in long-term educational institutions (schools, colleges).

- ___ 2. Surveillance of the spread of influenza in Brookings County will be conducted by the Brookings Health System through Health Alert Network (HAN).
- ___ 3. The Brookings Health System will pass on any medical alerts received from the State Health Department or CDC to the Brookings County Emergency Management Office and the City Health Officer.
- ___ 4. The Brookings Health System and any other entities involved in surveillance will conduct year-round traditional surveillance for seasonal influenza (but not limited to Virologic, outpatient visits, hospitalization, and mortality data), including electronic reporting.
 - ___ a. Improve capacity for rapid identification of unusual influenza strains by working with state and federal partners to enhance laboratory-based monitoring of seasonal influenza subtypes. Enhancement to include increased carrier service to the state laboratory (see g. below). The state health laboratory once it has a confirmed case of influenza will notify the State Department of Health and the Office of Emergency Management as well as the local hospital or clinic submitting the sample.
 - ___ b. Develop and be prepared to implement enhanced surveillance once a pandemic is detected to ensure recognition of the first cases of pandemic virus infection in time to initiate appropriate containment protocols.
 - ___ c. Link and routinely share influenza data from animal and human health surveillance systems.

- ___ d. Obtain and track information daily during a pandemic (coordinating with epidemiologic and medical personnel) on the numbers and location of newly hospitalized cases, newly quarantined persons, and hospitals with pandemic influenza cases using the Health Alert Network (HAN). These reports will be used to determine priorities among community outreach and education efforts.
- ___ e. Institute surveillance for influenza-like illnesses (ILI) among laboratory personnel working with novel influenza viruses.
- ___ f. Assess regularly the influenza diagnostic testing proficiency and adherence to biosafety containment and biomonitoring protocols.
- ___ g. Inform frontline clinicians and laboratory personnel of protocols for safe specimen collection and testing, how and to whom a potential case of novel influenza should be reported, and the indications and mechanism for submitting specimens to referral laboratories.
- ___ h. Isolation/quarantine strategies/actions will be in accordance with SDDOH phases as follows:

SD DOH	Level of Influenza Activity	Strategies / Actions
Phase 3	Human infection(s) with a new subtype, but no human-to-human spread or at most rare instances of spread to a close contact.	<ul style="list-style-type: none"> • Preparedness planning with partners • Business continuity planning • Educate response partners • Initiate public education campaign • Stockpile antiviral medications and essential supplies
Phase 4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	<ul style="list-style-type: none"> • Isolation of all cases • Quarantine of close contacts • Recommend residents deter travel to countries or areas of the US impacted by the novel virus as per CDC guidance. • Recommend residents avoid close contact with other persons to the extent possible by curtailing travel and non-essential contact with other persons.

Warning Phase B (SD Department of Health Phase 5)

- ___1. The Brookings County Emergency Management Office will activate the local Emergency Operations Center (EOC) when either informed by either the S. D. Office of Emergency Management, the S.D. Health Department, or the Governor of South Dakota or by the City/County Health Officer if phase 5 of the SD Department of Health plan is reached in accordance with the Local Emergency Operation Plan (LEOP). The definition of the EOC is: “The physical location at which the coordination of information and resources to support domestic incident management activities normally take place. An EOC may be a temporary facility or may be located in a more central or permanently established facility perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines fire, law enforcement, and medical services, by jurisdiction (federal, state, regional, county, city, and tribal) or some combination thereof.

EOCs or Multiagency Coordination Center (MAC): Consists of agency representatives who provide operational support and coordination by:

- Facilitating logistics support and resource tracking
- Gathering and providing information
- Implementing multiagency coordination entity decisions

The decision makers within a Multiagency Coordination (MAC) Group or at an Emergency Operations Center function as a coordination entity.

- ___2. Once the EOC is established, local emergency responders, medical resources, the county coroner, and including people on the resource lists for nursing, pharmacy, physicians, law enforcement, and critical infrastructure will be notified to be on alert for a pending pandemic influenza outbreak.
- ___3. Establish/activate the emergency communication plan. Inform citizens about the pandemic influenza and any containment procedures that may be used in the community. Coordinate the release of information with the Public Information Officer.
- ___4. The EOC will ensure that the incident management system is activated.
- ___5. The EOC will ensure that staging areas are established for emergency response equipment and that all responding agencies are notified of the locations.
- ___6. The EOC will verify that the South Dakota Office of Emergency Management has been notified of the impending threat of a pandemic influenza outbreak if the pandemic starts locally.
- ___7. Surveillance will be accomplished by:
- The SDDOH monitors and communicates CDC surveillance data to enhance case detection among travelers from an outbreak area. Information about any new viral strain that shows antigenic shift, including its ability to cause human disease, and about the responses of the countries involved will also be monitored.
 - Physicians will obtain laboratory specimens from all persons traveling from geographic areas in which the novel strain has been isolated and who are presenting with clinically compatible signs and symptoms. Family members and close contacts will also have laboratory specimens collected and sent to SDDOH.

- Clinics, long-term care facilities and hospitals will closely monitor all individuals with respiratory tract infections or influenza-like illness (ILI) and carry out specimen collections on persons meeting the case definition.
- Bulletins on national surveillance from the DOH, CDC, and WHO regarding the Virologic, epidemiologic and clinical findings associated with the new virus will be monitored on a daily basis by the hospital.
- Isolation/quarantine strategies will be according to SDDOH phases.

Phase 5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not yet be fully transmissible (substantial pandemic risk).	<ul style="list-style-type: none"> • Isolation of all cases • Close public and private schools (K-12) and licensed daycares • Limit social interaction or close universities and libraries • Direct government and businesses to implement emergency staffing plans • Close theaters, community centers • Cancel all large public gatherings • Limit social interactions at houses of worship
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Response Phase (SD Department of Health Phase 6)

(This could be a relative short term phase)

- ___1. Upon notification of a pandemic influenza outbreak obtain as much information as possible about the particulars of the incident.
 - ___ a. Approximate number of individuals involved
 - ___ b. Location of patients
 - ___ c. Specific information that may help determine where the exposure that may have happened
 - ___ d. Condition of the patients
 - ___ e. Number of patients that can be expected or have occurred
- ___2. Investigate and contain potential cases or local outbreaks of influenza potentially caused by a novel or pandemic strain.
- ___3. Ensure that the appropriate agencies such as South Dakota Department of Health, Office of Emergency Management, and Center for Disease Control have been notified. This includes notifying any outside agencies or companies such as utilities that might be needed on a mutual aid basis.
- ___4. Ensure that security has been addressed for the pandemic outbreak.
- ___5. Isolation/quarantine strategies will be according to SDDOH phases.

Phase 6	Pandemic: increased and sustained transmission in general population.	Consider suspending all functions not dedicated to pandemic response or critical continuity.
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- ___6. Identify any hazards that can threaten the emergency response workers.
- ___7. Establish triage sites and alternate sites for health care. (See Appendix II)
- ___8. Establish a temporary morgue operation. (See Appendix II)
- ___9. Ensure that a system of tracking the infected and notifying the appropriate medical facility where they are being transported to is established.
- ___10. Re-evaluate resource capabilities and identify any additional resources that might be needed. (See Appendix II)
- ___11. Notify the South Dakota Office of Emergency Management of the incident and provide an Initial Situation Report. If you are going to ask for assistance from a higher level of government, be prepared to provide the information needed at this time. This needs to be done by the Public Information Officer operating as part of a Joint Information System (JIS).
- ___12. Alert the Stress Management Team (Disaster Mental Health Volunteers).
- ___13. Alert Points of Dispensing (POD) volunteers of possible activation and coordinate with the POD manager and Public Health Branch Director.

- ___14. Alert Volunteers for assisting law enforcement and health care facilities to standby or report for duty. Also, coordinate with Security Manager and Logistics Section Chief.

Recovery Phase (SD Department of Health phase 6 continued)
(This phase could last a relatively long time – possibly a few months)

- ___1. Re-evaluate the safety of the hospital and other healthcare facilities. Ensure that all hazards to workers and the environment are identified and appropriate protective action is taken.
- ___2. Set up and operate Points of Dispensing (POD) at the Swiftel Center and SDSU. The POD will dispense antiviral medications and/or vaccine as needed/available.
- ___3. Continue with the removal of deceased to the temporary morgue. The coroner maintains control over the deceased until all bodies have been removed from the temporary morgue.
- ___4. Prioritize the delivery of medical supplies, pharmaceuticals, food, and fuel to the Hospital and other healthcare facilities.
- ___5. Law enforcement will maintain security as needed at the Hospital, the overflow facility, clinics, and stores carrying groceries and pharmaceuticals.
- ___6. The EOC will make arrangements for continuing delivery of supplies such as food, medicine and fuel to quarantined individuals, families or communities.
- ___7. Assess Resource lists for personnel for law enforcement, nursing, pharmacists, physicians, and any other critical infrastructure business or industry.
- ___8. The Mental Health Technical Specialist will coordinate with ministerial association, East Central Mental Health and other faith-orientated organizations for mental health services. The mental health services will include:
 - ___a. Observe function levels of individuals at Emergency Operations Center and offer assistance where needed.
 - ___b. Work with Public Information Officer in terms of monitoring the official “message” as needed to avoid causing panic.
 - ___c. Work with other Mental Health practitioners to develop “psycho-educational” program on managing panic and other disaster related reactions.
 - ___d. Supervise, assign, and direct Disaster Mental Health volunteers to assure maximal availability and utilization of mental health services throughout Brookings County.
 - ___e. Maintain contact with all phases of disaster relief operation to assure maximal coverage and availability of services to relief workers.
- ___9. Coordinate with local and any outside agencies to provide temporary housing if needed with the local hotels and motels. (Note Red Cross has been directed nationally not be operating shelters in a pandemic influenza outbreak).
- ___10. Document equipment and supplies used, personnel hours spent, including overtime and other expenses which might be necessary for later reimbursement. Ensure all response and mutual aid agencies are aware of this requirement.

Mitigation Phase (SD Department of Health Post Pandemic Phase)

- ___1. All officers, section chiefs, managers and specialists of the EOC will participate in after action debriefings and investigations as needed.
- ___2. Use the information gained in the investigation of the outbreak to provide mitigation measures to reduce the threat of a future pandemic illness outbreak.
- ___3. Review any ordinances, codes, or personnel policies that may be applicable to this incident.
- ___4. After reviewing all information gathered from debriefings, investigations, reviews of any appropriate ordinances, codes, or policies, the response plan will be reviewed and as needed modified to reflect any lessons learned.
- ___5. Mental Health Services will need to continue to provide the following:
 - ___a. Maintain a mental health presence with response capabilities for community members who show signs of Post-Traumatic Stress Syndrome (PTSD) or other disaster related complications.
 - ___b. Work with local mental health providers to secure federal, state and private grants to allow them to provide services to clients with disaster related issues.
 - ___c. Conduct periodic surveys of mental health providers to monitor recovery process as long as is needed.

Appendix 1: Brookings County Pandemic Influenza/Infectious Diseases Response Network

Public Health MAC Representative Functions

- Surveillance
- Preparedness Planning
- Public Education
- Education of Employees and Families
- Psychosocial Support for Employees and Family
- Network with State and Federal Agencies
- POD / Vaccination and antiviral priority assignment - Appendix II.8
- Maintain Essential Services
- Isolation/Quarantine Strategies – See appropriate phases

The following is a partial list of organizations, individual/providers who are considered to be part of the Public Health Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
Community Health Nurses
City of Brookings Health Department
SDSU Vet Science Department
Sutton Veterinary
Animal Medical Care
Heartland Animal Clinic
Brookings Animal Clinic
SDSU Information Resource Management

Health Care MAC Representative Functions

- Surveillance – See appropriate phases
- Preparedness Planning
- Public Education
- Education of Employees and Families
- Psychosocial Support for Employees, Families and Public
- Supplies, Equipment, and Alternate Facilities – See Appendix II.1

The following is a partial list of organizations, individual/providers who are considered to be part of the Health Care Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Providers
Brookings Health System
Anderson Chiropractic
Arlington Chiropractic Clinic
Arlington Medical Clinic
Avera Medical Group Brookings
Back in Motion

Beverly Healthcare – Arlington
Brookings Ambulatory Surgery Center
Brookings Chiropractic Center
Brookings Hearing Aid Associates
Brookings Pain Management Center
Brookings Vision Center
Brookings Vision Center
Dakota Hearing Instruments
Dakota Sun Assisted Living
Doctor Wiseman Family Dentistry
Dr. Ben Gates (Dentist)
Dr. Bradley Woldt
Dr. Chad Kalil
Dr. Daniel Carlson (Dentist)
Dr. David Meyer (Orthodontist)
Dr. Jason Jahn (Optometrist)
Dr. Konard Hauffe (dentist)
Dr. Richard Barnett (Optometrist)
Dr. Tasha Jones (Optometrist)
Dr. Thomas Schmanski (Dentist)
East Central Behavioral Health
Edgewood Vista Assisted Living
Flaskey Chiropractic (Brookings)
Four Rivers
Great Plains Ear & Hearing
Hungerford Chiropractic
Johnson Dental Clinic
Kleinjan Chiropractic
Knutzen Family Dentistry
Larson Chiropractic (Volga)
Longworth Orthodontics
Lutheran Social Services
MD Bartley Opticians
Murray Chiropractic
Reierson's Hearing Center
Sanford Health Clinic
SDSU Information Resource Management (check)
SDSU Student Health & Counseling
Sioux Falls Hearing Aid Service
Stoneybrook Suites
The Neighborhoods at Brookview
The Optical Shop Inc.
Total Eyewear
United Living Community (ULC)
Urology Specialists Chartered
Volga Clinic
White Family Practice Clinic
White Healthcare Center Inc.

White Pines Assisted Living Center
Willert Wellness Chiropractic Clinic
Your Hometown Hearing Center Inc.

Government MAC Representative Functions

- Disseminate Surveillance Information
- Preparedness Planning
- Public Education
- Education of Employees and Families
- Psychosocial Support for Employees and Families
- Temporary Morgue / Fatality Management – Appendix II.2
- Identify and Assist Special Populations
- Maintain Essential Services – Each government entity to determine individual essential services
- Law Enforcement (Security) – Appendix II.3

The following is a partial list of organizations and individuals who are considered to be part of the Government Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
South Dakota State Health Dept.
South Dakota National Guard
Brookings County
City of Arlington
City of Aurora
City of Brookings
City of Bruce
Town of Bushnell
City of Elkton
City of Sinai
City of Volga
City of White
SDSU Extension Representative

SDSU/School MAC Representative Functions

- Disseminate Surveillance Information
- Preparedness Planning
- Public Education
- Education of Employees and Families
- Psychosocial Support for Employees and Families
- Identify and Monitor Youth at Risk (Special Population)
- Quarantine/Isolation Strategies determined according to each phase.

The following is a partial list of organizations, individual/providers who are considered to be part of the SDSU/School Sector. They may or may not be involved in responding to a pandemic influenza outbreak

depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
South Dakota State University Administration
Arlington Public Schools
Boys and Girls Club Brookings
Brookings Public Schools
Deubrook Public Schools
Elkton Public Schools
Fishback Center for Early Childhood Education SDSU
Sioux Valley Public Schools
United Living Community (ULC) Child Development Center
Volga Christian School
First Lutheran Preschool
Kids World
Orchard Drive Pre-School
Peace Lutheran Early Childhood Center
St. Thomas More Pre- School
SDSU, Student Affairs
Family Resource Network

Industry, Business & Critical Infrastructure MAC Representative Functions

- Disseminate Surveillance Information to Employees and Customers
- Preparedness Planning
- Public Education
- Education of Employees and Families
- Psychosocial Support to Employees and Families
- Assist Health Care and Public if possible
- Continuity of Operations according to individual/facility plans
- Quarantine/Isolation Strategies according to phases

The following is a partial list of organizations and individuals who are considered to be part of the Industry, Business & Critical Infrastructure Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
3 M
Anderson Oil Company, White
Ag First Farmers' Cooperative
Bankstar Financial
Banner and Associates
Bel Brands
Brookings Area Chamber of Commerce
Brookings Area Human Resource Association Board
Brookings Deuel Rural Water System

Brookings Municipal Utilities
Brookings Radio
Brookings Register
Capital Card Services
Cortrust Bank Arlington
Dacotah Bank
Dakota Mobile Hydraulics
Daktronics
Downtown Brookings Inc.
First Bank of White
First Bank& Trust
Fishback Financial
Home Federal Bank
Hy-Vee Food Store
Interstate Telecommunications Cooperative
Kingbrook Rural Water System
Kingsbury Electric Cooperative
Larson Manufacturing Co.
Lewis Drug
Lowes
McCann, McCarty
Metbank
Northern Border Pipeline
Northwestern Energy
Otter Tail Power Co
Rainbow Play Systems
Ramsdells
Ribstein & Hogan
Richland State Bank
Running's
South Dakota State University
Sioux Valley Energy
Swenning Insurance
Swiftel Center
Swiftel Communications
Twin City Fan & Blower Co.
Valero Energy
VandenBerg Law Office
Wal-Mart
Wells Fargo

Faith & Volunteer Organizations MAC Representative Functions

- Disseminate Surveillance Information to Members
- Preparedness Planning
- Public Education
- Education of Members
- Psychosocial Support to Members and Public

- Assist with Special Populations

The following is a partial list of organizations, individuals/providers who are considered to be part of the Faith & Volunteer Organization Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
Advance
American Legion
American Red Cross –Eastern South Dakota Chapter
Interlakes Community Action
Masonic Temple
Retired Senior Volunteer Program
Volunteer Service Bank
SDSU Brookings County Extension
Ministerial Association
Brookings First Assembly of God
Newdale Hutterian Breth Inc.
Jehovah’s Witnesses
Bethel Baptist Church
Bible Baptist Church
First Baptist Church Brookings
First Baptist Church Elkton
First Baptist Church White
Prairie Winds Baptist Church Elkton
Pius XII Newman Center
Saint Mary’s Center
St. Thomas More Parish
St. Paul Catholic Church White
Christian Reformed Church
Brookings Christian Church
Preston Christian Church
Church of Christ
Abundant Life Church
Church of Jesus Christ of Latter Day Saints
St. Paul’s Episcopal Church
Ascension Lutheran Church ELCA
Calvary Free Lutheran Church
First English Lutheran Church Aurora
First Lutheran Church ELCA
First Lutheran Church Volga
Grace Free Lutheran Church AFLC
Grace Lutheran Church Nunda
Immanuel Evangelical Lutheran Church
Lake Whitewood Lutheran Church
MT Calvary Lutheran Church
Our Savior Ev. Lutheran Church WELS

Peace Lutheran Church LCMS
Pioneer Lutheran Church
Sinai Lutheran Church
Trinity Lutheran Church
Trinity Lutheran Church Elkton
University Lutheran Center
WELS Lutheran Student Center
Zion Lutheran Church White
Apostolic Lighthouse
Holy Life Tabernacle
First Presbyterian Church
Faith Reformed Church
First Reformed Church
United Church of Christ
United Parish of Elkton
First United Methodist Church
United Methodist Church Arlington
United Methodist Student Center
United Methodist Church – White
Veterans of Foreign Wars
Grace Point Wesleyan Church
Varitas

Individual & Family MAC Representative Functions

- Preparedness Planning
- Assist with Public Education
- Assist with Special Populations

The following is a partial list of organizations and individuals who are considered to be part of the Individual & Family Sector. They may or may not be involved in responding to a pandemic influenza outbreak depending on the severity and length of time of the event. A listing of individuals/organizations is maintained in the Brookings County EOC.

Examples of Organizations/Individuals
American Red Cross – Eastern South Dakota Chapter
RSVP-CERT
Family Support/Brookings Area
Family Resource Network
SDSU Extension Representative

Appendix 2: Brookings County Pandemic Influenza/Infectious Disease Response Plan

Healthcare Sector

This section of the plan will identify the operations, strategies, concepts, and resources necessary for the Health Care Sector to function in a Pandemic event. Additional and more complete planning may be included as attachments to this document. The Healthcare Sector will operate under the coordination and command that is outlined in the county plan.

Surge Capacity

Each facility is responsible for developing their own plan to meet the increased numbers of patients that may need to be seen. The staffing and supplies needed for a surge in care are similar to those listed under Alternate Care Site. The financial security/recovery for the facility should also be part of the plan.

If a facility has reached their surge capacity prior to the activation of the Emergency Operations Center (EOC) then they will need to contact a representative from the Healthcare Sector and/or the Brookings County Emergency Management to notify them of the situation.

When an individual facility has reached their surge capacity (or it is imminent that surge capacity will be reached) then the stage/phase of the pandemic will be evaluated by the Healthcare Sector and/or the Brookings County Emergency Management to determine if needs can be met by coordinating care with other facilities or if an alternate care site will need to be established.

Alternate Care Site(s)

The Swiftel Center will be the primary alternate care site for the county. If the Swiftel Center is not available or additional space is needed then the Mickelson Middle School, Brookings High School, and/or the SDSU facilities (Frost Arena or Intramural Building) will be utilized. The United Living Community (ULC) will serve as an alternate care site for electrical needs.

Staffing – It is estimated that it will take 30 to 33 staff, per 12 hour shift, to take care of 50 patients. Staff will be recruited from area facilities, a list of retired professionals (e.g., physicians, nurses, pharmacists), volunteer groups, students (mainly SDSU students), and the Emergency System for Advanced Registration of Volunteer Health Professionals (ESAR-VHP). Individual clinics may need to shut down to allow staff to be utilized in an efficient manner in one care site.

Communications – Telephone communication will be the primary method for contacting staff and communicating between healthcare sites/facilities. If telephone communications are not available then the Healthcare Sector will utilize portable radios and proceed according to the communications section on the overall plan.

Supplies and Equipment – See Appendix II.1 for listings of supplies available.

Medications – A supply of medications and intravenous fluids will be available in a portable pharmacy set-up. The medications in the portable pharmacy will be determined with the assistance of the medical practitioners and allow for the care of patients in an infectious pandemic and other emergency situation. The Director of Pharmacy for the Brookings Health System will be responsible for developing the list of medications and will coordinate the storage, security, and transportation of the medications.

Transportation - Supplies and equipment will be moved with the assistance of available personnel from the Brookings Health System, personnel from other healthcare facilities, and volunteers. Trucks and trailers from the Rental Depot may be used (per written agreement) if needed.

Oxygen – This will be a necessary supply for the management of the respiratory complications in a pandemic influenza. However, the provision of liquid oxygen at an alternate care site is not practical and oxygen in compressed cylinders will be depleted at a rate that would exceed the storage requirements necessary to meet the demands. Oxygen concentrators may be a solution to the oxygen needs but are not likely to be available in necessary quantities. This dilemma is recognized on a national level and remains an unresolved issue for this plan.

Food – Feeding continues to be worked on by the Health Care Subcommittee.

Sanitation – The Brookings landfill will provide additional dumpsters or carts at the alternate care sites for conventional solid waste (garbage). The City of Brookings Solid Waste Collection Department will make sure that the additional dumpsters or carts are emptied as needed. Medical waste will continue to be handled by the companies that normally handle medical waste until such time that those companies are overwhelmed. Once the traditional methods of handling medical waste such as companies that collect medical waste cannot respond or medical facilities that autoclave their medical waste prior to disposal as municipal solid waste cannot keep up; then the Brookings landfill will provide dumpsters marked “Medical Waste Only”. These dumpsters will be emptied by the City of Brookings Solid Waste Collection Department separately from other waste. The medical waste will be taken to a separate area at the landfill and be “stored” in a separate pit until either a medical waste company can collect the waste or special permission is granted by the South Dakota Department of Environment And Natural Resources to bury the medical waste because of the nature of the disaster.

Documentation of Care – Each patient will be identified with the triage process and care will be documented on paper records. A clipboard will be used for each patient and a simple flowchart of basic care (e.g., vital signs, assessment, medications administered, etc.) will be done by the practitioner that is providing the care. Documents will be collected at the end of the event and stored at the Brookings Health System. After the event, and as time allows, the Medical Health Information staff of the Brookings Health System will assign a medical record number for each patient (if one is not already on file) and store the records per the usual filing process. The Medical Health Information staff will make sure there is a method to recall all the charts from the event (e.g., master patient list, notation in computer that allows records to be identified from a report) if there is need to review them.

Beds – Portable cots will be used for the patients at the alternate care site. Portable cots may also be available from the Red Cross or the National Guard. If the supply of portable cots is exhausted then SDSU and local hotels may be contacted to determine if extra mattresses may be utilized for patient care.

Security – Security for the site will be coordinated through the Emergency Operations Center.

Discontinuation of Operations – The status of the operation will be assessed each 12-hour shift and the alternate care site will be shut down when directed by the Healthcare Sector, Brookings County Emergency Management, and/or the EOC.

Triage Operations – Triage initiation for a county wide pandemic occurrence is the responsibility of the Healthcare Sector representative or a representative of the Brookings County Emergency Management.

Site of triage will be communicated to the residents of the area; Swiftel Center is the choice to provide for adequate space to accommodate a surge of county residents in a pandemic occurrence. Other facilities will continue to provide care, but may be designated as contaminated or non-contaminated receiving sites.

Triage will begin with a compilation of person's demographic information, a brief history of why they want to be seen, including recent close contact to persons traveling outside state or country and an initial assessment (see Brookings Triage form). The staff in the triage area will need basic skills to obtain vital signs and complete an assessment of symptoms.

The assessment includes a yes/no response to symptoms of fever, cough, sore throat, short of breath, nausea, vomiting, diarrhea, seizure, pain, mental status. Based on the assessment obtained, the triage personnel can implement the START Triage decision making tree which based on criteria of respiratory status, perfusion and pulse, and neurological status; the presenting person can be assigned to the following categories:

Can wait - these are persons able to relocate when requested of them, could be directed to an alternative care site based on their symptoms and communicability.

Soon - are persons who do not have the ability to relocate and would need to receive care at the triage care site. A triage criterion for this categorization

Alternate Care Standards – Caring for a large number of patients with limited resources and assistance will require a change in the standard of care. This issue has been addressed on a global level. The Task Force for Mass Critical Care Summit (held January 26-27, 2007 in Chicago, IL and published as a supplement in the May edition of *Chest*, American College of Chest Physicians) and any other standards/guidelines (e.g., CDC, Department of Health) will be used to guide patient care.

Home Care Options – Essentially this will be that the nursing homes and assisted living centers will take care of their own. Patients that stay in their own home will be coordinated by the Brookings Health System's Home Health Services.

Detection and Dissemination – Identifying and extracting particular information that was concealed and spreading information in appropriate channels for circulation to the wider public.

HIPPA Laws – Federal Health Insurance Portability and Accountability Act of 1996; a law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers.

Mortuary Services – Refer to Fatality Management/Temporary Morgue Appendix 3.

Appendix 3: Supplies, Equipment, and Alternate Facilities Resource List

Introduction

Pandemic preparedness in Brookings County was organized and is managed by 5 grant partners including; The Brookings Health System (fiduciary), the City of Brookings, Brookings County, American Red Cross, and South Dakota State University.

Through this preparedness and planning for pandemic, a stockpile of supplies and equipment was identified and attained thru the use of pandemic preparedness funding to Brookings County. The purpose and intent of this stockpile is to serve as a source of additional supplies and equipment to be utilized during a pandemic event, either due to the large amounts required for the response or due to difficulties in the supply chain that hampers local partner's inventory. Some items listed on the inventory may be designated as Brookings Health System Inventory which may have been obtained thru other grants or means. These items must have prior approval from Brookings Health System before they can be released for use.

Stockpile Contents

Stockpile contents are comprised of items necessary for the following activities: Responder safety and protection, Alternate Care Site location, Triage locations, and support of Health Care facilities. This may include cots, linens, gowns, gloves, and masks for example. A complete listing of inventory items within the stockpile can be found in Attachment #1 to this guidance.

Additional Resources:

- Region 3 and the South Dakota Department of Health have additional cached resources such as N-95 respirators, gloves, anti-virals, prophylactic antibiotics, and miscellaneous medical supplies.
- Access Region 3 assets by calling Avera McKennan, [605-322-8000](tel:605-322-8000) or Sanford, [605-333-1000](tel:605-333-1000).
- Contact the South Dakota Department of Health, Office of Public Health Preparedness and Response at [605-773-2981](tel:605-773-2981) or the South Dakota Office of Emergency Management Duty Officer at [605-773-3231](tel:605-773-3231) for further information.

Mobile Medical Assets

To assure greater access, Mobile Medical Assets for approximately 93 beds are to be stored in a total of three trailers and strategically positioned in the community. The remainder of the supplies will be stored in a storage location. Access to this asset as well as the balance of the stockpile is described below.

Activation/Utilization

The stockpile exists to assist agencies and jurisdictions during times of emergency or disaster including pandemic events.

Non-Pandemic Requests

The stockpile can and may be utilized during non-pandemic situations. Activation of the stockpile during a non-pandemic event is managed by the Brookings Health System. Contact should be made to the stockpile representative from the system and then follow a process of notifications to the five grant partners identified

above. If the stockpile is utilized for a non-pandemic event, the requestor must agree to reimburse the fiduciary for the equipment/supplies requested and utilized. The partners or the PPCC may review this use on a case by case basis and recommend to the Brookings Health System whether a reimbursement should be sought. A form has been developed (see Attachment #2) for this process.

Pandemic Requests

The stockpile can and will also be utilized during a pandemic event which affects Brookings County. In this situation, the stockpile will come under the management of the Emergency Operations Center (EOC) for utilization and dispersing of items from the stockpile. Activation and contact requests of the stockpile will be made through the EOC. There have been some inclusions of Pandemic Response supplies for agencies and entities from the five grant partners, however, every effort should and must be made by those individual agencies to acquire anticipated supplies and equipment to some level prior to an incident. The stockpile is meant as an additional source of resources, not the main repository of resources for a response.

The Activation process involving a Non-Pandemic scenario begins with a contact to the Brookings Health System at 605-696-9000.

The Activation process involving a Pandemic scenario begins with a contact to the Brookings County Emergency Operations Center at 605-692-5212.

Fatality Management/Temporary Morgue

Fatality management activities during a pandemic essentially will follow the guidelines included in the Local Emergency Operation Plan (LEOP), but a pandemic will require additional considerations and planning. Please refer to the Brookings County LEOP Fatality Management Annex for more complete information on Fatality Management.

Distribution

As stated earlier, stockpiled resources can and should be used for any emergency or disaster or emergent need that may occur within Brookings County or possibly the region. For non-pandemic incidents, decision making will be made by Brookings Health System. For pandemic incidents, decisions will be made by the Brookings Emergency Operations Center. During pandemic incidents, guidance will be considered from the Center for Disease Control (CDC), World Health Organization (WHO), and the South Dakota Department of Health (SDDOH). Suggested prioritization may include:

1. Hospitals
2. Alternate Care Sites
3. Non-emergent healthcare providers (Clinics, surgical centers, dentists, etc.)
4. Nursing homes and assisted living centers
5. Agencies from the 5 Grant Partners
6. General Public as directed by the SDDOH for social isolation or quarantine

Non-pandemic Minimum Stockpile Reserve Level

For non-pandemic periods when there is no active pandemic virus circulating, the minimum level in which all supplies and equipment will be maintained is 50% of totals originally purchased by grants. These levels will always be maintained in the stockpile to ensure adequate quantities if a pandemic incident would occur. For non-pandemic periods when there is a possible pandemic virus circulating, the minimum level in which all supplies and equipment will be maintained is 75% of totals. With that stated, all efforts must be made to bring the stockpile up to 100% as quickly as possible after utilization.

Responsibilities

Brookings Health System

- Be responsible for inventory management including inventory rotation and maintenance of the stockpile.
- Coordinate, at a minimum of annually, the rotation of inventory to avoid outdating of material.
- Upon a request for activation in a non-pandemic request, coordinate the contact of the other grant partners and obtain approval or denial of the request, then coordinate the fulfilling of the request. Coordinate the billing of the requesting entity and the restock of the material back into the stockpile.
- Coordinate with the EOC as necessary during a pandemic event.
- Provide adequate insurance coverage for all stockpile materials in storage.

Brookings PPCC – Stockpile Subcommittee

- Organize and review annually this guidance governing the utilization of the stockpile material.
- Ensure and obtain appropriate and adequate storage of the stockpile materials.
- Serve as a review board concerning the utilization and handling of the stockpile materials.

Brookings PPCC Grant Partners

(The Brookings Health System (fiduciary), the City of Brookings, Brookings County, Brookings County Red Cross, and South Dakota State University)

- Pursue adequate and available funding for replacement of existing materials in stockpile as well as acquiring additional materials as available.
- Understand and follow guidance on both the non-pandemic and pandemic uses of the stockpile.
- Understand and abide by not utilizing the stockpile materials as a main source of preparedness for individual agencies of the partner.
- Provide a minimum of (2) two contacts to the Brookings Health System representative to serve as contact for the Brookings PPCC Grant Partners (See Attachment #4).
- Coordinate and cooperate with all other partners to maintain the stockpile materials.

Brookings EOC

- When activated, assume control over stockpile resources and make best decisions with available information on guidance from higher levels of government based on priority distribution.
- Provide security for the stockpile materials if necessary.
- Coordinate the tracking of stockpile material usage during a pandemic event.
- Coordinate the distribution of stockpile materials during a pandemic event.
- Coordinate the claiming for reimbursement of costs associated with the stockpile utilization if programming is available.
- Return control over stockpile materials to the fiduciary after the incident and assist the fiduciary with recover efforts concerning the stockpile.

Inventory Lists

3	Item Description
ACS	Batteries, D, for pump for folding cot
ACS	Cots, folding, air matt, w/pump
ACS	Cots, w/IV stand
ACS	Crib
ACS	linen
ACS	linen, Blankets
ACS	linen, Pillow Cases
ACS	linen, Pillows

ACS	linen, Sheets
ACS	linen, Towels
ACS	linen, Washcloths
ACS	Privacy screens
ACS	Totes, plastic, file
ACS	Totes, plastic, under cot
ACS	Wheel Chairs
admin	Clipboards
admin	Totes, plastic, file
admin	Paperwork
admin	Pens
fatal	Body Bags
hyg	Bedpans
hyg	Commodes
hyg	Emesis bags
hyg	Emesis basins
hyg	Etiquette Respiratory Stations
hyg	Garbage container liners
hyg	Garbage containers
hyg	Sharps Containers
hyg	Urinals
med	BP cuffs, child (not disposable)
med	IV poles
med	Stethoscopes
med	Stethoscopes (disposable)
POD	Alcohol preps
POD	Bio bags, Large
POD	Chux underpad/Kleenex - extra
POD	Clipboards
POD	Garbage bags, 13 gal for vac station
POD	Hand Sanitizers, 12 oz
POD	Hand truck, 2 wheel
POD	Ice Packs
POD	Lab Coats LG-XL
POD	Office Supplies - 24 China Markers, 5 Highlighters, 12 Legal Pads, 5" x 8", 12 Legal Pads, 8 1/2" x 11", Pencil Sharpener-electric, Pencil Sharpener-manual, 6 Pencils, 75 Pens, 24 Pens-Sharpies-fine, 12 Post-it notes, 2 Scissors, 1 Stapler, 1 pkg Staples, 6 Tape-3/4", Tape Dispenser
POD	Paperwork
POD	Power cord, 100'
POD	Power Outlets/Surge Suppressor
POD	Radio chargers & re-chargeable batteries
POD	Radios w/batteries
POD	Sign Easels
POD	Signs, 24x18
POD	Syringes, TB 27g x 1/2"

POD	Tablecloths, green
POD	Tablecloths, yellow
POD	Tape, Gaffers, grey
POD	Tape, Gaffers, yellow
POD	Tape, Yellow Caution 3"x1000'
POD	Totes, plastic, file
POD	Vaccination Station Tote w/2 kleenex, 200 cotton balls, sharps container, 5 chux, box 1" bandaids, 4 pens
POD	Vaccine Coolers, soft sided
POD	vests, black
POD	vests, blue
POD	vests, green
POD	vests, red
POD	vests, tan
POD	vests, white w/yellow stripe
POD	vests, yellow
POD	Wristbands, green
POD	Wristbands, yellow
PPE	Gloves, nitrile, Lg - 200/box
PPE	Gloves, nitrile, Med - 200/box
PPE	Gloves, synthetic, Lg-sterile 50/box
PPE	Gowns, Isolation M/L
PPE	Gowns, Isolation XL
PPE	Masks, N-95
PPE	Masks, Surgical
PPE	PPE Mesh Organizers
triage	12 Pens, 12 china markers, 4 Sharpies, pkging tape, 2" masking tape
triage	Armbands, plain
triage	BP cuffs
triage	Clipboards
triage	Flashlight batteries, D
triage	Flashlights
triage	Jackets, blue disposable
triage	Paperwork, triage
triage	Raincoats
triage	Sign (may be attached to pole)
triage	Sign Base
triage	Stethoscopes
triage	Traffic Cones, Channelizer
triage	Traffic Cones, colored
triage	Vest, HiViz Class 2
triage	Yellow tape

Brookings Pandemic Preparedness Stockpile

EMERGENCY STOCKPILE UTILIZATION REQUEST FORM**For Non-Pandemic Requests***PART I: TO BE COMPLETED BY REQUESTING JURISDICTION/AGENCY**

Contact Person:

Telephone ()

Date: / /

Time:

Requesting Jurisdiction/Agency:

Fax ()

Cell Phone ()

Email:

Incident Requiring Assistance:

Type Assistance/Resources Requested (for more space, attach separate sheet):

Date & Time Resources Needed:

Requested Date of Pickup:

Requested Time of Pickup:

I certify under signature of this document that I understand and agree that I or my jurisdiction/agency is responsible for the current replacement costs of all disposable supplies identified within this document. I further understand and agree to return all equipment and other supplies identified in this document clean, disinfected if appropriate, and in proper operating condition. If not returned in this manner, that myself or my jurisdiction/agency will be invoiced for staff time and supplies/repairs to the equipment or supplies. I agree to process and pay the invoice sent for these purposes to me or my jurisdiction/agency within 30 days of receipt.

Authorized Official's Name:

Authorized Official's Signature:

Title:

Agency:

Incident No:

PART II: TO BE COMPLETED BY BROOKINGS HEALTH SYSTEM

Contact Person:

Telephone ()

Fax ()

Type of Assistance Filled:

Date & Time Resources Available For Pickup:

Pickup Location:

Approx. Cost – Disposable Supplies Requested \$

PART III: BROOKINGS PANDEMIC PREPAREDNESS PARTNER NOTIFICATION & APPROVAL

Majority of available Brookings Pandemic Preparedness Partners Notified

Date:

Time:

Brookings Health System:

Brookings County Red Cross:

Brookings County:

City of Brookings:

SDSU:

PART IV: APPROVAL – BROOKINGS HEALTH SYSTEM OFFICIAL

Authorized Official's Name:

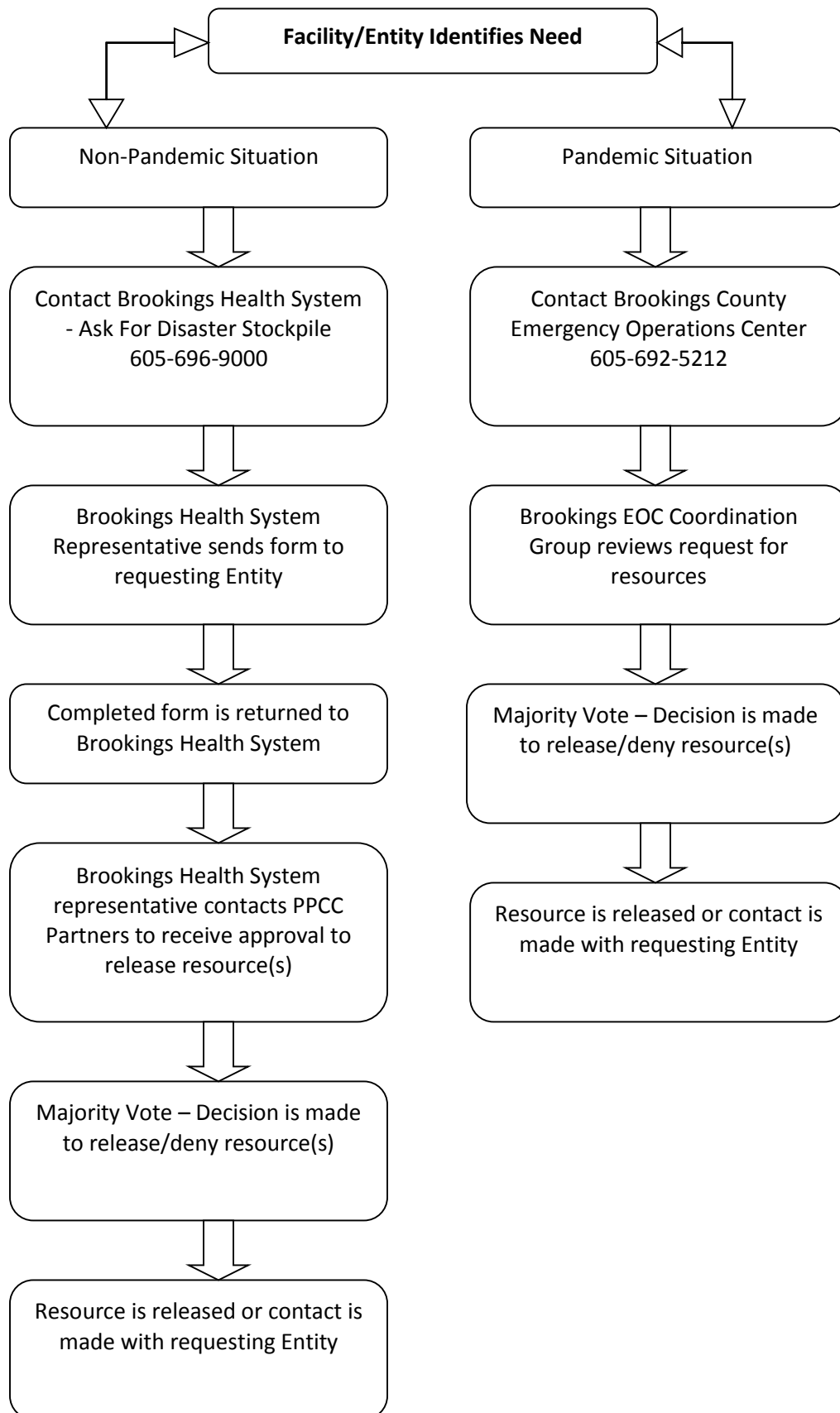
Title:

Signature:

Agency:

Dated: / /

Time:



Grant Partner Representatives

	Contact #1	Contact #2	Contact #3
Brookings Health System	Gordon Dekkenga 605-696-9000	Louise Coull 605-696-9000	Steven Timmerman 605-696-9000
South Dakota State University	Brenda Andersen 605-688-4157	Jayne Trygstad 605-695-1616	
Brookings County	Robert Hill 605-692-5212	Richard Haugen 605-696-8350	
City of Brookings	Darrell Hartmann 605-691-3471	Dave Erickson 605-692-2113	
Brookings County Red Cross	Kasi Emmett 605-695-9015	Veronica Shriver 605-695-8918	

Alternate Facilities**Location**

- | | | |
|----|---|---|
| 1. | Overflow Health Care
(Surge Capacity) | Swiftel Center |
| 2. | Non-Infectious Emergency Surgery
Obstetrics Services | Brookings Pain Management Center |
| 3. | Temporary Morgue | Brookings Soil Conservation Service
Larson Ice Arena |

Fatality Management / Temporary Morgue

Fatality management activities during a pandemic essentially will follow the guidelines included in the Local Emergency Operation Plan (LEOP), but a pandemic will require additional considerations and planning. Please refer to the Brookings County LEOP Fatality Management Annex for more complete information on Fatality Management.

Appendix 4: Law Enforcement/Safety Services

PURPOSE:

- Response to public panic and unrest
- Prioritization of calls at dispatch center
- Provide security for transportation of vaccine and anti-viral medications
- Provide security at immunization sites and protect vaccines and anti-viral medications
- Enforce curfews and closures of public gatherings as directed by EOC
- Traffic control at alternate care sites
- Security for businesses anticipated to have increased demand for certain services, supplies, food and pharmaceuticals.

SPECIAL CONSIDERATIONS

- Shortage of available staff listed below
- Identify critical functions such as jail operations and responding to 911 calls.

This list will include individuals who have previous law enforcement experience either in police departments or military. They may be retired or working at other jobs and may no longer be certified.

This List will be maintained at the appropriate Law Enforcement Office.

Appendix 5: Nursing, Pharmacists, Physicians, and Medical Personal

Nursing Resource List

These individuals may be students, retired, working at other jobs or trained in the military as medics or corpsmen. They may no longer be currently registered or certified.

The Nursing Staff resources will be provided by the South Dakota Board of Nursing which maintains a list of active and inactive nurses.

Pharmacists Resource List

These individuals may be students, retired, or working at other jobs. They may not be currently registered.

The Pharmacists resource list will be provided by the South Dakota Board of Pharmacy which maintains a list of active and inactive pharmacists. In addition, the SDSU College of Pharmacy may provide additional resource listings.

Physicians Resource List

These individuals may be students, retired, or working at other jobs. They may not be currently registered.

The Physicians resource list will be provided by the South Dakota Board of Medical and Osteopathic Examiners which maintains a list of active and inactive physicians.

Emergency Medical Services Resource List

These individuals may be students, retired, or working at other jobs. They may not be currently registered. The organized groups of Emergency Medical Services in Brookings County are as follows:

First Responders:

- Bruce
- Aurora
- Sinai
- Volga

Basic Life Support:

- White
- Elkton

Advanced Life Support:

- Brookings

The EMS resource list will be provided by the South Dakota Department of Public Safety, EMS Office which maintains a list of active and inactive persons with EMS training to include First Responders, EMTs, and Paramedics.

Appendix 6: Points of Dispensing (POD)

Pod Resource List

The POD planning committee has not yet finalized the POD plan. Priority groups for influenza vaccination during a pandemic are based on Health and Human Services (HHS) Vaccine Priority Groups Recommendations as reflecting in the South Dakota State Pandemic Influenza Response Plan.

Tier	Subtier	Population	SD Estimate
1	A	Vaccine and antiviral manufacturers and critical support.	0
		Medical workers and public health workers who are involved in direct patient contact, other support services essentials for direct patient care, and vaccinator.	23,423
	B	Persons ≥ 65 yrs with 1 or more influenza high-risk conditions, not including essential hypertension.	48,011
		Persons 6 months to 64 yrs with 2 or more influenza high-risk condition, not including hypertension.	18,202
		Persons 6 months or older with history of hospitalization for pneumonia or influenza or other influenza high-risk conditions in the past yr.	1,952
	C	Pregnant women	7,914
		Household contacts of children < 6 months.	13,190
	D	Public Health emergency response workers critical to pandemic response.	396
		Key government leaders	Undetermined
2	A	Healthy and ≥ 65 yrs.	46,692
		6 months to 64 yrs with 1 high-risk condition	94,439
		Healthy 6-23 month olds	14,773
	B	Other public health emergency responders	791
		Public safety workers including policy, 911 dispatchers & correction facility staff.	7,888
		Utility workers essential for maintenance of power, water and sewage systems.	960
		Transportation workers transporting fuel, water, food & medical supplies, as well as public ground transportation	10,024
		Telecommunications/IT for essential network operations & maintenance	2,849
3		Other key government health decision-makers	Undetermined
		Funeral directors/embalmers	164
4		Healthy persons 2-64 yrs. Not included in above categories	472,988

Priority groups for influenza vaccination during a pandemic are based on HHS Vaccine Priority Groups Recommendations as reflecting in the South Dakota State Pandemic Influenza Response Plan.

Tier	Group	Strategy	SD Estimate
1	Patients admitted to hospitals.	Treatment	26,380
2	Healthcare workers (HCW) with direct patient contact and EMS providers.	Treatment	24,269
3	Highest risk outpatients – immunocompromised persons and pregnant women.	Treatment	6,595
4	Pandemic health responders (public health, vaccinators, vaccine & antiviral manufacturers), public safety (police, fire, corrections) and government decision-makers.	Treatment	8,705
5	Increased risk outpatients – young children 12-23 months, persons \geq 65 yrs and persons with underlying medical conditions.	Treatment	225,546
6	Outbreak response in nursing homes and other residential settings.	Post-exposure prophylaxis	Undetermined
7	HCWs in emergency depts., intensive care units, dialysis centers and EMS providers.	Treatment	3,166
8	Pandemic societal responders (e.g., critical infrastructure groups as defined in the vaccine priorities) and HCWs without direct patient contact.	Treatment	26,907
9	Other outpatients.	Treatment	474,834
10	Highest risk outpatients.	Prophylaxis	6,595
11	Other HCWs with direct patient contacts.	Prophylaxis	21,104

Appendix 7: Abbreviations

CDC	Centers for Disease Control and Prevention
EAN	Emergency Alert Network
EMS	Emergency Medical Services
EOC	Emergency Operations Center
FDA	Food and Drug Administration
HAN	Health Alert Network
HPAI	Highly Pathogenic Avian Influenza Viruses
HHS	Department of Health and Human Services
HIPAA	Health Insurance Portability and Accountability Act
ILI	Influenza like Illness
LPAI	Low Pathogenic Avian Influenza Viruses
OEM	Office of Emergency management
PIO	Public Information Officer
POD	Point of Dispensing
PPE	Personal Protective Equipment
SDDOH	South Dakota Department of Health
SDOEM	South Dakota Office of Emergency Management
WHO	World Health Organization

Appendix 8: Glossary of Common Terms

Antiviral medication: Drug(s) that are used to treat people who have been infected by a virus to help limit the impact of some symptoms and reduce the potential for serious complications. People who are in high risk groups are often given antiviral drugs because of their increased potential to develop additional issues.

Asymptomatic: Without signs or symptoms of disease. May still have infection.

Avian Influenza): Commonly known as bird flu, this strain of influenza virus is naturally occurring in birds. Wild birds can carry the virus and may not get sick from it; however, domestic birds may become infected by the virus and often die from it.

Case: A person who has been diagnosed as having a particular disease or condition.

Confirmed: A case that is classified as confirmed for reporting purposes, usually by laboratory testing data or other testing results (e.g. X-ray). The elements of classification will vary from disease to disease.

Probable: A case that meets the clinical criteria but has not been confirmed by laboratory or other means. The elements of classification will vary from disease to disease.

Suspected: A person who has known contact with an infectious agent or is experiencing symptoms of the disease under investigation. The elements of classification will vary from disease to disease.

Contact: A person who is known to have been in association with an infected person such as to have had an opportunity of acquiring the infection.

Epidemic: The rapid spread of a disease that infects some or many people in a community or region at the same time.

Exposure: Proximity or contact with a source of disease agent in such a way that effective transmission of the agent or harmful effects of the agent may occur.

H5N1 virus strain: The scientific name for a subtype of the avian influenza (bird flu) virus that has spread from birds to humans. The scientific names for these subtypes are classified by different proteins on the virus. New subtypes naturally occur when the proteins change.

HPAI: Highly Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. HPAI is extremely infectious among humans. See Pathogenic, LPAI.

Hemagglutinin: An important surface structure protein of the influenza virus that is an essential gene for the spread of the virus throughout the respiratory tract. This enables the virus to attach itself to a cell in the respiratory system and penetrate it. Referred to as the "H" in influenza viruses. See neuraminidase.

Immunization: A procedure that increases the protective response of an individual's immune system to specified pathogens.

Incubation Period: The interval from exposure to an infectious organism and the onset of symptoms. For pandemic influenza, it is estimated to range from two to ten days.

Infection: The entry and multiplication or persistence of an organism, such as the influenza virus, in the body of an individual.

Inapparent: An infection without recognizable signs or symptoms but identifiable by laboratory means. Also called sub-clinical.

Clinically apparent: An infection with recognizable signs or symptoms, such as fever, cough or runny nose.

Influenza (flu): A contagious respiratory illness caused by particular strains of viruses.

Isolation: The physical separation of a person suffering from an infectious or contagious disease from others in a community.

LPAI: Low Pathogenic form of Avian Influenza. Classification of avian flu virus based on the severity of the resulting illness. Most avian flu strains are classified as LPAI and typically cause little or no clinical signs in infected birds. However, some LPAI virus strains are capable of mutating under field conditions into HPAI viruses. See Pathogenic, HPAI.

Novel influenza virus strain: A new strain of influenza A that has not previously infected humans, but has undergone genetic mutation or reassortment, and has developed the ability to cause illness in humans.

Neuraminidase: An important surface structure protein of the influenza virus that is an essential enzyme for the spread of the virus throughout the respiratory tract. It enables the virus to escape the host cell and infect new cells. Referred to as the “N” in influenza viruses. See hemagglutinin.

Pandemic: An outbreak of a disease that affects large numbers of humans throughout the world.

Pandemic Influenza: A virulent influenza (flu) caused by a new flu virus strain to which humans have not been exposed. It is more serious than a typical seasonal flu because there is no natural resistance or immunity to it.

Personal protective equipment (PPE): Equipment used to prevent an individual from inhaling, or coming into contact with an infectious agent. Includes such things as gowns, gloves, masks, face shields, goggles, and personal respirator.

Quarantine: The physical separation, including confinement or restriction of movement of individuals who are present within an affected area, or who are known, or reasonably suspected, to have been exposed to a communicable disease of public health threat and who do not yet show symptoms or signs of infection. Purpose is to prevent or limit the transmission of the communicable disease of public health threat to unexposed and uninfected individuals.

Complete: The full-time confinement or restriction of movement or actions of an individual who has been, or may reasonably be suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection.

Modified: A selective, partial limitation of freedom of movement or actions of an individual who has been, or is suspected to have been, exposed to a communicable disease of public health threat but does not have signs or symptoms of infection. Includes limiting movement to the home, work and/or one or more other locations, the prohibition or restriction from using public or mass transportation.

Respiratory hygiene: Personal practices or habits to decrease the transmission of diseases spread through respiratory secretions or airborne droplets or particles. Includes covering the mouth when coughing or sneezing, disposing of tissues, avoiding coughing or sneezing into hands, and washing hands or using hand-sanitizers.

Seasonal flu: A contagious respiratory illness caused by influenza (flu) viruses occurring every year. It affects an average of 5 to 20 percent of the US population by causing mild to severe illness, and in some instances can lead to death. Most people have some immunity and a vaccine is available. Also known as common flu or winter flu.

Self-care: The care of oneself or family without professional healthcare provider assistance or oversight. This may include monitoring and treating for fever, treating for other symptoms with over-the-counter medications and determining when to seek medical care.

Self-shielding: Self-imposed exclusion from activities or locations by infected persons (e.g. by staying home from work/school).

Shift: The process in which the existing H (hemagglutinin) protein and N (neuraminidase) protein are replaced by significantly different H and N proteins. This can result in new variant strain of virus.

Social Distancing: A disease prevention strategy in which a community imposes limits on social (face-to-face) interaction to reduce exposure to and transmission of a disease. These limitations could include, but are not limited to, school and work closures, cancellation of public gatherings and closure or limited mass transportation.

Surveillance, Influenza: The on-going systematic collection, analysis, and interpretation of disease activity and trend data for quickly detecting the introduction of a novel virus strain into an area and for quickly detecting the introduction of a novel virus strain into an area and for quickly detecting outbreaks in order to facilitate early public health intervention.

Susceptible individual: A person or animal that is vulnerable to or potentially able to contract a disease or condition.

Transmission: The mechanisms by which an infectious agent is spread to humans.

Droplet: Transmission through inhalation of large respiratory droplets that are dispersed during coughing, sneezing or talking. Transmission of influenza requires close contact (three feet or less) between source and recipient persons.

Contact: Transmission through direct contact with respiratory droplets.

Airborne: Transmission through inhalation of aerosolized small respiratory droplets. It is believed influenza is not transmitted in this manner.

Vaccine: An injection, usually of an innocuous (weak or killed) form of the virus that stimulates the production of antibodies by the immune system to help prevent or create resistance to an infection. Vaccines are usually given as a preventive measure.

Virus: Simple submicroscopic parasites of plants, animals, and bacteria that often cause disease. Viruses are typically not considered living organisms because they are unable to replicate without a host cell.

Appendix 9: Continuing Challenges

Special Populations

There have been a few special populations identified but more work needs to be done in identifying special populations. There has not been a plan of action developed for assisting the special populations that is workable. The following are the special populations that have been identified:

Youth at Risk – These are young people that if schools close; may not have proper supervision and/or may not have a decent breakfast or lunch.

Home Bound – These are individuals who for various reasons cannot leave their home easily and depend on “Meals on Wheels”, home health care services, etc.

Homeless – These individuals will need shelter in addition to food, clothes and possibly medicine.

Pets – There will be pets that someone will have to look after because their owners will be either sick, dead, or working long hours.

Non English Speaking – These are individuals that have difficulty understanding or communicating with the English language thereby complicating education efforts.

Note: We have established a sub-committee within the PPCC to do further assessment of this area of the plan and will continue to develop this portion of the plan.

Financial Issues

There are several families and individuals that will be financially affected by a pandemic influenza outbreak. A large number of the population of our county survives “paycheck to paycheck” and if they lose their job temporarily because of social distancing; it could result in financial chaos. These people will not be able to pay bills such as home mortgages, groceries, utility payments, car loans, pharmacy prescriptions, etc. The Brookings County would not be able to offer financial welfare to the large number of people affected.

This will be a global phenomenon. We have identified this issue as a Mental Health issue that will need to be dealt with and prepared for.

Work Force Issues

There are several work force issues and we have tried to address several of the issues in various summits. However, there is such a diversity of policies and procedures from one entity to another entity that addressing these concerns universally is almost impossible. Therefore, a resource list of people to turn to for advice is probably the only way to handle this issue. Handouts have been given to targeted personnel. This area still needs additional work.

Mental Health Issues

The mental health issues such as addressing stress management, the grieving process, financial strain, etc. will be affecting all sectors of the population. This overwhelming problem cannot be handled by the few professional mental health providers that we have available in our area. Therefore, a plan will be needed to involve Faith & Volunteer Organizations to develop a strategy to effectively provide these services. The position of a Mental Health Technical Specialist has been identified in the plan to coordinate these activities and create a Stress Management Team to specifically work with responders.

Education and Training has begun for the above mentioned groups and will continue.

Communications

Work has been completed concerning Communications (See the Communications Chapter of this document). Work will continue to both refine and improve this process.

Public Education

There are already extensive public education efforts going on. Several facilities have started training their employees and their families. There have been presentations to certain groups and of course our summit meetings. There are several web sites that are available with pandemic influenza information. The American Red Cross has been printing and handing out brochures to the public. The American Red Cross is also storing handouts that our Pandemic Preparedness Coordination Committee (PPCC) has provided. South Dakota State University Extension has been given a grant to be a lead in educating the public for the nation. So we have an excellent start.

A Public Education Sub-Committee has been formed from members of the PPCC and is tasked with the organization and creation of resources centered on the Public Education and Awareness aspects of Pandemic Influenza.

Resources

The need for several additional resources has been identified. Education and training of volunteer personnel will need to be addressed.

Appendix 10: GENERIC FACILITY PLANS

(Will be kept at the EOC)

BUSINESS/INDUSTRY:

Hy-Vee Food Store

3M

Capital Card Services (in progress)

Daktronics (in progress)

PUBLIC HEALTH

Sutton Veterinary Clinic

Brookings County Resource Center

City of Brookings Board of Health (see government)

CRITICAL INFRASTRUCTURE

Brookings Municipal Utilities – Electric Department

Brookings Municipal Utilities –Telephone Department (Swiftel)

Brookings Municipal Utilities –Wastewater Department

Brookings Municipal Utilities –Water Department

GOVERNMENT:

Brookings Area Career Learning Center

Brookings County Coroner

Brookings County Sheriff Dept.

City of Brookings

City of Bruce

City of Elkton

City of Volga

City of White

HEALTH CARE:

Avera Brookings Medical Clinic

Brookings Health System (hospital, nursing home, home health) Edgewood Vista

Lewis Drug

Sanford Clinic

United Living Center

Yorkshire Eye Clinic

FAITH BASED ORGANIZATIONS/VOLUNTEERS:

American Red Cross-Brookings County Chapter

Church of Jesus Christ of Latter Day Saints

SDSU Brookings County Extension

Brookings Salvation Army Chapter

SCHOOLS:

South Dakota State University (SDSU)

Appendix 11: BROOKINGS TRIAGE FORM

Admit number _____ Date _____ Time _____

Name _____ Age _____ DOB _____ M F

Address _____ City _____ State/Zip _____

Phone # _____ cell # _____

Emergency contact _____ Phone # _____

Employer _____ Occupation _____

History:

Travel outside state or country in past week? List areas and dates traveled _____

Exposure to birds (example: chicken, ducks, pheasants) Y N

Yes No

_____ pregnant

_____ diabetic

_____ asthma

_____ cancer

_____ heart problems

_____ lung problems

_____ use oxygen at home

_____ stroke

Reason you want to be seen? _____

Other: List _____

Initial Assessment

Yes No

_____ fever

_____ cough

_____ sore throat

_____ short of breath

Vital Signs

Yes No

_____ nausea T _____ P _____ R _____ BP _____

_____ vomiting

_____ diarrhea

_____ seizure

Medication allergies: _____

Pain? Describe: _____

Mental status? _____

Signature _____ Site: _____	Triage Level _____ Please Report to _____
--------------------------------	--

nsgsec__ triage pand