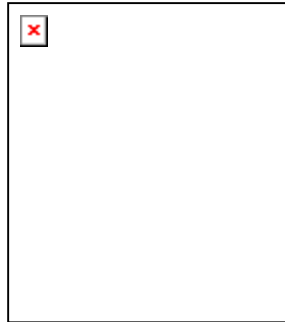


State of Tennessee



Department of Health

PANDEMIC INFLUENZA

RESPONSE PLAN

Northeast Tennessee Region

March 2007

Pandemic Influenza Response Plan
Northeast Tennessee Region
September 28, 2006

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The State's Pandemic Influenza Plan can be accessed on TDH Web site at
<http://www2.state.tn.us/health/CEDS/pandemic.htm>.

Core Plan

I Lead Agency

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

- B. The Northeast Tennessee Regional Health Office (NETRHO) is responsible for implementing state public health response policies in the Northeast Tennessee Region (which includes Carter, Greene, Hancock, Hawkins, Johnson, Unicoi and Washington Counties) once the TEMP is activated. Regional health departments that oversee multiple counties will work with their county health departments to implement response policies; the relationship between county and regional health departments in the oversight of implementation will vary depending on the capacity of the county health department. Regional health departments will be the primary points of contact for the communication of state public health response policies from TDH.

- C. Regional health departments are specifically responsible for the following tasks:
 - 1. Developing continuity of operations plans for essential public health services, as defined by the TDH
 - 2. Timely collection (and interpretation) of regional surveillance data
 - 3. Assuring that appropriate laboratory specimens from ill persons are collected and shipped by public health or private medical personnel (in collaboration with the state public health laboratory), in accordance with state and national laboratory testing guidance
 - 4. Detection, response and control of initial cases of novel or pandemic influenza infection in humans, in collaboration with the state health department
 - 5. Response to human exposure to animal influenza viruses with pandemic potential during the pre-pandemic period determined by the World Health Organization (WHO Phases 3-5), in collaboration with the state health department

6. Administration of prophylactic antiviral medication (WHO Phases 3-5 only) as indicated by national or state policy
 7. Pandemic vaccine storage, administration, and data collection, as required by state and/or federal health officials
 8. Antiviral medication storage, distribution per Strategic National Stockpile (SNS) protocols and tracking, in conjunction with acute care hospitals where antivirals are administered
 9. Communication with regional outpatient and inpatient health care facilities, long-term care facilities, and with the public, using messages coordinated with state public health officials
 10. Implementation of social distancing measures under the direction of the state health department
 11. Assuring the continuity of essential operations at regional and county health departments
 12. Addressing the psychosocial needs of the public health workforce during a pandemic
 13. Communicating to the public on how to access social support services available in their area during a pandemic
- D. The NETRHO of the TDH is the agency responsible for providing public health planning for pandemic influenza in the region. Under the direction of the Northeast Tennessee Regional Director, Regional Medical Director and Regional Medical Epidemiologist or designee, coordination of the region's preparedness activities with state health, local health departments and other stakeholders will occur.
- E. Regional and local health departments will work together to collect and interpret local surveillance data. Local health departments will work with regional staff to support influenza containment measures including isolation, quarantine, contact tracing efforts and social distancing measures. Regional and local health departments, if vaccine becomes available, will be responsible for the storage, tracking and administering of the vaccine. During the pre-pandemic phase, regional and local health department staff will need to work together to insure that the administration of prophylactic antiviral medication is ordered and dispensed in appropriate situations. Local health departments will be responsible for communication with local leaders and healthcare providers through coordinated messages with state and regional health officials. Local staff will communicate with the general public to provide

information to access social support services available in their area during a pandemic. Regional and local health departments will work together to assure the continuity of essential operations at local and regional sites.

II Support Agencies

- A. Support agencies that work with the NETRHO in the detection and management of pandemic influenza within this public health area include:
1. *Office of Homeland Security (OHS)-East Tennessee District Office at Morristown:* The District Office of Homeland Security at Morristown will be responsible to assist with activities as required in accordance with the TEMP.
 2. *Tennessee Emergency Management Agency (TEMA)-East Office at Alcoa:* TEMA-East will coordinate with the State Emergency Operations Center (SEOC) as directed under the TEMP to provide resource support not available at the local or regional level.
 3. *American Red Cross (ARC), Volunteer Organizations Active in Disaster (VOAD), faith-based organizations and other charitable organizations:* The ARC has two chapters locally – Northeast Tennessee Area Chapter (serves Johnson, Carter, Unicoi, Washington, Hancock and Hawkins Counties) and Greene County Chapter of the Red Cross, VOAD, Faith-based organizations and other non-government groups. These agencies will be asked to provide information to the general public, support individual and family needs and provide emotional, spiritual and mental health support to the general public, workforce staff and emergency responders.
 4. *Tennessee Highway Patrol-Fall Branch Office:* The Fall Branch Office of the Tennessee Highway Patrol (THP) will support local sheriffs and police chiefs with local and regional security issues.
 5. *Frontier Health Mental Health Agency:* Frontier Health Mental Health Agency of Northeast Tennessee will be asked to assist with emotional and stress related issues to the general public and regional and local health department staff, as well as local responders.
 6. *First Tennessee Development District:* First Tennessee Development District (FTDD) has been asked to assist with communication to local chambers of commerce, businesses and others linked to the economic development of the Northeast Tennessee Region.
 7. *Local Chief of Police/County Sheriffs:* Local law enforcement has been asked to enforce the provisions of a public health measures for isolation and quarantine upon issuance of a court order. Police chiefs

and sheriffs may need to assist with security issues at local health department clinics, alternate treatment facilities and hospitals.

8. *Local Emergency Management Agencies:* Local Emergency Management Agencies (LEMA) will be asked to assist with the coordination of resources related to local community needs for security, logistics and planning.
9. *County/City Mayors:* Local county/city mayors will be asked to assist with decision making and communication of necessary social distancing measures and implementing local emergency management plans and any activities required by such plans.
10. *Local Education Agencies (LEA's):* Local Education Agencies may be asked to temporarily close facilities or suspend school activities in accordance with social distancing measures.
11. *Local Colleges and Universities:* Local colleges and universities will be asked to communicate with faculty and students using messages coordinated with regional health officials.
12. *Local Chambers of Commerce:* Local Chambers of Commerce will be asked to communicate with local businesses and industry using messages coordinated with regional health officials.
13. *Local Religious Institutions:* Local religious groups will be asked to support the community in addressing individual and family needs, and distribute within their own congregations, public health information coordinated through local health officials.

III Situation and Assumptions

A. Situation:

1. Novel influenza viruses periodically emerge to cause global epidemics, known as pandemics, either directly from a mutated animal influenza virus or out of combination of an animal virus with a circulating human influenza virus. Such viruses circumvent normal immune defenses and cause morbidity and mortality at higher rates than seasonal influenza strains; compared to seasonal influenza, a larger proportion of deaths occur in persons aged <65 years.
2. Novel influenza viruses that cause pandemics are transmitted from person to person in the same manner as seasonal influenza: typically, by mucosal inoculation with large respiratory droplets caused by coughing or sneezing or by touching contaminated environmental surfaces and subsequently touching one's mouth, nose or eyes.

3. Ten pandemics have occurred in the past 300 years; there is historical evidence of the success or failure of various strategies to contain or control the spread of influenza. With the exception of a vaccine, antiviral medication, and advanced medical care, many of the strategies used to respond to a modern pandemic are the same as the effective measures of previous generations. For example, though the compulsory restriction of movement in or out of certain regions, known as “cordon sanitaire,” was not effective in any but the world’s most remote island communities, broad community strategies used to reduce dense social contact were effective and the failure to use such strategies was devastating. The key activities to minimize the impact of a pandemic influenza virus are:
 - a. Surveillance for disease activity for situational awareness and timely activation of response strategies
 - b. Accurate communication within and among volunteer and professional responding organizations and with the general public
 - c. Use of social distancing measures to reduce unnecessary close contacts during a pandemic wave
 - d. Distribution and use of all available medical resources and personnel

D. Pandemic Threat Categories Defined by WHO

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

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

IV Planning Assumptions

A. Basis of plan

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

B. Objectives of Pandemic Planning

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

C. Assumptions for State and Local Planning

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

D. Disease transmission assumptions

1. Incubation period averages two (2) days (range 1-10; WHO recommends that, if quarantine is used, it be used up to seven (7) days following exposure).

2. Sick patients may shed virus up to one (1) day before symptom onset, though transmission of disease before symptoms begin is unusual. The peak infectious period is the first two (2) days of illness (children and immunocompromised persons shed more virus and for a longer time).
 3. Each ill person could cause an average of 2-3 secondary cases if no interventions are implemented.
 4. There will be at least two (2) "waves" (local epidemics) of pandemic disease in most communities; they will be more severe if they occur in fall/winter.
 5. Each wave of pandemic disease in a community will last 6-8 weeks.
 6. The entire pandemic period (all waves) will last about two (2) years before the virus becomes a routine seasonal influenza strain.
 7. Disease outbreaks may occur in multiple locations simultaneously, or in isolated pockets.
- E. Clinical assumptions during the entire pandemic period (from federal planning guidance issued in November 2005)
1. All persons are susceptible to the virus.
 2. Clinical disease attack rate of $\geq 30\%$ (range: 40% of school-aged children to 20% of working adults).
 3. 50% of clinically-ill (15% of population) will seek outpatient medical care.
 4. 2%-20% of these will be hospitalized, depending on virulence of the strain.
 5. Overall mortality estimates range from 0.2% to 2% of all clinically ill patients.
 6. During an 8-week wave, ~40% of employees may be absent from work because of fear, illness or to care for a family member (not including absenteeism if schools are closed).
 7. Hospitals will have $\geq 25\%$ more patients than normal needing hospitalization during the local pandemic wave.

F. Estimate of burden of illness in the Northeast Tennessee Region
(derived from national estimates from 2005 HHS planning guidance)

Characteristic	Moderate	Severe
Illness (30%)	100,583	100,583
Outpatient Care	50,292	50,292
Hospitalization	1,006	11,064
ICU Care	151	1,660
Mechanical Ventilation	75	830
Deaths (Case fatality rate)	231	2012

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

1. During the pandemic alert period, a novel influenza virus causes infection among humans who have direct contact with infected animals and, in some cases, through inefficient transmission from person to person. By definition, during the Pandemic Alert Period, cases are sporadic or limited in number with human-to-human spread not yet highly efficient. Limited clusters of disease during this period can be quenched with aggressive steps to stop spread and treat infected individuals.
2. Individual case management, as outlined in Section 7, Supplement 2, will be conducted during the Pandemic Alert Phase. Isolation or quarantine, including the use of court orders when necessary, would be employed to prevent further spread of the virus. Antivirals would be used during this time for post-exposure prophylaxis or aggressive early treatment of cases (supplies permitting), as outlined in Section 6.
3. Efforts to identify and prevent spread of disease from imported human cases and from human cases resulting from contact with infected animals will continue until community transmission has been established in the United States. Community transmission is defined as transmission from person to person in the United States with a loss of clear epidemiologic links among cases. This may occur some time after the WHO declares that a pandemic has begun (WHO Phase 6).

V Concept of Operations

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

1. The lead agency for addressing influenza disease among animals is the Department of Agriculture (described in TEMP ESF 11). TDH will provide support to the Department of Agriculture in the prevention of human infections and in surveillance and management of human disease as it pertains to contact with infected animals.
2. The TDH is the lead agency for responding to human influenza disease caused by a novel influenza virus with pandemic potential, whether imported from an area with ongoing disease transmission or acquired directly from an animal in Tennessee. The State Health Operations Center (SHOC) would be set up, depending upon the scope of and duration of the situation. See Section 7, Supplement 2, for isolation and quarantine guidelines during the Pandemic Alert Period. Guidance for hospital management and investigation of cases during the pandemic alert period is located in Section 4. The Centers for Disease Control and Prevention (CDC) will provide additional support and guidance regarding human infection management during this period.
3. The primary activities during this period are surveillance for imported cases or cases contracted from contact with infected animals. Any detected cases will be aggressively investigated by the TDH and contacts are to be identified, quarantined, and treated, as appropriate. The objective is to stop the spread of the virus into the general community.

B. WHO Phase 6 (Pandemic):

1. The lead agency for the public health response to a pandemic is the TDH. The state response will be conducted in collaboration with federal response agencies; primarily, the Department of Health and Human Services (HHS) and Department of Homeland Security (DHS).
2. The primary activities are surveillance for disease, communication, implementation of general social distancing measures, support of medical care services, appropriate use of available antiviral medications and vaccines, and response workforce support. The TDH is primarily responsible for communication with federal health authorities and creating state-wide pandemic response policies; the implementation of response measures is the responsibility of local communities and local public health authorities. Operational details are outlined the operational sections of the regional health department pandemic plan.

VI Section Summaries

- A. Response polices for the Northeast Tennessee Region are outlined in the operational sections. Additional attachments and appendices may be notification information or other plans of institutions in the Northeast Tennessee Region.

Section 1: Continuity of Operations

This section outlines the management plan for the Northeast Tennessee Region. The section describes the services considered essential during a “state of disaster” and internal public health operations that will cease during critical periods. It additionally focuses on staffing sites (local health offices) that will support the necessary services. Employee safety and promotion of good workplace practices are outlined.

Section 2: Disease Surveillance

This section outlines the regional surveillance systems in existence routinely for monitoring of reportable diseases and describes the expansion of these systems for detection of novel pandemic influenza. These strategies will be the hallmark of disease detection and tracking. Disease tracking of novel influenza monitors the health impact throughout the pandemic phase. This process is coordinated in conjunction with statewide surveillance systems.

Section 3: Laboratory Diagnostics

This section outlines the regional testing protocols for novel influenza specimens during the pre-pandemic period (WHO phases 3-5) as well as the pandemic period. (WHO phase 6). The section identifies the Point of Contact (POC) - (Regional Medical Director, Regional Medical Epidemiologist or designee) for authorizing laboratory testing in accordance with state guidelines.

Section 4: Healthcare Planning

This section outlines the provision of regional healthcare, focusing on hospital surge and hospital planning. The section addresses issues of alternate standards of care, a uniform medial/communications plan and alternate triage/care sites.

Section 5: Vaccine Distribution and Use

This section describes the regional plan for administration of vaccine. The Northeast Tennessee Region will follow state and federal guidelines for vaccine administration to individuals. Administration sites, storage requirements and monitoring issues are outlined.

Section 6: Antiviral Drug Distribution and Use

This section describes the regional policies for use of antiviral drugs to prevent spread of novel influenza outbreaks and treatment decisions for patients during a pandemic. Regional decisions will be in accordance with federal and state guidelines and be based on the allotment of available antiviral drugs.

Section 7: Community Interventions

This section outlines regional policy of case investigation and management. Legal authority for isolation and quarantine in the Northeast Tennessee Region is delegated to health officers in each local county under state guidelines. Policies and procedures for issuance of these will strictly be in accordance with Tennessee Code Annotated. This section outlines social distancing and other community interventions to be implemented in response to a pandemic influenza event locally.

Section 8: Public Health Communications

This section describes the communication methods utilized to disseminate information to public, other healthcare providers, and local, regional and state policy makers. Regional messages will be coordinated as outlined in state communication goals and strategies.

Section 9: Workforce and Social Support

This section outlines the resources and issues relative to the public health workforce (i.e. management of emotional stress; personal, professional and family considerations; and social support to communities). This section also provides direction to local communities to address social needs for response and assistance with affected individuals.

VII Training

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

VIII Acronyms

ACNEP	Appalachian Consortium for Nursing Education and Practice
ARC	American Red Cross
ARES	Amateur Radio Emergency Services
CDC	Centers for Disease Control and Prevention
CEDS	Communicable and Environmental Disease Section
CHAD	Child Health and Development
CISM	Critical Incident Stress Management
DEA	Drug Enforcement Agency
DHS	Department of Homeland Security
DOT	Directly Observed Therapy
EAP	Employee Assistance Program
ECP	Emergency Contraceptive Pill
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
ESF	Emergency Support Function
FDA	Food and Drug Administration
FTDD	First Tennessee Development District
FQHC	Federally Qualified Health Care Centers
HHS	Health and Human Services
HRTS	Hospital Resource Tracking System
HUG	Help Us Grow
IC	Incident Commander
ILI	Influenza Like Illness

ICISF	International Critical Incident Stress Foundation
JIC	Joint Information Center
LEA	Local Education Agency
LEOC	Local Emergency Operations Center
LEMA	Local Emergency Management Agencies
MCH	Maternal and Child Health
MEPHECC	Mountain Empire Public Health Emergency Coordinating Council
NETRHO	Northeast Tennessee Regional Health Office
NOAA	National Oceanic Atmospheric Administration
OHS	Office of Homeland Security
OMS	Outbreak Management System
PFC	Pandemic Flu Coordinator
PHIT	Public Health Investigation Team
PIO	Public Information Officer
POC	Point of Contact
PTBMIS	Patient Tracking Billing Management Information System
QM	Quality Management
RAES	Radio Amateur Emergency Services
RHC	Regional Hospital Coordinator
RHOC	Regional Health Operations Center
RMCC	Regional Medical Coordination Center
SEOC	State Emergency Operations Center
SHOC	State Health Operations Center
SNS	Strategic National Stockpile
SPN	Sentinel Provider Network

TDH	Tennessee Department of Health
TEMA	Tennessee Emergency Management Agency
TEMP	Tennessee Emergency Management Plan
THAN	Tennessee Health Alert Network
THP	Tennessee Highway Patrol
TNTBEP	Tennessee TB Elimination Program
VOAD	Volunteer Organizations Active in Disasters
WHO	World Health Organization
WIC	Women Infants and Children

Section 1:

Continuity of Operations

Section1: Continuity of Operations

I Purpose

- A. To develop an operational plan for maintaining basic services provided by Public Health Departments in the event of a global pandemic event.

II Overview

- B. The Northeast Tennessee Region is comprised of seven rural counties with eight county health department clinic sites and one regional office. The NETRHO functions primarily to provide support to the functions of the local county health departments including: provide specialty clinics, provide systems, accounting, personnel, supplies, and pharmacy. In the event of a global pandemic, the NETRHO would function as the Regional Health Operations Center (RHOC) with only necessary staffing. All other staff would be utilized to augment the staffs of the local health departments and to provide support for necessary services outlined in the Northeast Tennessee Regional Pandemic Influenza Plan.

III Assumptions

- A. Absenteeism could reduce employee attendance by 40%.
- B. Essential services would be maintained during a local wave of a pandemic.
- C. Staff would be utilized based on discipline and areas of greatest need.
- D. Panic and fear in the community may increase telephone calls to local health departments and reports of illness.
- E. Consistent public information messages will be necessary to assist with reducing public hysteria.
- F. Redundant communication systems will be necessary.
- G. Supplies may be depleted quickly and re-supplies might be difficult to obtain.

IV Plan of Action

- A. Maintaining Essential Services:
 - 1. During a pandemic, the TDH would maintain existing public health activities until critical staffing shortages or infection control issues

dictated otherwise. Certain essential services will be maintained, however, even in the event of critical staffing shortages. They include

Primary Care Clinics; Women, Infants and Children (WIC) food vouchers (infant formula); family planning; vital statistics (birth and death certificates/burial permits), and Communicable and Environmental Disease Services (CEDS). Other health department services may have to be suspended. They include home visitation programs Child Health & Development (CHAD), Help Us Grow (HUG), Families First), routine immunization clinics, Quality Management (QM) activities, nutrition education programs, Community Services activities, and Maternal and Child Health (MCH) functions and Dental Services.

- a. Family planning services may be limited in the event of Pandemic Flu. The following services **might not** be provided:
 - 1) Initial family planning appointments (that is, there will be no new family planning clients enrolled during the pandemic)
 - 2) Annual family planning examinations
 - 3) Walk-in (i.e., without a screening telephone interview, see below) reproductive health, medical complaint exams (i.e., vaginal itching)
 - 4) Pregnancy testing (explanation below)
 - 5) Walk-in (i.e., without a scheduled appointment or without a telephone interview – see below) family planning appointments for any reason including re-supply of method
 - 6) There will be no method changes during Pandemic Flu other than changes in brand of oral contraceptives.
 - 7) There will be no IUD insertions during Pandemic Flu.
- b. Title X family planning clients will **not** be given prescriptions for their method. Only those clients with third party payors (i.e., TennCare) can receive prescriptions for their method.
- c. Clients who believe they may be pregnant can call the clinic for basic information about early pregnancy. They could be directed to the health department website if they have internet access. During Pandemic Flu, all persons will be limiting exposure to large groups of people. Pregnant women are at particular risk and should be especially careful about being in public areas. As soon as public health officials announce that risks are decreasing, pregnant women should report to their health care provider or health department clinic.
- d. The following limited family planning services for combined hormonal contraceptives and progestin-only pills will be provided:
 - 1) Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse events, the client will be approved to receive up to a one year supply of

- combined oral contraceptives, contraceptive rings, contraceptive patches or progestin-only pills. The amount of supply to be dispensed is to be determined by the RN, FNP or physician.
- 2) Old dispensing order (i.e., three (3) packs and ten (10); or three (3), four (4) and six (6) etc.) are superseded to assure that the individual has an adequate supply of the method throughout the pandemic.
 - 3) Telephone conversation will include instructions regarding proper storage of the method.
 - 4) The client or a person designated by the client will pick up their supply at the front desk after showing identification and signing a receipt.
 - 5) Blood pressure check will not be required.
 - 6) Written client instructions including storage instructions will be included with the supply.
 - 7) Condoms will be included with the method.
 - 8) Treatment with Emergency Contraceptive Pills (ECP) for two (2) events of unprotected intercourse and a client instruction sheet will be included with the method.
 - 9) In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
 - 10) All of the above and the transaction itself will be noted in the client record.
- e. The following limited family planning services for progestin-only injections will be provided:
- 1) Following a telephone conversation with a registered nurse, nurse practitioner, or physician to screen history for contraindications, side effects, or new adverse event, client will be approved to report to the clinic for a progestin-only injection. Medical staff should minimize the visit and limit the time the client needs to be in the clinic for the injection. Client may be approved to receive a supply of up to one (1) year of injections with injection supplies if the client can give her own injection or has access to someone who can give her the injection. The clinic will **not** teach the client or her designee how to give the injection during this crisis. But, if in the opinion of the nurse, nurse practitioner or physician, the client has access to a safe mode of administration outside the health department, then she can be given the necessary doses and injection materials.
 - 2) Old dispensing orders are superseded to assure that the individual has adequate family planning supplies throughout the pandemic.
 - 3) Telephone conversation will include instructions regarding proper storage of the method if the client will be receiving injections at home.

- 4) The client or a person designated by the client will pick up the supply (assuming self-administration at home has been approved) at the front desk after showing identification and signing a receipt.
 - 5) Blood pressure checks will not be required.
 - 6) Written client instructions including storage instructions will be included with the supply.
 - 7) Condoms will be included with the method.
 - 8) Treatment with ECPs for two (2) events of unprotected intercourse and a client instruction sheet will be included with the method.
 - 9) In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
 - 10) All of the above and the transaction itself will be noted in the client record.
- f. Few clients continue to use the diaphragm as their contraceptive method at this time. Diaphragm users will continue to use their current diaphragm throughout the pandemic. Supplies of contraceptive gel for use with the diaphragm can be dispensed at the front desk after a telephone conversation with the nurse, nurse practitioner or physician.
- 1) The client or a person designated by the client will pick up the contraceptive gel supply at the front desk after showing identification and signing a receipt.
 - 2) Written client instructions including storage instructions will be included with the supply.
 - 3) Condoms will be included with the method.
 - 4) Treatment with ECPs for two (2) events of unprotected intercourse and a client instruction sheet will be included with the method.
 - 5) In the unlikely event of a serious adverse event related to the method, the client will be instructed to report to the nearest emergency room.
 - 6) All of the above and the transaction itself will be noted in the client record.
- g. The following limited family planning services for reproductive health medical complaints in an established family planning client will be provided:
- 1) Clients with a reproductive health complaint such as vaginal itching, profuse discharge, severe pain with intercourse, fever, low abdominal pain, etc. will be interviewed by a nurse, nurse practitioner or physician. If the staff person assesses that the client needs to be seen and if the clinic can accommodate the client and her complaint, then she can be given a time to come to the clinic for assessment and treatment. If not qualified staff person are available to

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

HIV/AIDS/STD Services in Health Department Clinics during Pandemic Influenza

- h. HIV/AIDS - HIV Centers of Excellence clinics services may be limited during the pandemic. Due to increased risk because of compromised immune systems in persons with HIV, the following services might be postponed until the risk has decreased:
 - 1) Routine HIV counseling and testing
 - 2) Annual and semi-annual Ryan White certifications
 - 3) Office visits for routine follow up
 - 4) Routine lab work
 - 5) Non emergency dental care

- i. The following services will be provided at the AIDS Centers of Excellence:
 - 1) After phone consultation with a nurse practitioner or physician, prescription refills will be sent to the Ryan White mail order pharmacy.
 - 2) After phone interview with nurse practitioner or physician, patients who have been assessed and determined to need to be seen in the clinic, will be given a specific appointment time in the clinic to limit the amount of time spent in the clinic.
 - 3) If staff is not available to see the patient and the complaint is serious enough to warrant, the patient will be referred to the nearest emergency room. Since these patients have compromised immune systems and emergency rooms may be filled with seriously ill flu patients, a referral to an emergency room should be carefully considered.

- j. STD services may be limited in the event of Pandemic Flu. The following services **might not** be provided:
 - 1) Group education sessions
 - 2) Disease surveillance including both HIV and STDs
 - 3) Disease investigation, contact tracing and partner notification

- k. The following STD services will be provided or persons who are symptomatic:
 - 1) Following a telephone interview with a registered nurse, nurse practitioner or physician to screen history for previous STDs and symptoms, persons assessed by the staff as needing to be seen will be given a specific appointment

time to limit exposure in the clinic. Treatment will be provided on site. If appropriate, partner delivered therapy will be provided.

- 2) If no qualified staff is available to see the patient and symptoms warrant, the patient may be referred to the nearest emergency room. Emergency room referrals during Pandemic Flu should be carefully evaluated since emergency rooms staff will be dealing with seriously ill flu population.

WIC and Nutrition Services in Health Departments During Pandemic Influenza

- I. According to federal regulations, WIC vouchers can be issued for three (3) months at a time which would address the second 6-8 week period of Pandemic Flu. The health departments will mail these out and using the plan that is already in place to do that in cases of emergency. In a severe pandemic, the health departments would ask for an exception from USDA and, if granted, would issue WIC vouchers less frequently than every three (3) months by mail if needed.

Tennessee TB Elimination Program (TTBEP) Pandemic Influenza Contingency Plan

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

- 3) Provided self-administered LTBI treatment for all PPD+ contacts at high risk for progression to active TB disease (not medium or low-risk patients)
- 4) Provide window therapy by DOT for all PPD-close contacts under the age of five (5) years.

Immunization Program Services Critical Operations

- o. During a pandemic or other protracted public health crisis, certain immunization services must be provided regularly to prevent other serious vaccine-preventable diseases. Children whose immunizations are delayed are at high risk of failing to catch up and complete their immunizations on time. Under-immunized infants are at risk for Hib meningitis, pneumococcal disease and pertussis.
 - p. During a local pandemic wave, childhood immunization clinics should be operated at least one-half to one day each week for routine immunizations priority should be given to vaccinating children < 18 months of age. Routine adult immunization services may be suspended during the local wave, though emergency immunization for adults should not be suspended (i.e., tetanus prophylaxis following a wound). Immunization clinics and waiting areas should be separate from those where ill patients may be present. Only patients and accompanying adults who are not ill should be permitted in the immunization clinic.
 - q. The total pandemic period of 12-18 months will include months without significant local pandemic activity. During these periods, full immunization services should resume.
2. The systems staff will continue to function and will not be utilized for other functions since data and communication systems will be vital. Accounting staff, Procurement Officer, warehouse/storekeeper will be expected to work in different areas as need demands.
- B. Establish Primary Work Sites**
1. During a local wave of a pandemic (if critical staffing shortages occur), the Northeast Tennessee Region would move to an emergency mode of operation. Only the four primary care sites would be fully operational during a pandemic event:
 - a. Carter County Health Department, Elizabethton
 - b. Greene County Health Department, Greeneville
 - c. Hawkins County Health Department, Rogersville
 - d. Washington County Health Department, Johnson City

2. Each of the four sites would be maintained on a five day per week, ten hour per day work schedule to offer essential services and to provide a basic level of primary care. With the expected 40% absenteeism rate, staff will likely exceed 37.5 hours per week and require overtime and/or compensatory time or pay.
3. Additional hours would be added should the demand and staffing permit. Should staff shortages become extreme, staff would be rotated to work staggered shifts and hours of operation would be reduced.

C. Establish Secondary Health Department Sites

1. During a local wave of a pandemic (if critical staffing shortages occur), the four smallest health departments (Johnson, Hancock, Unicoi and Church Hill) would be open one afternoon per week (1:00pm to 6:00pm). The only services offered would be WIC vouchers, WIC formula, vital records, ECPs, and contraceptives (pills/condoms). Telephone coverage for all health departments would be during normal business hours (8:00am – 4:30pm) five days per week (Monday – Friday).
2. The staff from the smaller clinics would be utilized to augment the staff of the four larger, primary care sites, depending upon discipline and the needs of the four sites. Initially the staff would back-fill as follows:

<u>COUNTY</u>	<u>PROVIDE BACK-UP TO</u>
Johnson County Health Dept.	Carter County Health Dept.
Unicoi County Health Dept.	Greene County & Wash. County
Hancock County	Hawkins County -Rogersville
Church Hill Health Dept.	Hawkins County- Rogersville and Greene County Health Dept.

D. Secure and deploy additional supplies

1. In the event of a pandemic situation, the NETRHO staff would immediately begin an assessment of essential clinic supplies needed to maintain operations during the first wave. After base stock levels are determined, supplies would be pulled from NETRHO warehouse, regional pharmacy and smaller health departments to assure adequate supplies at the four primary sites and to determine the most feasible use of existing stockpiles.
2. All existing supplies would be re-inventoried as soon as it was determined that the first wave had occurred. Stocks would be moved into the Regional Warehouse from outlying sites and requests for additional items would be forwarded to the SHOC in Nashville.

E. Identify Additional Staff Resources

1. The Regional Volunteer Coordinator will access the Regional Volunteer Database for retired public health employees that have stated a willingness to return to service in the event of a public health emergency. The volunteer coordinator will also coordinate with the Regional Personnel Officer who maintains a current database of employees retiring within the past ten years. Initial priority will be for medical or nursing personnel that have maintained their professional credentials. Volunteer staff will also be recruited through the Regional Retired Physicians and Nurses Database maintained and updated annually by the Regional Nursing Consultant. The Medical Reserve Corps operating in Tennessee or surrounding states will also be accessed for medical and professional volunteers. Recruited volunteers willing to assist the department will be given *Just in Time* training to prepare them for their assigned role. *Just in Time* training will be organized by the Regional Volunteer Coordinator. Public health volunteers maintained on the Regional Volunteer Database are provided annual training and periodic public health updates. *Just in Time* training will be tailored to meet the needs identified for maintaining Continuity of Care. Work schedules and assignments will be coordinated through the RHOC and local health departments. The IC structure will also determine financial reimbursement for retired public health employees if applicable. The Finance Section Chief or their designee will be responsible for overseeing all financial aspects of volunteer assistance.
2. Secondary staffing needs will be sought through the Regional Volunteer Database, local health councils, faith-based organizations, and other pre-identified groups that have traditionally assisted public health in local or regional activities. Area colleges, universities and training centers will be accessed for assistance from both faculty and student groups. All volunteer staff for the health department will receive *Just in Time* training, including job action sheets, work schedules and assignments, signed confidentiality agreements, etc.

Section 2:

Disease Surveillance

Section 2: Disease Surveillance

I Purpose

- A. The purpose of this section is to describe regional surveillance sources.

II Assumptions

- A. Surveillance activities will be critical before a pandemic to identify the first case(s) in a community so that appropriate control measures may be implemented. Surveillance will also be critical during a pandemic to determine the level of disease activity so that decisions may be made regarding initiating or stopping community-wide intervention such as school closures or cancelling public events.

III Plan

- A. The TDH expanded the existing Sentinel Provider Network (SPN) which serves as the primary mechanism for surveillance of outpatient influenza-like illness (ILI) activity statewide, prior to and during a potential influenza pandemic. As referenced in the TDH Pandemic Influenza Response Plan, this network of volunteer local healthcare providers reports weekly the total number of patient visits and number of patients with ILI. The Providers reports to CDC via the Internet and the data are available in “real time.” SPN members also send specimens from a subset of patients with ILI to the State Laboratory (who also provides the specimen collection kits) for diagnostic testing at no cost. In order to ensure the Northeast Tennessee Region’s SPN includes our providers, (exceeding the required three needed as by defined criterion of at least one active provider per 100,000 population). These Providers will gather regional data on the prevalence of ILI in outpatient facilities in the region. This database, developed by CEDS nursing personnel, will continue to be maintained in that program’s section. A copy of Providers and collected data are also available in the Resource Database Guide located in the NETRHO RHOC.
- B. A Syndromic Surveillance System developed and coordinated by the Regional Epidemiologist is currently in operation in the Northeast Tennessee Region. This system gathers/receives daily data from participating providers and hospital emergency department information systems on specific criteria related to chief complaint of illness. This data is reviewed daily by the regional epidemiologist and compared to historical data. Any data that appears to be out of the normal range is investigated and further reviewed by the Regional Medical Epidemiologist. A copy of the list of data sources, currently all hospital emergency departments, is available and will be maintained in the regional epidemiologist’s office and also in the Resource Database Guide located in the NETRHO RHOC.

- C. Active surveillance continues to be conducted by local public health representatives. Each week, these representatives make a visit to the local hospitals in their respective area to collect data on any reportable diseases occurring that week or any other communicable diseases of concern. This information is reviewed by the Regional CEDS Director and any irregularities are brought to the attention of the Regional Medical Epidemiologist.
- D. Hospital data will be collected at the state level through the Hospital Resource Tracking System (HRTS), but the local Regional Hospital Coordinator (RHC) will be involved in assuring reporting.

Section 3:

Laboratory Diagnostics

Section 3: Laboratory Diagnostics

I Purpose

- A. Describe how the laboratory testing described in the state plan will be operationalized at the regional level.

II Assumptions

- A. Currently, the State Public Health Laboratory is the only laboratory able to test for novel influenza virus. Testing during the pre-pandemic phase will be used to detect new cases of novel influenza in the state. During a pandemic, once a novel strain of influenza is confirmed in a region, diagnosis of pandemic influenza will be mainly clinical/epidemiological.

III Plan

- A. The state laboratory is responsible for communicating safety procedures, testing protocols and other laboratory information to clinical laboratories licensed in Tennessee; they will also copy these communications to all regional health officers and appropriate CEDS physicians. The HHS Pandemic Influenza Preparedness Plan Supplement 1 provides these procedures and protocols for the laboratories and is found in the Laboratory Policy and Procedures Section of the state plan. During the pre-pandemic period, requests for novel influenza infection testing must be discussed with and approved by a CEDS physician at the state level. During a pandemic, testing will be approved at the regional level by the Regional Medical Director or Regional CEDS Medical Director based on standard criteria for testing provided by the state. The Regional CEDS personnel will provide all laboratories with specific written protocol for proper collection and shipment of specimens. The laboratories will be asked to report, on a daily basis, information regarding specimens sent for testing. The patient data and laboratory information will be entered into the regional Outbreak Management System (OMS) by the regional epidemiologist (or back-up) to log and track all specimens and their results. The Regional CEDS Director or Regional CEDS Medical Director will be responsible for communicating laboratory results to providers if swift notification is needed. The Northeast Tennessee Region Private Laboratories database is maintained by the Regional Epidemiologist and a copy is placed in the Resource Database Guide located in the NETRHO RHOC.

Section 4:

Healthcare Planning

Section 4: Healthcare Planning

I Objective

- A. The objective for regional healthcare response planning is to assure effective communications, obtain necessary data from healthcare facilities, and to direct all available and necessary human and material resources to existing inpatient and outpatient healthcare facilities to keep them operating at optimal capacity.
- B. Please refer to the state plan for guidelines in hospital infection control, hospital surge capacity planning, and for hospital scarce resource allocation. Regional plans will be outlined in this document.

II Assumptions

- A. A severe influenza pandemic will likely increase the demand for healthcare services at a time when the healthcare workers may not be available due to illness. This imbalance in demand may overwhelm the system and necessitate alternate strategies to manage the increased demand.
- B. Public Health will facilitate access to home healthcare for ill patients by maintaining a database of available support agencies and home care service providers. The list will be located in the Northeast TN Resource Database Guide in the NETRHO RHOC. Emergency Preparedness staff will maintain, revise and update the database on an annual basis. The list will be used as a referral resource for healthcare providers and the public as needed. Public Health will continue to assist agencies in development of pandemic flu plans and readiness.
- C. Public Health will continue to work with Federally Qualified Health Care Centers (FQHC) as they develop plans to address their individual needs in a pandemic flu situation. Currently, FQHCs will continue to operate and see patients on a regular basis.
- D. Each individual hospital or hospital system has or will have developed a pandemic response plan consistent with the State of Tennessee guidelines. These plans will address medical surge capacity issues as well as infection control measures to triage and isolate infectious patients and to protect staff. Hospitals will participate in all surveillance activities as identified as necessary by the TDH.
- E. The RHC will be responsible for assisting hospitals with obtaining necessary resources including staff, beds, and supplies. The RHC will monitor the HRTS for available resources within the Northeast Tennessee Region and will shift those resources as deemed appropriate and necessary. Regional resources will be utilized and exhausted prior to making requests for additional resources. Regional resources include:

1. State Pharmaceutical Cache stored in the Northeast Tennessee Region, Local hospital caches, volunteer database maintained by Regional Volunteer Coordinator, Memorandum of Agreement amongst local colleges of nursing and area hospitals for use of nursing staff and students administered by Appalachian Consortium for Nursing Education and Practice (ACNEP)
 2. Under the ESF 8 in the TEMP, the RHC will request resources as necessary from the SHOC via the RHOC.
- F. Detailed inventory information will be collected and maintained using the Hospital Resource Tracking System (HRTS). The information includes bed capacities, bed availability, isolation rooms, and routine and surge ventilator stock levels. Hospital assigned HRTS system administrators and users will be responsible for daily input of information. Contact information for each hospital can be found in the Northeast TN Resource Database Guide located at the NETRHO RHOC. Additionally, the RHC has a contact database listing these individuals which is updated on a bi-annual basis. Regional Medical Coordinator Centers are responsible for data submitted via HRTS. RMCCs and RHCs will have access to the information which will be used to assist RHCs in resource allocation.

III Plans

- A. The RHC has formed a Regional Surge Committee in conjunction with the Sullivan County Health Department RHC. A representative from every hospital and/or hospital system in the Northeast and Sullivan County Regions is represented on the committee. The mission of this committee is to develop and maintain a regional plan to address issues surrounding a mass influx of patients in any situation. It is essential that every hospital participate in the planning and implementation of the plan in order for it to be effective. The principles and strategies outlined in the final plan will be implemented in the event of pandemic flu and are outlined below.
- B. The Northeast Regional Surge Plan addresses the basic elements that are critical to responding to a mass influx of patients requiring healthcare in the region and focuses on three primary areas to help reduce the impact.
1. *Alternate Standards of Care:*
 - a. It is possible that a mass casualty event could compromise, at least in the short term, the ability of local or regional health systems to deliver services consistent with established standards of care. Therefore, it is critically important to identify, plan and prepare for making the necessary adjustments to current health care standards to ensure that the care provided in response to a mass casualty event results in as many lives being saved as possible. Because the current standards of care exist in a setting of almost unlimited medical resources, if it becomes necessary to

allocate scarce resources in a different manner during a disaster, it is likely to evoke anxiety and other negative emotions.

- b. “One major finding of the University of Toronto Joint Centre for Bioethics research was that people are more likely to accept such decisions if the decision-making processes are reasonable, open and transparent, inclusive, responsive and accountable and if reciprocal obligation is respected. Although these principles can sometimes be difficult to implement during a crisis, SARS showed there are costs from not having an agreed-upon ethical framework, including loss of trust, low morale, fear and misinformation.”

Recommendations of the Agency for Healthcare Research and Quality state that issues addressed by altered standards of care might include the following:

- a. How to ensure and protect an adequate supply of trained providers and support staff
- b. How to triage patients into groups by the nature of their condition, probability of success of interventions/treatment, and consideration of resources available
- c. How to maintain infection control and a safe care environment
- d. How to use and reuse common supplies and equipment, such as gloves, gowns, and masks
- e. How to allocate scarce clinical resources of a general nature, such as beds, surgery capability, and laboratory and other diagnostic services
- f. How to allocate scarce and highly specialized clinical resources, such as decontamination units, isolation units, ventilators, burn beds, and intensive and critical care units
- g. How to treat specific conditions, including how to make best use of available pharmaceuticals
- h. How to protect health care providers and support staff and their families
- i. How to modify documentation standards to ensure enough information to support care and obtain reimbursement without posing an undue administrative burden
- j. How to manage excessive fatalities

Action Steps Proposed by the Agency for Healthcare Research and Quality include:

- a. “Develop general and event-specific guidance for allocating scarce health and medical resources during a mass casualty event.”
 - 1) This guidance will have to come from the state and federal levels. It will be the responsibility of local planners to educate person responsible for implementing altered standards of care and the public.
- b. “Develop and implement a process to address non-clinical issues related to the delivery of health and medical care during a mass casualty event.”
 - 1) Many questions exist at the local level about the legal framework for altered standards of care. These questions will have to be addressed at the state and federal levels, including authority to impose altered standards of care and liability issues related to them. As these issues are resolved, it will be the responsibility of local planners to update regional, local, and facility plans and educate healthcare workers and the public.
- c. “Develop a comprehensive strategy for risk communication with the public before, during, and after a mass casualty event.”
 - 1) During a mass casualty event, it will be the joint responsibility of regional and local emergency response agencies (including public health) and hospitals to communicate medical information to the public. The Northeast Tennessee Region will work through a JIC to disseminate local public health messages that are consistent with state and federal guidance.
- d. “Identify, analyze, and consider modification of Federal, State, and local laws and regulations that may affect the delivery of health and medical care during a mass casualty event.”
 - 1) Local planners will be responsible for educating healthcare decision-makers and the public about laws pertaining to altered standards of care.
- e. “Develop means for verifying credentials of medical and other health personnel prior to and on-site during a mass casualty event.”
 - 1) Credentialing is being addressed in the Emergency Response Plan of the Northeast Tennessee Regional Health Office.
- f. “Create strategies to ensure health and medical leadership and coordination for the health and medical aspects of system response during a mass casualty event.”
 - 1) This will require education of healthcare decision-makers and providers about altered standards of care and may include creation of a regional ethics committee to review altered standards of care recommendations and be

available to decision-makers for consultation. The composition of the committee would likely include representatives from hospital ethics committees.

- g. "Continue and expand efforts to train providers and others to respond effectively in a mass casualty event."
 - 1) Because altered standards of care are not, by definition, routinely practiced, healthcare providers will require training and practice to be able to respond appropriately during a mass casualty event to save the most lives possible.

Currently, we have assigned an Alternate Standards of Care subcommittee of the Regional Hospital Surge Planning Committee to make recommendations. This section will be revised and expanded as more specific information and guidance becomes available from the state and federal levels. Initial efforts will focus on developing a Regional Ethics Committee and beginning to educate healthcare providers and decision-makers about the potential need to implement altered standards of care during a mass casualty event in order to save as many lives as possible in the face of scarce resources and limited personnel.

2. *Alternate Triage Sites:*

- a. The first priority in a mass casualty event is to ensure adequate staffing and supplies are available for existing facilities. In the event that hospitals in Northeast Tennessee are overwhelmed with a mass influx of patients, alternate triage facilities are to be considered a viable option to relieve the burden on hospital emergency departments as well as private physician offices. Care provided in alternate care facilities will be limited to triage and minimal treatment. Providing triage services to the community would not only relieve the burden on local hospitals and physician offices, but would provide the community with additional options for services.
- b. Each individual hospital is encouraged to plan for an alternate care site to increase their bed capacity within staffing capabilities. The alternate triage sites would be staffed with personnel from each participating facility in this agreement.
- c. The Hospital Incident Command Structure would be utilized as the basic command structure for operations. Mobilization and demobilization would be at the recommendation of the RHCs or designee. The RHCs will be responsible for coordination of facility use, medical team recruitment, and removal of medical waste from clinic sites.
- d. Specifics of the Alternate Triage Site plans are as follows:

- 1) There are ten (10) prior approved alternate triage site locations as listed in the Regional Surge Plan located in the NETRHO RHOC.
- 2) The Northeast Tennessee Region will operate under the assumption that at any given time, there may be up to four (4) operational alternate triage sites based on area of need.
- 3) Eight (8) initial "Go Kits" will be purchased to include necessary supplies to open an alternate facility for the purpose of minor medical treatment and triage. Additional supplies will be requested as needed from hospital, public health caches, and/or alternate triage sites. Purchase of kit supplies, inventory maintenance, and stock rotation will be coordinated by the RHCs. Two (2) kits will be stored each of the designated hospital locations as listed below:
 - (a) Johnson City Medical Center
 - (b) Takoma Adventist Hospital
 - (c) Sycamore Shoals Hospital
 - (d) Holston Valley Medical Center
- 4) Medical teams will meet staffing needs for up to four (4) sites at any given time. The medical team will consist of a total of six (6) members to include:
 - (a) Two (2) Medical providers i.e. MD, PA, NP
 - (b) Two (2) Licensed staff i.e. RN or LPN
 - (c) Two (2) Others i.e. clerical, security
 - (d) Staff will be provided by each participating hospital on a rotational basis. Salary will be paid to the individual staff member by the employing hospital.
- 5) A standard clinic documentation form will be used in all sites. A copy of this form will be given to the patient upon disposition.
- 6) Standard communications will be via cell phone, land lines, and/or handheld portable radios as feasible.

3. *Joint Media/Communication Plan:*

- a. It is crucial that the community be well informed in the event of a disaster. A consistent message from the healthcare community to the public will help to eliminate fear and panic as well as inform the public of necessary health protection measures. To enable healthcare providers to send out a clear and consistent message while at the same time allowing each individual hospital to remain autonomous, the PIOs from each hospital and Public Health Department must work together.
- b. A Healthcare JIC will be opened at the request of any of the participating hospitals at the discretion of the RHC. Each participant hospital will designate a PIO to serve as the hospital's liaison to the JIC. The location of the JIC will be determined based upon the incident location, feasibility, and availability.

- c. The Healthcare JIC will serve as a central location for regional hospital and public health PIOs to meet with the press and provide a clear and consistent healthcare message to the community. A press release announcing the opening and closure of the Healthcare JIC will be widely distributed.
- d. In the event a Healthcare JIC is not physically opened, the JIC concept will be utilized to provide a coordinated effort of informing the public of pertinent healthcare recommendations, guidelines and instructions. The messages and press releases will be coordinated through the RHC and filtered to the public by a designated PIO.
- e. The Healthcare PIC may function independently and/or in coordination with any larger state or regional multidisciplinary JIC as indicated.

IV Communications

- A. The RHC will be responsible for ensuring enhanced surveillance, monitoring resources and maintaining effective communication between public health and hospitals.
- B. The HRTS, once operational, will be used to communicate resource needs and patient data to health departments. RHC's will have access to this information and will be responsible for assuring that hospitals are providing this information in a timely manner. Data collection will include information such as emergency department patient visits, admissions, discharges, bed availability, isolation rooms, and routine and surge ventilator capacity. In the event HRTS is not operational, the Northeast Tennessee Region has created a back-up excel spreadsheet with all pertinent data to be collected as defined by the HRTS system. The RHC will be responsible for collection of data in this manner as necessary.
- C. The Tennessee Health Alert Network (THAN) will be the primary method used to send information to appropriate hospital personnel and community providers. Current efforts are underway to recruit healthcare personnel from hospitals, physician offices and area clinics in the region to be added to THAN. Hospital infection control personnel, administrators, disaster planners, pharmacy, lab and emergency department personnel are being added to the network. For a detailed description of the THAN, please refer to the Communication Plan, page 46. All other necessary methods of communication will be utilized as needed including phone calls, faxes, and e-mail.
- D. Primary and secondary Pandemic Flu Coordinators (PFCs) have been identified in each hospital with all contact information provided to the RHC. A listing of these will be maintained in the Resource Database Guide located in the NETRHO RHOC. The PFCs will be the POC within each facility for which the RHC will communicate necessary messages and will receive pertinent information. Vaccination prioritization lists will be coordinated through the

Regional Vaccine Coordinator/Nurse Consultant. Refer to Vaccination Distribution Section of this plan.

Section 5:

Vaccine Distribution and Use

Section 5: Vaccine Distribution Policies and Procedures

I Purpose

- A. Northeast Tennessee Region will administer vaccine against pandemic influenza and make the best use of scarce resources in light of medical, societal, and ethical considerations in order to minimize disease morbidity and mortality. Vaccine will be administered efficiently and monitored appropriately, in accordance with federal and state guidelines.

II General Assumptions

- A. The regional pandemic plan for vaccination is based upon multiple unknowns. At the present time we do not know the time involved in vaccine production, vaccine efficacy or numbers of doses that will be available. As technology for novel influenza vaccine production develops, regional policies and procedures will be revised to address vaccine availability.
 - 1. Vaccine will be administered to persons in accordance with priority categories issued by the federal government at the time.
 - 2. As pandemic flu vaccine manufacturing begins, Tennessee clinics would not expect to receive their first shipment until at least 4-6 months following the beginning of the pandemic.
 - 3. The state plan stipulates that vaccine during a pandemic event will stay in the country where it is manufactured.
 - 4. During a pandemic, influenza vaccine will only be manufactured against the pandemic strain. Production will be halted on all routine seasonal influenza strains and because of this we will see an increase in illness and death from seasonal influenza.
 - 5. We anticipate that vaccine recipients will receive two (2) doses, administered one (1) month apart for full protection.

III Vaccine Administration Priority Groups in Tennessee:

Refer to State Plan

IV Vaccine Administration Principles:

Refer to State Plan

V State Administration and Distribution Oversight:

Refer to State Plan

VI Local Vaccine Administration:

1. Three vaccine administration sites have been identified in the Northeast Tennessee Region.
 - a. Primary – Northeast Tennessee Regional Health Office
 - b. Secondary – Greene County Health Department
Carter County Health Department
2. Vaccine will be drop shipped to the Northeast Tennessee Regional Health Office from the manufacturer. Outside access to this facility is restricted to ID badge scanning at all entrances and East Tennessee State University (ETSU) campus police patrol the parking lot hourly during the nighttime and weekend hours. If the secondary vaccination sites become operational, vaccine security will be accomplished according to local plans.
 - a. Inventory and vaccine storage will be according to current vaccine storage standards. Please refer to the current CDC Vaccine Storage and Handling Tool Kit maintained by the Regional Vaccine/Immunization Coordinator and the Regional Director of Nursing.
 - b. Cold Chain requirements will be according to vaccine manufacture instructions. Consult with the Regional Pharmacist and Regional Director of Nursing affirm that unless there is a component in the vaccine making it more environmentally sensitive than current influenza vaccine, the cold chain measures currently in place for all vaccine within the Northeast Tennessee Region will be sufficient. The primary vaccine site is secured by a triple lock system with keyed entry. A request for security support will be made to the Chief of Security at ETSU and to the county Emergency Management Director when vaccine is at the primary site. Additionally consideration will be given to secure assistance from local law enforcement, contractual guard service or assign public health staff to be in attendance of vaccine area around the clock.

- c. Data entry will be via Patient Tracking Billing Management Information System (PTBMIS) and a federally-approved vaccine administration database for vaccine tracking.
- d. The Emergency Preparedness Nurse Consultant at the NETRHO will be the region's Pandemic Influenza Vaccination Coordinator. She will be the POC for hospitals and other Tier I health care providers to manage appointments and monitor vaccine inventory. This responsibility differs from that of the RHC whose responsibilities are discussed in Sections 4 and 6.
- e. Re: Tier I: (Health Care Service Providers)
 - a. Local hospitals will identify a staff member to serve as their Pandemic Flu Coordinator (PFC) and as the POC for the TDH. These coordinators will be responsible for providing a prioritized list of persons meeting the criteria for vaccination in each sub-group of Tier I at their facility. The coordinators will also be responsible for communicating to persons on the priority list details of where and when to obtain vaccination upon Regional Health notification.
 - b. Direct patient care providers in outpatient facilities will be contacted by phone or blast fax, utilizing most current physician database by specialty.
 - c. FQHC's/330 sites will be notified via CEO of the Rural Health Services Consortium. Inc.
 - d. Behavioral/mental health providers will be notified via the CEO of Frontier Health.
 - e. Emergency response personnel will be contacted by the Regional EMS Consultant via Med Com.
 - f. Nursing Homes and Correctional Facilities notification and identification of priority recipient list will be provided by predetermined "position of contact." Refer to Northeast Tennessee Resource Database Guide.
- 8. Tier II: (Medically High Risk)
 - a. Individuals meeting the criteria for influenza high risk conditions will be scheduled for vaccine with physician referral.
- 9. Tier III: (Medically At-risk Groups)
 - a. Individuals meeting the medically at-risk criteria will be identified by primary care physicians, scheduled for vaccine and present with written physician referral.

10. Tier IV: (Preservation of Social Function)
 - a. County mayors and the ERC will compile priority list and submit to vaccination site.
11. Tier V: (Medically At-Risk)
 - a. Blast fax and public service announcements will be utilized to notify primary care physicians and citizens of vaccine availability. Individuals will provide date of birth verification at vaccination site.
12. Tier VI: (Preservation of Social Function)
 - a. Upon depart of health notification, county mayors and EMA Directors will notify public works and other essential service providers of vaccine availability.
13. Tier VII: (Preservation of Social Function)
 - a. Same as above.
14. Tier VIII: (Lowest Medical Risk)
 - a. Public service announcements, flyers, posters, etc. will be used to advise public of vaccine availability and process for scheduling appointment or date, time and location of vaccination clinics.
15. Those presenting for vaccination must be verified by name on their facility list as well as provide a picture ID prior to receiving vaccination. In certain instances, verification of medical risk status will need to accompany physician referral.
16. Four public health nurses will be recruited as vaccinators at the NETRHO. It will also be necessary to have an on site Public Health Medical Evaluator (either MD or NP) to answer questions and provide brief medical exams as indicated during the vaccination clinics. Data entry and clerical support will be necessary for maintaining PTBMIS files.
17. If vaccine becomes available for Tiers II-VIII, plans will be made to establish additional clinics and to meet the needs of special populations. An e-mail response from Dr. Kelly Moore June 21, 2006 states – “All you plan should say about the sequence of recipients is that the region will follow state/federal guidance on vaccine administration as it is needed. The federal government will control the vaccine and has stated in its Operational Plan of May 2006 that it will be issuing guidance for who should get it at a much later date once a pandemic is beginning and we understand better which groups are at risk; because vaccine targeted to a pandemic strain is not expected to begin rolling off production lines until 4-6 months after the pandemic

begins, there will be time to make those decisions once it is understood what we are dealing with.”

Section 6:

Antiviral Drug Distribution and Use

Section 6: Antiviral Drug Distribution and Use

I Purpose

- A. To optimize the use of the antiviral medications available in the Northeast Tennessee Region to minimize morbidity and mortality from pandemic influenza.
- B. To prevent hoarding, theft, and misuse of antiviral medications.

II Situations and Assumptions:

- A. Antiviral medications, primarily neuraminidase inhibitors, are expected to be the only specific therapeutic agents available to treat or prevent influenza at the onset of a pandemic. The State of Tennessee will have access to stockpiles of antivirals through federal and/or state stockpiles. During Phase 5 or 6 of a pandemic, the TDH may issue an emergency regulation classifying antiviral medications indicated for treatment of influenza infection (e.g., oseltamivir and zanamivir) as controlled substances. All necessary regulations for controlled substances would be implemented; Drug Enforcement Agency (DEA) numbers would be required on all prescriptions and supplies secured and tracked. Because antiviral supplies available in retail pharmacies are small and widely dispersed, no actions to redistribute medications from retail pharmacists are planned on the state level; however, County Mayors have emergency powers to procure these resources for hospitals if necessary.
- B. During an influenza pandemic, antiviral drugs will be distributed to acute care hospitals for administration to patients ill enough to require hospitalization. With currently available antiviral resources, it is not expected that any antivirals will be prescribed to outpatients in private outpatient facilities or health departments during the pandemic. However, antivirals might be distributed outside of hospitals in limited amounts to control disease during the pre-pandemic period (see Section 7). In this case, CEDS would perform a contact investigation of the case(s) and a determination made, with consultation of the State epidemiologist, regarding the utility of post-exposure prophylaxis for contacts to control spread. Investigation of contacts and distribution of antivirals would follow existing procedures such as those used for controlling tuberculosis.

III Concept of Operations

- A. Plans for storage and distribution of antivirals will follow the SNS plan where applicable.

Storage (see Tennessee Pandemic Influenza Response Plan)

Security

1. Security will be handled as addressed in the SNS plan for the region. This plan is located in the NETRHO RHOC and maintained by the Emergency Preparedness Staff. Once antivirals are distributed to hospitals, security will be a hospital responsibility. The RHC will be monitoring the appropriateness of the security and distribution of antivirals at the hospital level according to state guidelines through communication with hospital pandemic influenza coordinators and data collection (see below).

Distribution

2. Distribution of antiviral medicines will follow State and Federal guidelines. Hospitals will receive their initial allotment based on bed count; subsequent distribution to hospitals will depend on the need and documentation of appropriate use per State/Federal guidelines by the RHC (see Tennessee Pandemic Influenza Response Plan).

Tracking

3. The RHC will track antiviral distribution and use through the hospital surveillance system (either the HRTS) or an alternative database for tracking the hospital use of antivirals from state or federal stockpiles).

Adverse event monitoring

4. Adverse drug events will be reported routinely to the Food and Drug Administration's (FDA) Medwatch. This will be the responsibility of the prescribing physician of the Health Officer or their designee if distributed by health department personnel. Additional monitoring and reporting will be performed as necessary as required by the federal government at the time.

Investigational new drug

5. Additional requirements may be implemented if an antiviral is given as an investigational new drug (written informed consent, additional data collection from patient, possible adverse event monitoring). In this case the region will follow federal guidelines for consent and reporting.

- B. The RHC will be responsible for working with hospitals to assure they receive adequate supplies and to monitor the appropriate use of supplies.

Section 7:

Community Interventions

Section 7: Community Interventions

I Purpose

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

II Situation and assumptions

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

III Plan

- A. Social Distancing
 - 1. Containment Measures (WHO Phases 1-3)
 - a. NETR will continue to conduct ongoing education regarding the importance of hand hygiene, cough etiquette and annual influenza vaccination.
 - b. NETR will review and continue to engage in dialogue with legal authorities regarding the implementation of community control measures, including quarantine laws.
 - c. NETR and the county public health department will coordinate with the TDH, CEDS to educate elected officials, government leaders, school officials, response partners, businesses, media, and the public regarding the consequences pandemic, the use of social distancing strategies, and the associated impact they cause and the process for implementing these measures.
 - 2. Containment Measures (WHO Phases 4-6)
 - a. Local health officers will coordinate with local county officials to initiate and support social distancing measures as deemed necessary and as approved by the Commissioner of Health.
 - b. County health department officials will disseminate information and alerts concerning social distancing measures to community partners under the direction of the regional/state guidance and achieved in accordance with the county emergency management plan.
 - c. NETR will encourage government agencies and the private sector to implement emergency operation plans to maintain critical business functions.
 - d. Under the direction of the Commissioner of Health or his/her designee, the local health officer will make recommendations to local school officials responsible for determining school interventions and when these should be initiated and lifted.
 - e. The NETR will monitor the effectiveness of social distancing measures in controlling the spread of disease and will advise

decision makers when social distancing strategies should be relaxed.

(Refer to county annexes for additional local operational plans).

Social distancing measures are discussed further in Section 7 of the Tennessee Pandemic Influenza Response Plan. Legal authority is outlined in Section 7: Supplement 1 of the Tennessee Pandemic Influenza Response Plan.

B. Regional Case Investigation and Management

1. When a suspect or confirmed case of novel influenza is reported, investigation and management will be under the direction of the Regional Health Officer or Regional Medical Epidemiologist. Investigative procedures will follow as in accordance with normal outbreak investigation. The Public Health Investigative Team (PHIT)/CEDS staff of the Northeast Tennessee Region will respond to and investigate such reports. The PHIT/CEDS staff consists of nurses, public health representatives and epidemiologists, who will work under the guidance of the regional medical director and the regional CEDS medical director. Communication of the findings of these investigations will be reported to the State Epidemiologist or his designee.
2. A thorough contact investigation will be conducted on all suspected and confirmed cases and isolation and quarantine will be implemented at the discretion of the local health officer and/or regional medical director. Once the possible source of infection is identified, (i.e. exposure to sick poultry, airline travel, etc) the NETR will notify other appropriate agencies such as the Department of Agriculture or the Department of Transportation (mass transportation systems).
3. The local health officer or the regional medical director will assess each situation and determine the appropriate measure of containment needed.
4. Isolation and quarantine will be implemented on a voluntary basis to the extent possible.
5. The region will use the OMS to manage data for outbreaks of a novel influenza strain. However, during a pandemic, case management will cease and aggregate case reporting using clinical diagnosis is likely to become the reporting method of choice.
6. Individuals will be asked to voluntarily stay confined to their home or hospital during the period of time deemed necessary by the local health officer. A case manager (local public health representative) will be assigned to the each situation to determine medical, psychosocial, communication and physical needs.

7. The case manager will then work with the social counselor at each local health department site to obtain needs identified by the case manager after patient assessment. These resources are outlined in Section 9 Workforce and Social support and in county annexes.
8. The TDH will use legal means to mandate such measures if it becomes necessary to protect the health of citizens. Refer to the state plan for definitions and explanations of each type of legal measure available. In the event housing needs are identified, the assigned case manager (PHR) will work with the CEDS Director, Regional Medical Epidemiologist and social counselor to determine appropriate facility and insure appropriate education is given regarding infection controls needs during the quarantined period.
9. Additional methods to provide support and services for large numbers of isolated or quarantined individuals will identified in county annexes.
10. During a pandemic, isolation and quarantine will no longer be an effective method of intervention. At that time, the regional medical director will follow the guidance issued in the state plan regarding social distancing and other measures regarding the prevention of spread of disease. The Regional Health Office will issue recommendations through local health departments advising all persons who are ill and their contacts to remain in isolation at home.

C. Business Recommendations

(Refer to State Plan) Notification to local Chambers of Commerce will be made through local health departments and will follow the regional communication plan. A listing of local Chambers of Commerce and points of contact is kept in the Regional Resource Directory located at the NETRHO RHOC . Refer to county annexes for major business listings.

D. Pre-Kindergarten through Twelfth Grade and Child Care

Refer to State Plan. Notification to local schools and daycare center will be made by the local health departments. Refer to county annexes for daycare and school listings and points of contact. Northeast Tennessee Head Start Directory, daycare and school listings are additionally located in the NETRHO CEDS section.

E. Colleges and Universities

Refer to State Plan. Colleges and universities are listed with point of contact in separate county annex. Northeast Tennessee Region has worked with these institutions in the development of campus plans.

F. Special Populations

Non-English Speaking Persons

NETR will continue to work with ETSU to provide language interpreters. A telephone based service is also available for translators. Certain staff members at regional/local health departments will be utilized. Refer to county annexes. It will be the responsibility of the NETRHO to communicate the latest infectious control and pandemic response guidance to these facilities during a pandemic.

H. Mortuary Services (Refer to the State Plan)

1. According to the Dept. of Health Vital Statistics Bureau, the Northeast Tennessee Region had 3,779 deaths in 2003 and 3,594 deaths in 2004 from all causes. As stated in the core pandemic plan based on 2004 population estimates, the Northeast Region could expect to have up to approximately 2,012 deaths from influenza during a severe Pandemic. This number would represent a significant increase and challenge to the healthcare system, funeral homes, and county coroners in this region.
2. Within the region, only four hospitals have morgue capabilities. The Johnson City Medical Center (JCMC) has a capacity of four (4) bodies, Northside Hospital has a capacity of two (2) bodies, and Mountain Home Veterans Affairs Medical Center (VAMC) has a capacity of two (2) bodies. In addition, Sycamore Shoals Hospital in Carter County has a capacity of two (2) bodies. Each hospital has identified additional morgue spaces to be utilized in a Pandemic. This will give each of the hospitals listed a storage capacity of approximately twenty (20).
3. There are forty (40) funeral homes in the Northeast Tennessee Region. The contact information for each funeral home is listed in the Resource Database Guide that will accompany the Pandemic Influenza Plan. The Resource Guide and the Pandemic Influenza Plan are located in the Regional Health Operations Center (RHOC). A survey was sent out in 2006 to assess our regional mortuary capabilities. Twenty-five (25) funeral homes responded, allowing for additional information on each facility to be gathered concerning maximum capacity and cold storage capabilities at their facilities.
4. There are five (5) crematoriums in Northeast Tennessee. At the present time, a funeral home must have a cremation signed by a Medical Examiner. Then it has to be signed by the county health department and a \$25.00 has to be paid unless prior funeral arrangements are made with the local funeral home. Following cremation, a section of the permit is returned to the health department by the crematorium. A local health department registrar must be on call 24/7 to assist in this process.

5. Each county has a Medical Examiner. Many also have a Coroner and/or Death Investigator who can pronounce a person dead in the home, thereby negating the need for transport to a local hospital. During a Pandemic, there may be no need for an autopsy to confirm a death from influenza. However, in the event of a suspicious death, or absence of creditable disease history in the deceased, a consultation with the Medical Examiner may determine the need for an autopsy. The Medical Examiner or County court in each county may need to appoint additional coroners or investigators due to the increased work load as they see fit. Furthermore, if lab testing is needed to confirm the presence of influenza for public health purposes, the Regional Health Office or staff from the Communicable and Environmental Disease Surveillance section will give instructions to investigators on collection of specimens on proper packaging and shipping.
6. If additional resources such as refrigerated trucks or temporary morgue sites are needed, the local health department will work with the LEMA in each county to acquire those supplies. NETRHO will communicate to funeral home directors any special precautions or infection control measures that are recommended for the processing of deceased bodies at the time of a Pandemic.
7. Finally, funerals often create a gathering of more than 100 people. If social distancing measures are implemented during a pandemic wave, funeral homes will need to assist the Department of Health in restricting the number of mourners at visitations and services. Information will be distributed to funeral homes from the NETRHO's RHOC to keep them informed of the status of the pandemic and any measures they may need to implement to decrease the spread of the disease.
8. A listing of funeral homes is maintained in the Resource Database Guide located in the NETRHO RHOC.

Section 8:

Public Health Communications

Section 8: Communication Plan

I. Introduction:

- A. Effective communication guides the public, the news media, healthcare providers, and other groups in responding appropriately to outbreak situations and complying with public health measures. Strategic communication activities based on scientifically derived risk communication principles are an integral part of a comprehensive public health response before, during, and after an influenza pandemic. Regional and local health departments will experience an influx of request for information. How this information is disseminated will have an effect on the overall outcome of the pandemic response plan. In order to adequately communicate within each county and the region each county Emergency Operations Plan (EOP) will be consulted and followed.

II. Purposes:

- A. This plan provides a framework for communication and describes the means, organization, and the process by which the NETRHO will provide timely, accurate, and useful information and instruction to area residents throughout a pandemic influenza emergency through direct communication with the public, media, and healthcare providers. In order to reduce public fear, information should be delivered accurately, efficiently, consistently and in a timely manner. An effective communication plan will reduce the burden of general public inquiries on the NETRHO and county health departments in order to allow them to focus on outbreak management.

III. Situation and Assumptions:

- A. Communication will be essential before, during, and after a pandemic influenza. This essential need will expand in proportion to the extent of the emergency. Current communications systems are adequate for smaller emergencies, however once in full pandemic phase, the current communications system may be overwhelmed and become inoperable.
- B. Prior to a Pandemic, designated Emergency Preparedness staff or the Regional Public Information Officer (PIO) will meet with each contact agency to discuss their distribution process. Once that process is determined, it will be utilized. As the pandemic becomes imminent the demand for information from all agencies will become great and the communications process will be utilized. Communicating with agencies that are unfamiliar with each other will be difficult, as is timely and accurate communication with the public. Regularly updated information will be readily available in a variety of formats

to meet these informational needs. As routine methods of handling public information become overwhelmed due to the increasing threat of a pandemic, alternate communications will be utilized as available. In order to comply with this extra demand for information, TDH will collaborate with other trusted sources such as the CDC, University of Tennessee Agriculture and Extension Service, community pharmacists, and other appropriate sources to assure that accurate and consistent information is readily available. Media messages (fact sheets, news releases, etc.) related to general infectious disease prevention and specific critical agents will be prepared in advance and distributed to targeted media outlets and community groups prior to an actual event. Briefings by a designated spokesperson will need to be scheduled to assure that subject matter experts and response leadership are able to manage the response to the pandemic and to assure the uniformity and accuracy of the information provided.

IV. Contact Information:

A. The NETRHO will utilize the procedures outlined in each local EOP related to contacting local agencies and therefore has determined in advance the agencies, media outlets, general public, and others they will need to communicate with during a pandemic influenza outbreak. The list of those contacts will be maintained and housed in a notebook in the RHOC. In addition, an up-to-date list of both media contacts and public information contacts on staff will be maintained and updated at least quarterly. This information will be housed in the RHOC in a binder labeled emergency contacts. The list will be shared with others as needed. An outlined pathway of communications will be used at the discretion of the incident commander in the RHOC. Multiple pathways will be utilized to contact each group (Hospitals, physicians, nursing homes etc.) in a timely manner. Each identified agency will be contacted through fax, phone, or email and asked to disseminate a unified message to their staff and public as needed. Different communication strategies will be implemented to meet the needs of those requesting information. Some of these strategies have been identified and addressed as follows:

1. Private Citizens
 - a. During a pandemic, the TDH would maintain existing public health activities until critical staffing shortages or infection control issues dictated otherwise. Certain essential services will be maintained. The Continuity of Operations section within the Pandemic Flu planning guidance outlines which programs and services will be maintained or terminated and the locations that will carry those services if they are maintained. Information concerning these services as well as information related to the pandemic will be distributed to each media outlet through press release emails, faxes, and/or daily public press conferences as needed. In addition flyers will be placed on local health departments that will display the services offered at the health department as well as other important public information.

- b. Private citizens telephoning health departments will hear a recorded message giving instructions on how information can be obtained. All messages from these offices will be scripted the same. The message will include information on dialing a state-wide, toll free, hotline number operated by the TDH in Nashville. Recorded information will provide by the Regional PIO that answers to basic questions. Calls requiring further attention will be distributed among qualified personnel for response. Furthermore, the RHOC will keep 911 operators, hospital emergency departments, Wellmont Nurse Connection (1877-230-6877 or 423-723-6877), Ask-A-Nurse (1800-888-5551 or 423-431-5551), and others updated by the Regional PIO with the current information that each can then disseminate to the public.
 - c. Other sources of information for the general public will be provided by the media as distributed through press releases and daily press conferences. Announcements from the National Oceanic Atmospheric Administration (NOAA) Weather Radio will be distributed through continuous broadcasts of important messages as they are received. Information will be sent to the above agencies by the Regional PIO with appropriate instructions as approved by the Incident Commander (IC).
 - d. Members of the public who call their private physicians will receive the same scripted message given to the media, hospitals, and local health departments. Information sheets and press releases will be sent by fax, email, and/or phone to local physicians by an appointed person as approved by the IC. In addition, the physicians will receive instructions on information dissemination.
 - e. Prior to an actual event, meetings will be held with each media agency to determine their best means of communication and pre-establishing emergency communications guidelines. Local television providers (Charter, Comcast, Fox, WJHL (CBS), WKPT (ABC) and WCYB (NBC)) will each receive a scripted message that has been developed and distributed from the RHOC by the PIO. Per their distribution plan, they will add this public message as a streamer on the bottom of the television/ cable programs. This will be a useful tool for providing general information to the public before, during and after a pandemic. Information sheets and press releases will be sent to the local and cable companies by a designated individual as approved by the Incident Commander.
2. Members of the Media:
- a. Media contacts will be managed by the Northeast Tennessee Region's PIO. The PIO will work in concert with PIOs from hospitals, cities, counties, and other entities to form a Joint Information Center (JIC). The JIC will schedule regular briefings on a daily basis. The objective will be to provide timely, accurate, current information and to limit the media time required of subject

influenza website (*under-development*) will have two types of electronic updates. One intended for non-medical persons and one for the distribution of clinical information to health care providers.

7. Community leaders requiring information to direct community response activities:
 - a. Information of this type should be passed down from the RHOC to the LEOCs.
8. Volunteers needing information on how to help:
 - a. The Northeast Tennessee Region has a database of volunteers that have been trained and are ready to assist with any public health emergency. Furthermore, the state has developed a website that will be used to contact them if needed. THAN uses a software program called Volunteer Mobilizer. The Volunteer Coordinator will enter volunteer information into this system as it is available and use this system to notify volunteers if they are activated through a directive of the incident commander in the RHOC. There is also a data base of their names, phone numbers, e-mail addresses, and home addresses that can be used if necessary. Once activated the volunteers will be distributed duties based on the nature and scope of the event in which they will service. The Medical Reserve Corp is another option for medically licensed personnel. Other means of calling up these volunteers will be the use of Cable TV, community service channels, or streaming media at the bottom of TV programs.
9. Public health and other government agencies involved in response that need to share information with each other:
 - a. This type of information should be disseminated through the NETRHO from the PIO as it is approved by the IC in the RHOC.
10. Hospitals and other Primary Care sites needing information:
 - a. Select hospital personnel have been enrolled in THAN. General information will be made available to them through this website. Hospitals should also have a PIO located in the JIC, in order to relay pertinent information back to their facility. The Northeast Tennessee Regional Liaison Officer will also be available to answer questions from local hospitals and primary care sites. The Liaison Officer's phone number will be made available.

V After-Action Review

- A. Key public health staff involved in a pandemic influenza outbreak should plan for an after-action review of emergency communication, including media relations, dissemination of information to the public, rumor control, and

communication among emergency response personnel (both within the public health agency and with other agencies). Any problematic areas will be addressed and the communication plan revised appropriately. Useful evaluation documents might include press coverage summaries and/or clips, a summary of public reaction and concerns (based on telephone inquiries to the public health agencies, etc.) and a final chronology of events.

Section 9:

Workforce and Social Support

I Purpose

- A. During a pandemic, the TDH will be called upon to assist in facilitating access to support services for the public health workforce and health department clients. Planning must also include supportive assistance to identify healthcare partners, community partners and the general public. Both the regional and local health departments will work to minimize the emotional, physical, social, and financial stresses on individuals that are encountered during a pandemic event. Effective communication to the general public and the public health workforce on accessing social support services in their community is a key responsibility of the regional health office. Access and information for workforce and community support will be coordinated by the Social Counselors in each local county. The public health workforce will also receive mental health preparedness training based on the state mental health preparedness plan (presently being implemented).

II Assumptions

- A. Basic assumptions concerning absenteeism and illness management are the same for the public health workforce as the general public. Absenteeism could reduce employee attendance an estimated 40%. Plans must be established to utilize the current workforce to meet critical demands of managing a pandemic flu situation. Healthcare professionals have an ethical duty to provide care. They must weigh this duty against competing personal obligations and risks. Employees may be absent from work due to fear, illness, to care for an ill family member, or children that may not be in school due to closure. There may also be increased demands on employees that will greatly affect psycho-social needs. Staff will also experience increased demands on their physical and psychological stamina. Employees will be faced with increased work demands as well as altered work duties and schedules.

III Preparedness Tasks/ Support Agencies

- A. There are a broad range of services that can be accessed during the pandemic phase to assist the public and the workforce. Many of these services are web-based and provide updated lists of available services and resources.
- B. Regionally, we recognize that there may exist numerous agencies in each county, however there are regional and state agencies that may be able to assist concerning workforce issues. These agencies include but are not limited to:
 - 1. TennHelp- Accessed on the web at <http://www.tennhelp.com/>. A state run site that allows Tennesseans the ability to search for services from food assistance to mental health counseling across Tennessee.

2. Employee Assistance Program (EAP) - Accessed on the web at <http://www.eap-sap.com/>. A worksite and national program that furnishes professional counselors who provide confidential assessment and short-term counseling to employees and their families in order to assist in dealing with these, and related, matters. The range of services provided by EAP professionals today has broadened to include marriage and family problems, stress related problems, financial and legal difficulties, and psychological and workplace conflict. Classroom presentations are available for staff as well as individual counseling services through local mental health professionals.
3. The Department of Labor and Workforce Development - Accessed on the web at <http://www.state.tn.us/labor-wfd/lsgues.html>. The address for the local office is 2515 Wesley Street, Johnson City, TN 37601. The local phone number is 423-610-0222. Across the state, these agencies allow employers to find the workers they need while job seekers can obtain assistance and career information. Each center offers computerized labor market information, internet access, workshops, and an online talent bank, in addition to job placement, recruitment, and training referrals.

IV General Information

- A. Each employee's job plan includes a statement concerning work expectations during a disaster response. The employee will always respond to & report immediately if called by local, regional, or central office supervisors as part of a coordinated emergency response by the health department. The magnitude of a pandemic may, however, affect the employee's ability to respond. Plans for altered work schedules, working from home, increased access to psycho-social support, and utilization of volunteers will assist in meeting the demands of the event. It is also extremely important that employees are supported in receiving adequate rest, regularly scheduled breaks, clear communication concerning work expectations, and psycho-social support services. It is also imperative that healthcare workers be trained to identify signs and symptoms of psychological stress in co-workers and health department clients. It is important to note that during a critical incident, staff involved in the incident, will not conduct the stress management intervention. This can come from another trained peer that was not directly involved in the incident. During a pandemic, work hours will likely be altered to accommodate the workload. Please refer to the *Continuity of Operations* section for additional information. Employees will be supplied with a listing of available mental health resources and services in the area. Staff will be briefed on current aspects of the pandemic as it relates to personal

health and well-being. Staff will also be kept informed (as needed) on the department's overall goals for the incident. Informed staff may be better prepared to deal with stressors at work. Critical Incident Stress Management is a toolbox of interventions aimed at identifying stress responses to an abnormal situation. CISM team members will assist with identifying additional interventions to decrease stress levels of staff. Within the ICS structure, the Safety Officer and/or designated safety officers in each county will be selected to monitor and oversee the physical and mental health needs of public health staff. Individuals who are identified as needing further assistance will receive appropriate referrals by the local Safety Officer.

- B. The strategies of Critical Incident Stress Management (CISM) will be utilized when needed to address psychological support. The International Critical Incident Stress Foundation, Inc. (ICISF) is a non-profit, open membership foundation dedicated to the prevention and mitigation of disabling stress through the provision of: education, training and support services for all emergency services professions; continuing education and training in Emergency Mental Health Services for psychologists, psychiatrists, social workers and licensed professional counselors; and consultation in the establishment of Crisis and Disaster Response Programs for varied organizations and communities worldwide. Access on the web is www.icisf.org. The Upper East Tennessee Stress Management Team is a registered ICISF team headed by the Tennessee Emergency Services Chaplains Association out of the Knoxville area. The decision to request CISM services for staff will be made through the IC structure, primarily through the Safety Officer or Planning Section Chief. Contact information is included in the Regional Resource Directory located at the NETRHO RHOC. The Northeast Area American Red Cross has also agreed to support our workforce with available resources. The Chapter maintains an active list of mental health providers that will assist in providing psychosocial services for community and our public health staff. We will also be utilizing the mental health plan developed by the state for employee and community intervention. The training program is an adaptation of "Community-Based Psychological Support" from the International Red Cross and Red Crescent Societies. Emergency preparedness staff are scheduled to receive initial training (this spring) and will expand to include all staff in the department. It is important to note training will be provided to additional staff concerning psychosocial issues relating to disaster prior to the pandemic. Social counselors at the local health department will maintain current listings of mental health services and resources. A listing is also maintained in the Regional Resource Directory located at the NETRHO RHOC and updated annually or as needed.
- C. Partnering and networking with the ARC will be crucial to meet the demanding needs experienced with a pandemic. In the Northeast Tennessee Region, the following chapters will support public health efforts:

1. Northeast Area Chapter of the American Red Cross
www.kingsportredcross.org
(Carter, Hawkins, Hancock, Johnson, Unicoi, Washington and Sullivan)
 2. Greene County Red Cross
 3. The Northeast Chapter is the lead agency in our region that will provide the majority of coordinated effort. (SEE ABOVE)
- D. Another important resource for community intervention is the Parish Nurse program that is extremely active in many local churches. Area churches will play a pivotal role in providing community services and support. Churches can be especially supportive with isolation and quarantine issues by helping to meet spiritual, physical, financial, and social needs. Parish Nurse programs are coordinated through both the Mountain States Health Alliance and Wellmont Hospital Systems. Contact information for parish nurses is maintained at the NETRHO by emergency preparedness staff. Emergency preparedness staff have met with members of the Parish Nurse Program as well as local faith-based organizations concerning support during the pandemic.
- E. Many funeral homes in the area will serve to provide grief counseling and community support. Names and contact information for mortuaries and funeral homes are available in the Resource Database Guide located at the NETRHO RHOC. A representative of this groups services on the PPCC.
- F. State, local and regional mental health facilities will also be utilized as a major resource for the community. Frontier Mental Health is the key agency responsible for this service in the Northeast TN Region. Emergency preparedness staff have met with leadership in the organization concerning mental health issues during disasters. The agency has pledged support in assisting the TDH in our disaster and mental health needs. Representatives from Frontier Mental Health also serve on local regional health councils and update members annually as to services and resources. Names and contact information for mental health services are available in the Resource Database Guide located at the NETRHO RHOC.
- G. The NETRHO will provide current listings and referrals for support agencies to the general public. This will include local, state, and governmental services. The Social Counselor in each local county health department will be the POC for maintaining a listing of social and support services and agencies and the referral mechanism for staff, family and clients in their area. The Children's Special Services Regional Social Counselor will be the contact for regional office employees. A current resource file is kept by the Social Counselor in each county health department of all current community social

services. The Regional Social Counselor Supervisor maintains a Regional/County Resource File at the NETRHO. A second copy is maintained in the RHOC. Resource files are always updated annually and earlier when changes arise. During a pandemic, the Social Counselor or back-up will contact community services directly for availability of current services.

- H. Risk communication will ensure that the healthcare community and general public receive the most current information concerning pandemic issues. Messages will include up to date fact sheets and lists of available services. The NETRHO will be instrumental in guiding the community to reliable resources. If necessary, information concerning community resources may be distributed through the PIO to the media. Social Counselors at the local and regional level will coordinate current resource listings and referrals for services. A Safety Officer will be assigned at each public health location to assist in identifying and monitoring health and safety issues for public health staff.

V. Major Multi-Disciplinary Organizations:

- A. Working with major multi-disciplinary organizations will be vital to the success of public health's efforts to provide workforce and social support. Many of those key agencies are listed above. Following are key agencies that will be partners in our planned efforts:
 - 1. American Red Cross www.americanredcross.org (SEE Above)
 - 2. TEMA www.tnema.org
 - 3. Tennessee Department of Human Services
www.state.tn.us/humanservices.org
 - 4. Tennessee Department of Homeland Security
www.dhs.gov
 - 5. Salvation Army www.salvationarmysouth.org
 - 6. East Tennessee State University www.etsu.edu (Assist with housing, student services, funding, etc.)
 - 7. United Way www.nationalunitedway.org (Assist with funding)
- B. VOAD will be fully utilized during the pandemic. The majority of these agencies have already been mentioned. Approximately 90% of these groups are church affiliated. The Northeast Minority Health Coalition will be very active in coordinating efforts in the faith community. This group also includes the Civil Air Patrol and Ham Radio Operators. We currently have a listing of local Amateur Radio Emergency Services (ARES) groups within the region. The Radio Amateur Emergency Services (RAES) will also be utilized primarily through LEMAs. Catholic Charities is also an active member of VOAD that has agreed to provide outreach and counseling services in our region. The Upper East Tennessee VOAD will provide available resources and services in the event of a pandemic. Assistance will be provided through participating agencies from other state and national VOAD

organizations if services and resources are available. A complete listing of members, services and contact information is maintained by the regional VOA coordinator. Although not currently a member, the Northeast Minority Health Coalition will also be very active in coordinating efforts in the faith community in the Northeast Tennessee Region.

The following areas are addressed in the Tennessee Pandemic Influenza Response Plan:

VI Food & Medication

- A. The Northeast Chapter of the ARC will provide meals and refreshment to public health employees if requested. Local "Meals on Wheels" programs will be utilized. Local, regional and national chain pharmacies will provide guidance for medication needs. Local organizations and resources are listed in local county annexes and maintained in the Resource File Directory maintained by the Social Counselors. Refer to the Community Intervention Section for specific details.

VII Child Care Resource & Referral Centers

- A. The Department of Health and Human Services is the lead agency in our region for listing and monitoring childcare providers. During a pandemic, many childcare providers may close due to illness or employee absenteeism. Closings may also be mandated by the governor or designated official. Refer to the Community Intervention Section for additional information.

VIII Employment and School

- A. Social distancing, isolation, and quarantine are factors that will greatly influence the workforce and educational community. Local schools and businesses are currently developing plans that will address this critical issue. Policies and procedures will be created to ease the strain that social distancing and illness management during a pandemic brings. Refer to Section 7, Community Intervention.

IV. Psychosocial Support for Public Health Staff during Pandemic

Pre-Pandemic

- A. Emergency preparedness staff will attend Mental Health Preparedness Training in Spring of 2007. Staff will be trained to describe the health consequences of a public health disaster on the workforce and to also recognize signs and symptoms of psychological stress in co-workers and health department staff.
- B. Emergency Preparedness staff will develop a plan to provide mental health preparedness training to public health staff after the state's initial training in March 2007. Specifics will be included as to time lines and scheduling to insure all staff will receive the training. Training will be based on the state mental health preparedness plan. Staff will be instructed on how to recognize the normal and problematic stress responses related to disasters (pan flu) and potential assistance resources.
- C. Social Counselors with the Children's Special Services program will maintain resource files of identified services to be utilized for staff during a pandemic. A file will also be maintained in the RHOC. Entries will be updated annually or before if needed.

Pandemic Phase:

- A. The Safety Officer for the region will designate a safety officer in each
 - a. operating health department facility to monitor and coordinate psychosocial and physical needs identified by the pandemic for public health staff and their family members. Trained personnel will be available in each health office to recognize increasing signs of stress among staff and co-workers and to determine a plan of action for crisis intervention and stress management services when needed. Utilization of these services is strictly voluntary.
- B. The Regional Social Counselor will coordinate with the local Social Counselors to serve as the Point of Contact for each county in securing resources to support the public health workforce social needs during the pandemic. Pre-identified resources and services will be re-evaluated in light of the pandemic. The Social Counselor will provide an updated and revised listing of available resources. An Excel database of social counselors is included in the Regional Resource File.
- C. Public health staff will be provided information concerning available services and resources. Staff will be briefed and/or given stress management information in dealing with a public health disaster (pandemic). Staff will be provided with a listing of counseling and support services that can be utilized by staff. Information will be

provided to working staff, their families, staff that are unable to work due to the pandemic, and any volunteer staff that may assist the department in the delivery of public health services.

- D. If indicated, depending on the severity of the pandemic and impact on the public health workforce and community, CISM services will be utilized to assist staff in dealing with stress management. Expanded stress management and mental health services can be provided through an agreement with the Northeast Chapter of the American Red Cross and/or the Tennessee Emergency Services Chaplains Association, Critical Incident Stress Management Team. Both organizations are members of the Upper East Tennessee VOAD Chapter that also have other disaster services that can serve the public health workforce. Referrals may be made by trained CISM members or mental health providers for individuals that “red flagged” for more serious or extended stress reactions.
- E. If necessary, work schedules will be altered to meet the needs of the workforce and the increased demands on the workforce generated by the pandemic. This may involve extended hours. All employees will be provided adequate rest and meal breaks. Employees that are involved with direct response in the field or have more critical roles that may involve a higher stress level and work requirements will be provided additional support services designed to meet the needs identified by the workload and the demands of the pandemic.
- F. Food, nourishment and periods of rest and relaxation (stress breaks) will be provided to staff that are involved in ongoing operations that require meals and that other basic needs be provided. The region has an agreement with the Northeast Chapter of the American Red Cross to provide meals to public health staff. The Red Cross currently partners with Upper East Tennessee Southern Baptist Disaster Relief to provide those meals.
- G. A Safety lead will be assigned at each health department facility to monitor safety precautions concerning infectious diseases and other potentially hazardous working conditions generated by the pandemic.
- H. Social counselors may also assist with staff’s personal and family needs as well as health department clients and community partners. Policies on personnel health and safety issues will be revised as needed.

Post Pandemic

- A. Social counselors will continue to assess psychological and social needs of
 - a. staff, their families, health department clients, and community partners.

- B. Current listings or services will continue to be maintained and updated by the social counselor in each local health department.
- C. Post-emergency psychosocial support services for staff and family will still be made available as long as necessary.

Regional Mental Health, Spiritual and Physical Support Resources:

Organization	Services willing & able to provide:	Contact information
Northeast Area Chapter of the American Red Cross	Food and refreshments for staff, crisis mental health counselors & services. Family assistance & other traditional ARC services.	Glenda Bobalik www.kingsportredcross.org 423-378-8700 ext. 333
TESCA CISM Team	Critical Incident Stress Management Services, debriefings	Washington County 911 Ctr David Woody, 423-791-2857 woody@cherokeechurch.com
Parish Nurse Program	Assist local churches with nurses that can provide nursing & psychosocial services for members.	Lula Gray Mountain States Health Alliance 423-431-7620 Wellmont (Holston Valley) 423-224-3590 Gary Metcalf, Director of Parish Nurses Gary_S_Metcalf@wellmont.org 423-224-5917 Rosilee Sites, Coordinator Rosilee_c_sites@wellmont.org
Employee Assistance Program (for state employees & families)	Counseling & educational services for staff & family. Network of local & regional counselors and therapists. Free service up to 6 visits per member.	1-800-308-4934 www.eap-sap.com
Upper East TN VOAD (Volunteers Organizations Active in Disaster)	Disaster Response Services (see Resource Directory for National Member List)	Jim Ramey Jimlramey@wmconnect.com 423-348-6970
Upper East TN Associational Disaster Relief	Feeding unit (provides area Red Cross meals)can provide 20,000 meals per day	Jim Ramey Disaster Relief Coordinator 423-348-6970 423-360-3451

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Catholic Charities	Emergency assistance (family support with food, utilities, medication, baby items, dentures, glasses, etc.)Hispanic Outreach, Counseling Services	Jean Daniels, PhD 423-753-5260
Second Harvest Foodbank	Food, commodities warehouse, refrigerated trucks, etc.	Rhonda Chaffin 423-477-4053 Netfoodbank.org
TennHelp	State website that provides current listing of available services and organizations broken down by county or zip code	www.tennhelp.com
East TN State University	Community Counseling Clinic (free)	423-439-7679 ccc@etsu.edu
CDC Website	Disaster Resource Listings, Fact Sheets, Coping with Disaster Etc.	www.bt.cdc.gov/mentalhealth

Frontier Health	Mental Health Counseling	423-467-3600
Indian Path Pavilion	Mental Health Resources	800-366-1132
Woodridge Hospital	In-Patient Services	800-346-8899

COUNTY ANNEXES

CARTER COUNTY ANNEX

Lead Agency: Carter County Health Department

Caroline Hurt, Director
(423) 543-2521

Support Agencies:

Support Agency	Phone
1. EMA a. Director -- Ernest Jackson b. Judy Carver	423-542-1879 423-542-1888
2. TEMA a. Bill Worth	1-800-533-7343 865- 981-5287
3. State Homeland Security District a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Chief Roger Deal (city) b. Sheriff Chris Mathes (county) c. General Sessions Judge John W. Walton	423-542-4141 423-542-1845 423-542-1858
5. Primary EMS Provider a. Terry Arnold	423-543-5445
6. County/City Mayors office a. Johnny Holder – County Mayor b. Janie McKinney – City Mayor	423-542-1801 423-542-1507
7. Hospitals * a. Sycamore Shoals Hospital – Dwayne Taylor, CEO * The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually.	423-542-1300
8. Rescue Squad a. Terry Arnold b. David Nichols	423-543-5445 423-543-5445
9. Fire Department a. Mike Shouse (Elizabethton City) b. David Nichols (Carter County Fire Association)	423-542-5421 423-543-5445

Support Agency	Phone
10. Board of Education a. Dallas Williams, Director of Schools (County) b. David Roper, Director of Schools (City)	423-547-4000 423-547-8000
11.Red Cross a. Mitzi Hobbs	423-542-2482
12. Media a. Abby Morris (Elizabethton Star) b. Dave Miller (WBEJ Radio) c. John Thompson (JC Press-Elizabethton Bureau)	423-542-2004 423-542-2184 423-543-2841
13. State Dept of Human Services Region Local Office a. Jack Hensley, Area Manager	423-543-3189
14. Chamber of Commerce a. Larry Gobbel	423-547-3850

Operational Sections: Carter County

Section 1: Continuity of Operations

(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan for Syndromic Surveillance procedures.)

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals	Capacity	Phone
Sycamore Shoals Hospital * See Regional Plan for Pandemic Flu Coordinator attachment	121 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-542-1300

Long-term Care facility- Nursing Homes	Capacity	Phone
Life Care Center of Elizabethton	158	423-542-4133
Hermitage Health Center	70	423-543-2571

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Hillview Health Center	56	423-542-5061
Ivy Hall Nursing Home	100	423-547-3840
PineRidge Care and Rehab Center	94	423-543-3202
Roan Highlands Nursing Center	80	423-772-0161
Assisted Care Facility		
N/A		

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
Medical Care LLC (Dr. Hopland)	250	423-543-2584
Dr. Reeves	30	423-542-5505
Roan Mountain Clinic* *- Federal 330 Site	65-70	423-772-3276
Hampton Family Health Clinic	20-25	423-725-5290

Primary Care Offices**	Capacity (Avg. Daily Visits)	Phone
First Medical Group	100-120	423-543-1261
Sycamore Shoals Primary Care	40-50	423-543-5600
Dr. Davenport	25-35	423-542-4189
Dr. Robert Grindstaff	20	423-542-2163
** Database of acute care physicians is maintained and updated annually by Emergency Preparedness Nursing Consultant at the Northeast Tennessee Regional Health Office		
Family Practice	Capacity (Avg. Daily Visits)	Phone
N/A		

Pediatrician	Capacity (Avg. Daily Visits)	Phone
Riverside Pediatrics	20-25	423-547-9500
Dr. Gallagher	15-20	423-543-2584
Dr. Davenport	10	423-542-4189

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
Housecall Home Health	40-50/day; Average caseload is 130 patients	423-543-7404

Mental Health Agency	Capacity (Inpatient)	Phone
Charlotte Taylor Center	N/A	423-547-5950
	(Outpatient Daily Visits)	
	25-30/day; Patient census is 150	

Other/Shelters/Homeless		
N/A		
Correctional facilities	Capacity	Phone
Northeast Correctional Complex – Warden Howard Carlton	180 (Carter County Work Camp Annex only)	423-727-7387

Section 5. Vaccine

Sites will operate per regional guidance. The Carter County Health Department is one of two secondary sites to administer vaccine in the Northeast Tennessee Region. If activated, the Carter County Health Department via the County Health Director will interface with the County Emergency Management Director and the City Police Chief to provide security and orderly access/egress to and from the county health department as a secondary site for providing vaccination to Tier I individuals. Site security will be coordinated through the EMA and local law enforcement.

If the Carter County Health Department is activated as a secondary site, vaccine will be delivered from the NETRHO on an as needed and as available basis. Prioritized lists and vaccination appointments for the secondary sites will be coordinated by the Regional Emergency Preparedness Nurse Consultant in conjunction with the local health POC. Persons presenting for vaccination must be verified by name on their facility list as well as provide picture ID prior to receiving vaccination. In certain instances, verification of medical risk status will need to accompany physician referral. It will also be necessary to have an on site public health Medical Evaluator (either MD or NP) to answer questions and provide brief medical exams as indicated during vaccination clinics. Data entry and clerical support will be necessary for maintaining PTBMIS files.

Section 6. Antivirals

(Refer to Northeast Tennessee Regional Plan)

Section 7. Community Interventions

(1) Pre-pandemic case investigation and management:

Isolation and quarantine activities will be initiated by the Local Health Officer acting in concert with and at the advisement of the TDH RHOC and SHOC and working with local agencies. Should quarantine of suspect cases or isolation of infected cases be initiated by the Local Health Officer, and should court-ordered Health Directives, Temporary Holds, or Public Health Measures become necessary, the Local Health Officer will work in coordination with

the General Sessions Judge (John W. Walton) to affect any necessary directives, temporary holds, or measures. If quarantine and/or isolation measures are necessary and home is not an option for the cases in question, the EMA Director (Ernest Jackson) via the EOC will solicit assistance from the local Red Cross Coordinator (Mitzi Hobbs), for potential sheltering per this agency's guidelines and protocols as appropriate and possible.

(2) Regional Containment (social distancing measures):

The County Mayor (Johnny Holder) will act upon direct advisement from local, regional, and state public health representatives to initiate and support social distancing measures as deemed necessary and as approved by the Commissioner of Health. Information and alerts concerning social distancing measures will be disseminated and achieved following the EMAs County Emergency Management Plan, specifically ESF 2 and ESF 5-1, 5-2 (sections attached).

Notification of closures and social distancing measures will be communicated to the public through the use of a JIC initiated by the EOC/EMA Director and the County Mayor, and will include the County Health Director and the County Health Educator (local public health PIO) in coordination with the RHOC and regional communication guidelines. The EOC and the JIC may request assistance from the local Chamber of Commerce to contact the more than 200 local businesses in its membership. The JIC will present unified messages to the local television and radio stations and newspapers regarding closures and social distancing measures.

The Commissioner of Health or his designee is responsible for determining when school interventions should be initiated and lifted based upon the State Epidemiologist's recommendations. The Commissioner of Education is responsible for recommending to the LEA necessary interventions up to and including closure of public schools, while the Department of Human Services will be responsible for recommending closure of daycare centers in affected areas for the duration of a pandemic wave. Should the Carter County Schools and Elizabethton City Schools need to be closed due to necessary regional containment and social distancing measures (as directed by the County Mayor locally or the State Department of Education statewide), the following closure policy and process will be followed:

- The County Director of Schools (Dallas Williams) and the City Director of Schools (Dr. David Roper) will make the final decision to affect closure of their respective schools.
- Once the decision to close schools is made, the Director of Schools' offices will contact local television and radio stations using established call trees and procedures in place in both the City and County School System Offices.
- The Director of Schools' offices will notify Principals at each school within the two respective systems; the Principals will in turn begin a staff call tree.
- The Director of Schools' offices will notify their respective Transportation Directors who will in turn notify the bus drivers for each school system.

Major County Industry	County Procedures/ Plans
Higher Educational or Technological Institutions a. Milligan College	College's volunteer capacity and agreement to serve is established through RHOC/BT program's volunteer & healthcare database
Licensed child care facilities	Local day care centers will follow EMA Director and Local Health Officers recommendations for day care closings. Department of Human Services will also communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.
Language barriers	Available through Elizabethton Police Dept., Health Dept. as activated through County Emergency Management Plan
Associations Ministerial Baptist Association	 Per County Emergency Management Plan ESF 11 citation

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer – TDH/RHOC	423-979-3200
2. Ernest Jackson	EMA Director	423-542-1879
3. Johnny Holder	County Mayor	423-542-1801
4. Beth Estep-Bare	Public Information Officer – Carter County Health Dept.	423-543-2521
5. Caroline Hurt	County Director – Carter County Health Dept.	423-543-2521

The local Emergency Operations Center (EOC) will be fully activated during a pandemic flu event. Once activated, the EOC will form a Joint Information Center (JIC) made up of the primary representatives listed above and joined as needed by representatives to the JIC from local healthcare entities, such as Sycamore Shoals Hospital. The JIC will receive messages of information and instruction to the public from the TDH RHOC (having received unified messages from the TDH SHOC) and will distributed this information, instruction, and message to the public via local media listed in County Annex Core Plan Support Agency listing 12., Media. Area television coverage (stations located outside of the county, in Johnson City, Kingsport, Bristol) will be accessed through the TDH RHOC's Public Information Officer.

The local Elizabethton STAR newspaper will be regularly accessed by the EOC to monitor feedback from the public as to their response to and understanding of messages conveyed. Messages received by the JIC from the TDH RHOC PIO will also be televised on Elizabethton’s local information Channel 16 and broadcast continuously.

Media Outlets 1

Media	Contact Information
<i>Television Stations</i>	
Elizabethton City Channel Sixteen	City Hall: 423-542-1507
<i>Newspapers</i>	
Elizabethton Star	Rozella Hardin, Editor: 423-542-4151
<i>Radio Stations</i>	
WBEJ Radio	423-542-2184
<i>Web Sites</i>	
www.elizabethton.org	
www.cartercountyttn.com	
www.elizabethtonchamber.com	
Other	

Section 9. Workforce and Psychosocial support

Refer to Northeast Tennessee Regional Plan as well as the Community Resource Directory located at the NETRHO RHOC (for information on food, sheltering, employment, clothing and educational resources in each county) and with the Regional Social Counselor.

Organization	Services willing to provide	Contact Information
Charlotte Taylor Center	Mental Health Counseling	Natalie Honeycutt 426 East G Street Elizabethton, TN 37643 423-547-5950
Mental Health Center of Elizabethton	Crisis Counseling	423-542-4261
Hales Community Ministries	Ministry and Counseling	Donna Proffitt 1301 Arney Street Elizabethton, TN 37643 423-547-2560
Assist and Resource Ministries (A.R.M.)	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Diane Hodge 519 Broad Street Elizabethton, TN 37643 423-542-0919

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Shepherd's Inn	Provide sheltering and Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Mark Broyles P.O. Box 2214 Elizabethton, TN 37643 423-542-0180
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GREENE COUNTY ANNEX

Lead Agency: Greene County Health Department

Rebekah English, Director
(423) 798-1749

Support Agencies:

Support Agency	Phone
1. EMA a. Director Bill Brown b. Heather Sipe	423-798-1729 423-798-1729
2. TEMA a. Gary Ellis b. Bill Worth	1-800-533-7343 1-800-533-7343
3. State Homeland Security District # 2 a. Dwayne Collins b. Bob Shanks	423- 318-2566 423- 318-2566
4. Law Enforcement a. Chief Mack Jones- Greeneville City Police Chief b. Sheriff Steve Burns- Greene County Sheriff c. Chief Danny Greene- Tusculum Police chief d. Chief David Shell- Baileyton Police Chief	423- 639-7111 423- 798-1800 423- 638-6211 423- 234-6911
5. Primary EMS Provider a. Robert Sayne	423- 798-1720
6. County/City Mayors office a. Mayor Darrell Bryan- Greeneville City Mayor b. Mayor Alan Broyles- Greene County Mayor c. Mayor John Foster- Tusculum Mayor d. Mayor Tommie Casteel- Baileyton Mayor e. Mayor Billy Myers- Mosheim Mayor	423- 639-7105 423- 798-1766 423- 638-6211 423- 234-6911 423- 422-4051

Support Agency	Phone
7. Hospitals* a. Laughlin Memorial Hospital- Chuck Whitfield, Administrator b. Takoma Adventist Hospital- Carlyle Walton , Administrator * The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually	423- 787-5000 423- 639-3151
8. Rescue Squad a. Dale Dodds	423- 638-3441 423- 798-1800
9 Fire Department a. Mark Foulks- Chief Greeneville Fire Dept. b. Bob May - VFDA Chief	423- 638-3441 423- 798-1800
10. Board of Education a. Dr. Lyle Ailshie- Greeneville City Schools Dir. b. Dr. Joe Parkins- Greene County Schools Dir.	423-787-8000 423-639-4194
11.Red Cross a. Linda Seaton	423-638-6441
12. Media a. Ron Metcalf- WGRV Radio b. Lisa Warren- Greeneville Sun Newspaper	423-638-4147 423-638-4181
13. State Dept of Human Services Region Local office a. Mary Sue Brakebill- Greene County DHS Director	423-639-6181
14. Chamber of Commerce a. Beth Duncan	423- 638-4111

2. Operational Sections: County

Section 1: Continuity of Operations:

(Refer to the Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to the Northeast Tennessee Regional Plan)

Surveillance Contacts for Greene County

Laughlin Hospital
Vicki Murdock (Infection control Nurse)
Gerry Schultheif DON
1420 Tusculum Blvd
Greeneville TN. 37745
Fax (423-787-5146)
Phone (423-787-5000) ext. 4825

Takoma Adventist Hospital
Peggy McCoy (Infection control Nurse) (423-636-0363)
Terri Marcum DON
401 Takoma Ave. 37743
To page Peggy call (423-639-3151)
Fax (423-636-0440)

Greeneville Urgent Care
Jeannie Woolsey Office Manager
Dr. Cochram
Dr. Ashpley
Dr. Gilbert
1744 Andrew Johnson Hwy.
Greeneville TN. 37745
Phone (423-636-8891)
Fax (423-636-1732)

The Doctors Office
Brenda Hyder Office Manager
Dr. Charles Montgomery
Dr. Rufus Breckenridge
Dr. Andy Roberts
Dr. Coy Stone
109 East Church Street
Greeneville TN. 37745
Phone (423-638-4131)
Fax (423-638-9239)

Greeneville Pediatric Clinic
Beth Williams Office Manager
Douglas Cobble, M.D.
Walter Ashe Jr, M.D.
Kim Hawkins NP
221 N. Main Street
Greeneville TN. 37745
Phone (423-787-6050)
Fax (423-787-6054)

Laughlin Home Health
Pat Johnson RN Office Manager
228 North Main Street Suite 7
Greeneville TN. 37745
Phone (423-787-5030)
Fax (423-636-2633)

Bulls Gap Medical Center
Zolena Gulley Office Manager
Dr. Altman
Osmundson PA
268 Hwy 11 E
P.O. Box 188
Bulls Gap TN. 37711
Phone (423-235-4191)
Fax (423-235-7092)

Health Star
Cindy Bird Office Manager
Dr. Schiopescu
Michael Etter NP
P. O. Box 8
158 Hwy 11 E
Bulls Gap TN. 37711
Phone (423-235-2691)
Fax (423-235-6946)

Laughlin Health Care Center
Kathy Bowens DON
Darrell Key Administrator
801 E. McKee Street
Greeneville TN. 37743
Phone (423-638-9226)
Fax (423-638-1561)

Greeneville Family Practice Associates
Laura McCall Office Manager
Dr. Woods
Dr. Hartsell
314 Tusculum Blvd
Greeneville TN. 37745
Phone (423-638-1188)
Fax (423-636-1514)

Northeast Tennessee Region Pandemic Influenza Plan

Takoma Medical Associates
Lisa Holt Office Manager
Dr. Aasheim
Dr. Hoover
Dr. McKinney
Dr. Odell
Dr. Shaw
Dr. Svendsen
Dr. Stone PA
Dr. Barton
438 E. Vann Street
Greeneville TN. 37743
Phone (423-636-2448)
Fax (423-278-1712)

Greeneville Internal Medicine Group
Robbie Freshour Office Manager
Dr. Maynard Austin
Dr. Joseph Scott Austin
Dr. Rogers
Dr. Beckner
Dr. Scott
803 East Church Street
Greeneville TN. 37745
Phone (423-638-4114)
Fax (423-638-1605)

East TN Internal Medicine
Kathy Trickey Office Manager
Dr. Moorelock
1406 Tusculum Blvd
Greeneville TN. 37745
Phone (423-787-1024)
Fax (423-787-1050)

Women's Center of Greeneville
Christa Miller Office Manager
Dr. Nelson
Dr. Hawthorne
Dr. Small
Janet Lively RN, MS, CNM
1021 Coolidge St-Ste 2
Greeneville TN. 37745
Phone (423-636-2300)
Fax (423-636-0348)

Dr. Peter Reardon
Mary Ellen MacIsaac Office Manager
1410 Tusculum Blvd. Suite 1300
Greeneville TN. 37745
Phone (423-787-7050)
Fax (423-787-7050)
Laughlin Center for Women's health and
Radiology
Jesse Taylor Office Manager
1420 Tusculum Blvd.
Greeneville TN. 37745
Phone (423-787-5123)
Fax (423-787-5141)

Greene Mount. Pediatrics
Brenda Gray Office Manager
Dr. Perry
Dr. Fuller
Dr. Giles
428 E Vann Rd
Greeneville TN. 37745
Phone (423-636-2393)
Fax (423-278-1973)

Kids First Pediatrics
Teresa Smith Office Manager
Dr. McGill
5000 Monarch Pointe
Greeneville TN. 37745
Phone (423-798-6630)
Fax (423-798-6633)

Summit Family Medicine
Susan Jackson Office Manager
Dr. Oakley
Dr. Diez d' Aux
228 N. Main Street.
Greeneville TN.
Phone (423-639-2161)
Fax (423-636-2685)

Health Star Physicians
Office Manager Tonya Gillin
Dr. Cooze
Dr. J. Robinson
Dr. M. Robinson
Dr. Sutherland
Dr. Pratt Dr. Withers
Dr. Bockoven
Dr. Carter
Dr. Handcock
420 West Morris Boulevard
Morristown TN.
Phone (423-586-2410)
Fax (423-581-9692)

Northeast Tennessee Region Pandemic Influenza Plan

Greeneville Ear Nose and Throat
Beth Graham Office Manager
Dr. Abernathy
Dr. McCroy
Dr. Carrino PA
Tracey Douglas MS
1410 Tusculum Blvd. Suite 2500
Greeneville TN. 37745
Phone (423-638-1291) (423-798-0262)
Fax (423-638-9398)

Limestone Medical Clinic
Pat Tweed Office Manager
Dr. Clark
Henery NP
105 Limestone Ruritan Rd.
Limestone TN. 37681
Phone (423-257-8089)
Fax (423-257-5179)

Greeneville Family Practice Associates
Laura McCall Office Manager
Dr. Hartsell
Dr. Woods
314 Tusculum Blvd.
Greeneville Tn.37745
Phone (423-638-1188)
Fax (423-636-1514)

Kinder Klinik
Dr. Swarner
275 Burger Dr.
Chuckey TN. 37641
Phone (423-257-6966)
Fax (423-257-6966)

James Swenson M.D.
Chandra Payne Office Manager
1410 Tusculum Blvd. Suite 1200
Greeneville TN. 37745
Phone (423-787-7280)
Fax (423-787-7283)

Tri State Cardiology
Connie Griffith Office Manager
Dr. Alison
Dr. Chang
Dr. Collier
Dr. Counts
Dr. Bailey
1410 Tusculum Blvd
Greeneville TN. 37745
Phone (423-638-2270)

Fax (423-638-2270)

Durham Hensley Nursing Home
Janet Mather Office Manager
Dr. Montgomery
Dr. Stone
Dr. McKinney
Dr. Lockler
Dr. Shaw
Dr. Moorelock
Dr. Aasheim
55 Nursing Home Road
Chuckey TN. 37641
Phone (423-257-6761)
Fax (423-257-2178)

Life Care Of Greeneville
Katherine Wisecarver, DON
Dr. Locklear Medical Director
Dr. Wright
725 Crum Street
Greeneville TN. 37743
Phone (423-639-8131)
Fax (423-639-47420)

Dr. Robert Strimer
Cindy Gillind Office Manager
1410 Tusculum Blvd Suite 1000
Greeneville TN. 37745
Phone (423-787-7070)
Fax (423-787-7079)

Greene Valley Developmental Center
Charlene Chandley Infection Control
P.O. Box 910
Greeneville TN. 37744
Phone (423-787-6800) (423-787-6771)
Fax (423-798-6200)

Greeneville Care and Rehab
Melanie McFall Office Manager
Dr. Aasheim Dr. Locklear
Dr. Austin Dr. McKinney
Dr. Hamilton Dr. Montgomery
Dr. Hartsell Dr. Joseph Scott
Dr. Shaw Dr. Susong
Dr. Svendsen Dr. Rodgers
Dr. Strange Dr. Odell
Dr. Diez D'Aux
106 Holt Court
Greeneville, TN. 37743
Phone (423-639-0213)
Fax (423-638-4511)

Section 3: Laboratory

(Refer to the Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals*	Capacity	Phone
Laughlin Memorial Hospital	140	423-787-5000
Takoma Adventist Hospital * See Regional Plan for Pandemic Flu Coordinator attachment	94 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-639-3151

Long-term Care Facility	Capacity	Phone
Durham Hensley DON: Suzanne Feltman	75	423- 257-6761
Greeneville Care and Rehab Administrator: Keith Boyce	154	423- 639-0213
Laughlin Health Care Contact: Vicki Murdock	90	423- 638-9226
Life Care Center of Greeneville Administrator: Jennifer Solomon	161	423- 639-8131
Assisted Care Facility		
Morning Pointe Administrator: Deborah Norton	49	423- 787-1711
Wellington Place Administrator: Joyce Treadway	53	423- 798-0404

Northeast Tennessee Region Pandemic Influenza Plan

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
Takoma Urgent Care Clinic Contact: Jeannie Woolsey	40	423-636-8891
Patmos Emergi Clinic Dr. Robert Berry	20	423-639-9970
Baileyton Medical Center Contact: Nancy Crawford	40	423-234-1020
Primary Care Offices	Capacity (Avg. Daily Visits)	Phone
The Doctors Office Contact: Brenda Hyder	75	423-638-4131
Takoma Medical Associates	75	423- 636-2448
Greeneville Internal Medicine Contact: Robbie Freshour	75	423-638-4114
East TN Internal Medicine Contact: Kathy Trickey	50	423-787-1024
Summit Family Medicine Contact: Susan Jackson	50	423-639-2161

Family Practice	Capacity (Avg. Daily Visits)	Phone
Greeneville Family Practice Associates Contact: Laura McCall	50	423-638-1188

Pediatrician	Capacity (Avg. Daily Visits)	Phone
Greeneville Pediatric Clinic Contact: Beth Williams	75	423-787-6050
Kids First Pediatrics Contact: Teresa Smith	30	423- 798-6630
Greene Mountain Pediatrics Contact: Brenda Gray	50	423-278-1950
KinderCare Contact: Dr. Ward Swarner	10	423-257-6966

Northeast Tennessee Region Pandemic Influenza Plan

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
House Call Home Health Contact: Sharon Cross	20	423-638-7389
Smokey Mountain Contact: Joyce Lowery	75	423-636-8006
Laughlin Home Health Contact: Pat Johnson	50	423-787-5030
Takoma Home Health Contact: Vicki Stills	72	423-636-0700

Mental Health Agency	Capacity (Inpatient)	Phone
Takoma Geropsych Center Director: Carolyn Seaton	12	423-636-2446
Greene Valley Developmental Center Contact: Charlene Chandley	309	423-787-6800
(Outpatient Daily Visits)		
Behavioral Health Contact: Debbie Bolton	10	423-787-0238
Family Life Center Contact: Joyce Daniels	5	423-787-1928
Church Street Pavilion Contact: Ginger Nasser	40	423-639-3213
Nolachuckey Holston Area Mental Health Center Contact: Louise Mullins		423-639-7020

Other/Shelters/Homeless		
Opportunity House Contact: Vicky Smith	15	423-638-4099

Correctional Facilities	Capacity	Phone
Greene County Detention Center Director: Neal Matthews	153	423-798-1802
Greene County Workhouse Director: Neal Matthews	277	423-798-1802

Note: The Greene County Annex has included the Greene Valley Developmental Center as a long term care facility base for persons with mental retardation. Greene Valley is preparing their Pandemic Influenza Plan at this time. The annex includes other supported living agencies that work with adults that

have mental challenges. These adults live in group homes that are located in different areas of the county. (see attached Supported Living Agencies)

Section 5. Vaccine Distribution and Use

Sites will operate per regional guidance. The Greene County Health Department is one of two (2) secondary sites to administer vaccine in the Northeast Tennessee Region. If activated, the Greene County Health Department via the County Health Director will interface with the Greene County Emergency Management Director and the City Police Chief to provide security and orderly access/egress to and from the county health department as a secondary site for providing vaccination to Tier I individuals. Site security will be coordinated through the EMA and local law enforcement.

If the Greene County Health Department is activated as a secondary site, vaccine will be drop shipped to the Northeast Tennessee Regional Pharmacy located at the Greene County Health Department. Prioritized lists and vaccination appointments for the secondary sites will be coordinated by the Regional Emergency Preparedness Nurse Consultant in conjunction with the local health POC. Persons presenting for vaccination must be verified by name on their facility list as well as provide picture ID prior to receiving vaccination. In certain instances, verification of medical risk status will need to accompany physician referral. It will also be necessary to have an on site public health Medical Evaluator (either MD or NP) to answer questions and provide brief medical exams as indicated during the vaccination clinics. Data entry and clerical support will be necessary for maintaining PTBMIS files.

Section 6. Antivirals

Reference Northeast Tennessee Regional Plan

Section 7. Community Interventions

Social Distancing

The EMA Director, City/County Mayors and the Local Health Officer will make recommendations to the Greene County Citizens concerning measures of social distancing in Greene County that have been approved by the Commissioner of health. Such measures shall be implemented by Greene County once criteria are met. The Local Health Officer in Greene County will make recommendations to the City/County Mayors to implement community interventions to ensure the safety of the Greene County Citizens.

Legal Authority

The Local Health Officer will be working with local agencies on health directives and on any court ordered public health measure. The Health Officer will communicate with Greene County's General Sessions Judge Kenneth Bailey any need for a court ordered public health measure or any other situation needing a court order.

School System Closings

The Commissioner of Health or his designee is responsible for determining when school interventions should be initiated and lifted based upon the State Epidemiologist’s recommendations. The Commissioner of Education is responsible for implementing necessary interventions up to and including closure of public and private pre-K-12 schools in affected areas for the duration of a pandemic wave.

Both the Greene County School System and Greeneville City School System will communicate closely with the EMA Director and the Local Health Officer for recommendations of school closures.

Major County Industry	County Procedures/ Plans
Tourism Industry	--Identify and develop partnerships with key stakeholders in local tourism industry --Identify methods of communication pre/during/post pandemic
Higher Educational or Technological Institutions a. Tusculum College b. Walters State Community College	Tusculum College & Walters State Community College will cooperate with EMA Director and the Local Health Officer for recommendations. The EMA Director and Greene County Health Department Director are in the process of meeting with the President of Tusculum College and the Director of the Greeneville campus at Walters State Community College.
Licensed child care facilities There are a total of 20 child care facilities in Greene County that are listed as licensed day care centers	All local day care centers will follow EMA Director and Local Health Officer recommendations for day care closings. The Department of Human Services will communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.
Private Schools -Greene County Christian School	Private schools in Greene County will cooperate with local officials in school closures. If the Greeneville City School System and the Greene

Major County Industry	County Procedures/ Plans
<p>-Greeneville Adventist Academy</p> <p>-Towering Oaks Christian School and Pre-School</p>	<p>County School System are closed then the private schools will follow recommendations for school closure.</p>
<p>List Major Industries Greene County has a total of 92.</p>	<p>The Department of Health will work with local industries to ensure adequate health education is provided regarding good hygiene.</p> <p>The Greene County Health Department encourages businesses to have plans in place considering 40% of their workforce will be absent.</p> <p>It is the expectation that there will be full cooperation with Greene County industries in the event of Pandemic Influenza in regards with recommendations from the EMA Director, City/County Mayors and Local Health Officer.</p>
<p>Homeless populations</p> <p>Greene County has only 2-3 persons truly homeless without shelter. We do have persons that are homeless that live with family members that do not have a residence.</p>	<p>Alternate Housing Options</p> <p>Infection Control Methods</p> <p>Plans would be made to house these persons in a local motel in the Greeneville Area and solicit health care support by the Department of Health or a local home health agency.</p>

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer – TDH/RHOC	423-979-3200
2. Bill Brown	Director of EMA	423-798-1729
3. Alan Broyles	Greene County Mayor	423-798-1766
4. Darrell Bryan	Greeneville City Mayor	423-639-7105
5. Lisa Chapman	Greene County Health Department PIO	423-798-1749
5. Rebekah English	Director, Greene County Health Department	423-798-1749

Communication Plan

The Local Emergency Operation Center 310 South Main Street will be fully activated in the event of Pandemic Influenza.

The citizens of Greene County when telephoning the Greene County Health Department will hear a recorded message giving instructions on how information can be obtained. All messages from local health departments will be scripted the same. The Regional Health Operation Center will keep the Local Emergency Operation Center in Greene County informed with current information.

The media contacts will be managed by the Northeast Tennessee Region’s Public Information Officer (PIO). The PIO will work in concert with PIO’s from hospitals, cities, counties, and other entities to form a Joint Information Center (JIC). The Greene County Local Operation Center will coordinate with the JIC to assure consistent media messages.

Media Outlets 2

Media	Contact Information
Television Stations	N/A
Newspapers	
Greeneville Sun	Lisa Warren
Radio Stations	
Radio of Greeneville	Ron Metcalf

Media	Contact Information
Bulletin Boards	N/A
Web Sites	N/A
Community Newsletters	N/A
Hotlines/Phone recordings	
Greene County Health Department	Rebekah English
EMA Office	Bill Brown
Other	

Section 9. Workforce and Psychosocial Support

(Refer to Northeast Tennessee Regional Plan as well as the Community Resource Directory located in the RHOC (for information on food, sheltering, employment, clothing and educational resources in each) and with the Regional Social Counselor (Lynn Ray)

Organization	Services willing & able to provide:	Contact Information
Church Street Pavilion	Mental Health Services	Ginger Nasserri
Nolachuckey Holston Area Mental Health Center	Mental Health Services	Louise Mullins 401 Holston Dr. Greeneville, TN 37744 423-639-1104
Red Cross	Physical Support Resources	Linda Seaton
Behavioral Health	Mental Health Services	Debbie Bolton
Family Life Center	Mental Health Services	Joyce Daniels
Greene Valley Development	Mental Health Services	423-787-6800
Takoma Senior Care	Mental Health Support for Elderly Population	Takoma Hospital 401 Takoma Ave. Greeneville, TN 37744 423-636-2446
Northeast Community Services Agency TeNNcare Transportation	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	2513 Wesley Street Suite 3 Johnson City, TN 37601 1800-775-8726
Contact Ministries	Mental Health Services	423-926-0144
Opportunity House	Provide sheltering and Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Vicky Smith 203 N. Irish Street Greeneville, TN 37745 423-638-4099

**SUPPORTED LIVING AGENCIES
GREENE COUNTY, TENNESSEE**

ARC of Washington County
Greeneville Office
100 Nevada Avenue, Suite 2
Greeneville, TN 37743
Phone: 423-798-0013
Fax: 423-798-0113

Bill Schiers, Executive Director
Email: billarc@planetcc.com
Lorie Copas, Associate Director
Email: lorie@arcwc.org

Comcare, Inc.
P.O. Box 1885
Greeneville, TN.37744-1885
Phone: 423-638-3926
Fax: 423-638-1105
John T. Johnson, PhD., Director
Email: jjohnson@comcareinc.com

Evergreen Presbyterian Ministries, Inc.
Greeneville Office
1017 Tusculum Boulevard
Greeneville, TN. 37745
Phone: 423-638-7499
Fax: 423-917-2055
Tom Beeson, Division Director

Greene County Skills
130 Bob Smith Boulevard
Greeneville, TN 37745
Phone: 423-798-7100
Fax: 423-798-7146
Jim Gillen, Executive Director
Email: jgillen@gcskills.com

Life Action TN
Greeneville Office
705 Professional Plaza, Suite 1
Greeneville, TN . 37745
Phone: 423-787-0932
Fax: 423-638-8514
Melinda Amburgey, Contact
Email: tennmel@aol.com

Omni Vision
615 West Main Street, Suite 207
Greeneville, TN. 37743
Phone: 423-638-1970
Fax: 423-638-9809
David Legg, East Regional
Director
Email: dlegg@omnivisions.com

Sunrise Community of TN., Inc.
1010 West Summer Street
Greeneville, TN. 37743
Phone: 423-636-1333
Fax: 423-636-0236
Ann Williams, Director
Email: awilliams@sunrisegroup.org

Mountain Visions, Inc.
15 Main Street
Mosheim, TN. 37818
Phone: 423-422-7676
Vickie Bible, Director

Industrial List for Greene County

American Calendar Company

101 Elm Street
PO Box 69
Greeneville, TN 37744-0069
Phone: (423) 798-1070
Fax: (423) 798-1079
www.calendarco.com
Contact: John Kilday, President

A.M.S.E.A.

2460 Snapps Ferry Road
Greeneville, TN 37745
Phone: (423) 639-0051
Fax: (423) 639-2154
www.amsea-inc.com
Contact: Scott Dinger, Owner
Contact: Tim Goth, Plant Manager

Angus Palm Industries

115 Terry Leonard Drive
Harding Industrial Complex
Greeneville, TN 37744
Phone: (423) 798-2420
Fax: (423) 798-2425
www.angus-palm.com
Contact: Jay Roths, Plant Manager

ATR Industries

730 Old Wilson Road
Greeneville, TN 37745
Phone: (423) 638-5847
Fax: (423) 638-6895
atri@xtn.net
Contact: Mike Carlton, Plant Manager
Contact: Bobby Link, Plant Manager

BTL Industries

1607 Industrial Road
PO Box 1752
Greeneville, TN 37744-1752
Phone: (423) 638-6171
Fax: (423) 638-9552
Contact: Ron Stevens, Plant Manager

C&C Millwright Maintenance Co.

311 Old Knoxville Hwy. Suite 1
PO Box 970
Greeneville, TN 37744-0970
Phone: (423) 639-0131
Fax: (423) 639-8757

www.ccmillwright.com

Contact: Jerry Fortner

C. E. Minerals

107 Coile Street
Greeneville, TN 37744-1540
Phone: (423) 639-6891
Fax: (423) 639-5591
www.ceminerals.com
Contact: Scot Graddick, VP of Operations

Crown Tonka

140 T. Elmer Cox Drive
Greeneville, TN 37743
Phone: (423) 638-8565
Fax: (423) 638-2583
www.crowntonka.com
Contact: Jim Perry, Plant Manager
Walk-In Coolers, Freezers

Delfasco

PO Box 725
1945 Scott Farm Road
Afton, TN 37616
Phone: (423) 639-6191
Fax: (423) 639-1160
www.delfasco.com
Contact: Mark Benko, VP/General Manager
Metal Fabrication

Design Build Contracting Corporation

372 Sanford Circle
PO Box 274
Greeneville, TN 37744-0274
Phone: (423) 639-3726
Fax: (423) 636-1079
www.designbuildcc.com
Contact: Mike Hayes, President
Contractors

Donaldson Company

115 Rockwell Drive
PO Box 1270
Greeneville, TN 37744-127
Phone: (423) 639-4154
Fax: (423) 639-3909
www.donaldson.com
Contact: Tom Carlson, Manager
Air Filtration Systems

DTR Tennessee, INC

199 Pottertown Road
Midway, TN 37809
Phone: (423) 422-4454
Fax: (423) 422-4654
Contact: Mr. Ryusuke Kito, President
Contact: Mr. Randy Rumbley, Vice President
Anti-Vibration/Hose Products Automotive

Ecoquest International

310 T. Elmer Cox Drive
Greeneville, TN 37743
Phone: (423) 798-6407
Fax: (423) 798-6432
www.ecoquestintl.com
Contact: Michael Jackson, President
Air and Water Purifying Systems

Fulflex of Tennessee, Inc.

701 East Church Street
Greeneville, TN 37745
Phone: (423) 638-5722
Fax: (423) 638-1298
www.fulflex.com
Contact: George Brunst, VP
Elastic and Flexographics

Greeneville Publishing Co

121 West Summer Street
PO Box 1630
Greeneville, TN 37744-1630
Phone: (423) 638-4181
Fax: (423) 638-3645
www.greene.xtn.net
Contact: John Jones, Jr. Editor

Greenten Warehousing

409-411 West Summer Street
PO Box 234
Greeneville, TN 37744-0234
Phone: (423) 639-9271
Fax: (423) 787-0110
www.greenten.com
Contact: Cecile Clark, Office Manager
Warehousing, Trucking, Storage, Pallet wash
and Repair

Huf-North America

395 T. Elmer Cox Drive
Greeneville, TN 37743
Phone: (423) 787-8500
Fax: (423) 787-8537
www.huf-group.com
Contact: Kurt Buech, Plant Manager
Automotive Lock Sets

Hurd Corporation

503 Bohannon Ave.
PO Box 1450
Greeneville, TN 37744-1450
Phone: (423) 787-8800
Fax: (423) 787-8816
Contact: Chris Edwards, General Manager

IMF (Industrial Metal Fabrications)

360 T. Elmer Cox Drive
PO Box 453
Greeneville, TN 37744-0453
Phone: (423) 639-6141
Fax: (423) 639-3198
Contact: Lynn White, President

Jarden Zinc Products Co.

2500 Old Stage Road
PO Box 1890
Greeneville, TN 37744-1890
Phone: (423) 639-8111
Fax: (423) 639-3125
www.jardenzinc.com
Contact: Al Giles, President, General Manager
Zinc Casting, Rolling, Slitting, and Fabrication

John Deere Power Products

1630 Hal Henard Road
Greeneville, TN 37743
Phone: (423) 787-6100
Fax: (423) 636-1772
www.deere.com
Contact: Donald DeBastiani, Plant Manager
Lawn Equipment

JOST International Corporation

5080 W. Andrew Johnson Hwy
Greeneville, TN 37743
Phone: (423) 638-9471
Fax: (423) 638-5407
www.jost-world.com
Contact: Jens Polte, Plant Manager
Fifth Wheel Manufacturing

LMR Plastics

1609 Industrial Road
PO Box 416
Greeneville, TN 37745
Phone: (423) 639-9141
Fax: (423) 639-3145
www.LMRplastics.com
Contact: Bob Leonard, President
Plastic Injection Molding

MD Recycling, Inc.

1230 Pottertown Road
Midway, TN 37809
Phone: (423) 422-4731
Fax: (423) 422-7857
www.mdrecyclinginc.com
Contact: Donald Johnson, Plant Manager
Industrial Aluminum Recycling

MECO/Unaka Corporation

1500 Industrial Road
Greeneville, TN 37745
Phone: (423) 639-1171
Fax: (423) 638-9411
www.meco.net
Contact: Harrell Ward, President
Metal Folding Furniture

Miller Industries/Vulcan Equipment

711 Campbell Drive
Greeneville, TN 37745
Phone: (423) 798-0722
Fax: (423) 798-0822
www.millerind.com
Contact: Jake Bowers, General Manager
Vehicle Towing & Recovery Equipment

Minco Inc/Insulation Therm.

510 Midway Circle
Midway, TN 37809
Phone: (423) 422-6051
Fax: (423) 422-4802
www.mincoitc.com
Contact: Tom Cole, President
Fused Silica & Fused Magnesia

MTD, Inc

315 West Depot Street
Greeneville, TN 37743
Phone: (423) 639-7124
Fax: (423) 636-8048
Contact: Joe and Christine Morris, Owners
Manufacture Metal Products

Numark

1101 Myers Street
Greeneville, TN 37743
Phone: (423) 639-0216
Fax: (423) 639-0045
www.numarkinc.com
Contact: Jerry Neas, President
Wire Harness Mfg.

Packaging Services, Inc

120 T. Elmer Cox Drive
PO Box 1388
Greeneville, TN 37744-1388
Phone: (423) 787-7711
Fax: (423) 787-7771
www.psipack.com
Contact: Doug McKee or Scott Sallah, Owners

Parker Hannifin/Hydraulic pump & Motor Division

2745 Snapps Ferry Road
PO Box 1790
Greeneville, TN 37744-1790
Phone: (423) 639-8151
Fax: (423) 787-2404
www.parker.com
Contact: Bill Power, General Manager
Hydrostatic Motors-Manuel Steering Gears

Plus Mark, Inc

101 American Road, Hwy 11-E North
PO Box 549
Greeneville, TN 37744-0549
Phone: (423) 639-7878
Fax: (423) 636-2065
Contact: Scott Crawford, Plant Manager
Gift Wrap, Ribbons and Bows

Premium Waters, Inc.

1616 Industrial Road
Greeneville, TN 37745
Phone: (423) 787-0236
Fax: (423) 787-0790
Contact: Bill Buescher, Plant Manager

Summers-Taylor, Inc

1190 Lonesome Pine Trail
Greeneville, Tn 37743
Phone: (423) 639-7240
Fax: (423) 639-7268
www.summerstaylor.com
Contact: Ted Bryant
Asphalt and Construction

Superior Metal Products, Inc

2463 Highway 107
PO Box 490
Greeneville, TN 37744-0490
Phone: (423) 257-2154
Fax: (423) 257-3617
www.superiormetal.com
Contact: Danny Mathes, President
Metal Stampings and Fabrications

TI Group Automotive Systems

455 T. Elmer Cox Drive
Mt. Pleasant industrial Park
Greeneville, TN 37743
Phone: (423) 636-3300
Fax: (423) 636-3340
www.tiautomotive.com
Contact: Teri Blake, HR Manager

United Business Forms, Inc.

8482 W. Allens Bridge Road
Greeneville, TN 37743
Phone: (423) 639-5551
Fax: (423) 639-7217
Contact: Terry Casteel, Plant Manager

Valk Industries, Inc.

50 Valk lane
PO Box 668
Greeneville, TN 37744-0668
Phone: (423) 638-1284
Fax: (423) 638-6779
www.valkindustries.com
Contact: Brad Daniels
Custom Packages

Vistawall

920 Pottertown Road
Midway, TN 37809
Phone: (423) 422-9900
Fax: (423) 422-9926
www.vistawall.com

Wal-Mart Distribution Center

1655 Pottertown Road
Midway, TN 37809
Phone: (423) 235-2300
Fax: (423) 235-3304
Contact: Jim Gates, General Manager

Warehouse Logistics Corporation

PO Box 2285
Greeneville, TN 37744
Phone: (423) 639-2052
Contact: Mark Collins
Contact: John Tolson, Plant Manager
Architectural Aluminum Extrusion

HANCOCK COUNTY ANNEX

Lead Agency: Hancock County Health Department

Susan Venable, Director
(423) 733-2228 x 116

Emergency and Support Agencies 1

Support Agency	Phone
1. EMA a. Jack Mullins	423-733-4341
2. TEMA a. Bob Swabe	800-533-7343
3. State Homeland Security District # 2 a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Doug Seal, Sheriff b. Charlie Dunsmore, City Police	423-733-2249 or 423-733-2250 423-733-2254
5. Primary EMS Provider a. Alan Dale Davis, EMS	423-733-4454
6. County/City Mayors office a. Greg Marion, County Mayor b. Dean Rhea, City Mayor	423-733-4341 423-733-2254
7. Hospitals a. Wellmont Hancock County Hospital, Phyllis Dossett- Director of Clinical Services *The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually.	423-733-5030
8. Rescue Squad a. Matthew Waddell, Captain	423-733-8833
9. Fire Departments a. Camps-Freddie Mullins b. Sneedville-J. Sage Trent c. Chestnut Ridge-Jesse Royston d. Treadway-Ed Gulliver e. Alanthus Hill-Pat and Avery Brooks f. Vardy Blackwater-Henry Rose g. Panther Creek/Kyles Ford-David Smith	423-733-3318 or 4008 423-733-8971 423-733-1830 or 4611 or 8171 423-733-2713 423-733-8324 423-733-1821 423-317-9784
10. Board of Education a. Mike Antrican, Director of Schools	423-733-2591

Support Agency	Phone
11.Red Cross a. Bill Paige	423-626-9362
12. a. Duck Creek Radio b. Police Scanners c. Ham Radios-Bill Webb 300-8402 or Madonna Cook 300-9284	423-733-4186
13. State Dept of Human Services Region Local office- a. Tommy Hepler, Supervisor & b. Rodney Greene, Case Manager	423-733-2401 423-272-2606
14. Sneedville Hancock Chamber and Community Partners-Kim Belcher	423-733-4466

Operational Sections: County

Section 1: Continuity of Operations

(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan)

Dr. John Short-(423)733-2061 or (423)733-2131
300 River Rd
Sneedville, TN 37869

Emergency Care Center (ECC) Physicians are available through the Wellmont Hancock County Hospital. These do not live in the county. They work on a rotating basis. One physician is on hospital grounds at all times.

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals	Capacity	Phone
Wellmont Hancock County Hospital * See Regional Plan for Pandemic Flu Coordinator attachment	10 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-733-5030

Northest Tennessee Region Pandemic Influenza Plan

Long-term care facility	Capacity	Phone
Hancock Manor Nursing Home-Betty Mullins	50	423-733-4783
Assisted Care Facility		
None		

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
None		

Primary Care Offices **	Capacity (Avg. Daily Visits)	Phone
Sneedville Medical Center-Sherry Ramsey-Manager	35	423-733-2131
Hancock Medical Center-Jackie Royston	40	423-733-2061, 733-1709, 733-1736
** Database of acute care physicians is maintained and updated annually by BT Nursing Consultant Brenda Greene, RN, at the Northeast Tennessee Regional Health Office		

Family Practice	Capacity (Avg. Daily Visits)	Phone
None		

Pediatrician	Capacity (Avg. Daily Visits)	Phone
None		

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
Hancock Home Health-Anita Trent & Mark Gibson	14	423-733-4032
Housecall-Patricia Southern	80	423-733-2441

Mental Health Agency	Capacity (Inpatient)	Phone
	(Outpatient Daily Visits)	
Frontier Mental Health Center-Mitch Horton	8	423-733-2216 24 hour emergency line-800-928-9062

Other/Shelters/Homeless		
Reed House-Joyce Reed, Owner (lives in Morristown) There is a caregiver on site 24 hours.	8 residents	423-733-2653
Jubilee Project-Steve Hodges	Provide temporary shelter, if needed	423-733-4195

Correctional facilities	Capacity	Phone
Hancock County Jail-Norma Stapleton, jail nurse	110	423-733-2249 or 2250

*The School-Based Health Clinics, one at the elementary school and one at the high school, will work in conjunction with Wellmont Hancock County Hospital as an off-site triage center. Contact person for the clinics will be Paulette Reed-423-733-2819. Coordinator for the hospital will be Phyllis Dossett-contact info on page 3.

Section 5. Vaccine

(Refer to Northeast Tennessee Regional Plan)

Section 6. Antivirals

(Refer to Northeast Tennessee Regional Plan)

Section 7. Community Interventions

Refer to Hancock County’s EOP and page 14.

In the absence of a vaccine, Hancock County will use “social distancing” to prevent virus spreading in crowd settings. During a severe pandemic wave, public gatherings will be cancelled by mandate and will follow the state plan. During a milder pandemic wave, “crowd avoidance” will be recommended. State imposed mandates will stop school functions and large public gatherings. The determination for local industry closure will be made by the County Mayor upon recommendation of the Governor, State Health Officials, or the Public Health County Medical Director and will function under the Emergency Management Plan and coordinate with the EOC. The County Mayor will make other appropriate closures based on the current pandemic situation.

Although voluntary compliance for social distancing will be used, the general public health may require isolation and quarantine which will be implemented by agreement of the General Sessions Judge, County Mayor, and Public Health County Medical Director.

Public school closure will be determined by the Governor, County Mayor, or their agents-Commissioners or local Director of Schools. Day Care Facilities will follow the directives of the Department of Human Services.

The EOC will make recommendations to the jail on prevention and control procedures within the jail setting. Currently 80% of the jail population is stable and there is a workforce of approximately 50 individuals.

A list of back up refrigeration units will be kept at the EOC for mortuary surge capacity.

Major County Industry	County Procedures/ Plans
Tourism Industry -Fall Festival(1 st weekend of Oct)	--Identify and develop partnerships with key stakeholders in local tourism industry

Major County Industry	County Procedures/ Plans
	--Identify methods of communication pre/during/post pandemic
Higher Educational or Technological Institutions a. NONE	N/A
Private Schools NONE	N/A
List Major Industries a. Volunteer Fabricators-Lawrence Hartman-733-2218 b. Kieferbuilt-Bob Sliger-733-0000 c. CopperRidge-Curt Shockley-733-8595	-Workforce and Social Support -Will be encouraged to have individual plans for their business
Poultry farms(if applicable)- None	
List Mass Transportation None	
Language barriers None	
Homeless populations None	Alternate Housing options Infection Control methods

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer	423-979-3200
2. Greg Marion	County Mayor	423-733-4341
3. Phyllis Dossett	PIO for Wellmont Hancock County	423-733-5030
4. Susan Venable	Director, Hancock Co. Health Department	423-733-2228
5. Rhonda Combs	PIO Hancock Co. Health Department	423-733-2228

Media Outlets 3

Media	Contact Information
Television Stations	
Sneedville Baptist Church	Mitch Cantwell 733-8891
Newspapers	
Sneedville Shopper	Janice McElhaney
Radio Stations	
88.5 Duck Creek Radio	423-733-4853
Bulletin Boards	
Greene’s IGA (outside)	423-733-2227
Courthouse	423-733-4341-Greg Marion
Web Sites	
Hancock County Web Site	http://www.hancockcountyttn.com
Community Newsletters	
None	
Hotlines/Phone recordings	
None	
Other	

Section 9. Workforce and Psychosocial Support

Organization	Services willing & able to provide:	Contact information
Duck Creek Baptist-Kester Bunch	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-4166 423-733-4672
Sneedville Methodist-Frank Clifton	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-1518
Mental Health-Mitch Horton	Mental Health Counseling	423-733-2216
Shepherd’s Corner-Ikie Gibson	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-1505

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Mulberry Gap Church-Charles Roberts	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-4422 423-733-0089
Swan Creek Church-Silas Carrol, Jr.	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-8696 423-736-2159
Livesay's Chapel-Doug Gibson	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-733-2359

HAWKINS COUNTY ANNEX

Lead Agency: Hawkins County Health Department

Susan Venable, Director
(423) 272-7641

Emergency and Support Agencies 2

Support Agency	Phone
1. EMA a. Crockett Lee	423-272-7359
2. TEMA a. Bob Swabe	800-533-7343
3. State Homeland Security District # 2 a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Roger L. Christian, Hawkins Co Sheriff b. Doug Nelson, Rogersville Police Chief c. Jeff Jackson, Mt. Carmel Police Chief d. Mark Johnson, Church Hill Police Chief e. Dale Scalf, Surgoinsville Police Chief	423-272-4848 423-272-7555 423-357-9019 423-357-7181 423-345-2324
5. Primary EMS Provider a. Hawkins County EMS b. Church Hill EMS	423-272-2695 423-357-6711
6. County/City Mayors office a. Crockett Lee, Hawkins County Mayor b. Gary Lawson, Mt. Carmel Mayor c. Dennis Deal, Church Hill Mayor d. Hanes Cooper, Surgoinsville Mayor e. Jim Sells, Rogersville Mayor f. Charles Roark, Bulls Gap Mayor	423-272-7359 423-357-7311 423-357-6161 423-345-2213 423-272-7437 423-235-5216

Support Agency	Phone
<p>7. Hospitals Wellmont-Hawkins County Memorial Mr. Fred Pelle, Administrator Michelle Maddox, Dir. of Emerg. Oper.</p> <p>*The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually.</p>	<p>423-272-2671 423-921-7000</p>
<p>8. Rescue Squads a. Hawkins County Rescue Squad Wesley Trent, Captain b. Church Hill Rescue Squad Ronnie Gentry, Captain</p>	<p>423-272-2695 423-754-2842 423-357-6010</p>
<p>9. Fire Department Chiefs</p> <p>a. Bulls Gap V.F.D. – Charles Johnson</p> <p>b. Carters Valley V.F.D. – Denny Steele</p> <p>c. Church Hill V.F.D. – David Woods</p> <p>d. Clinch Valley V.F.D.- David Knight</p> <p>e. Goshen Valley V.F.D – Freddie Short</p> <p>f. Lakeview V.F.D. – Jim Klepper</p> <p>g. Mt. Carmel V.F.D. – Chris Jones</p> <p>h. Persia V.F.D. – Charles Sanders</p> <p>i. Rogersville V.F.D. – Hal Price</p> <p>j. Stanley Valley V.F.D.- Jeff Scott</p> <p>k. Striggersville V.F.D. - Rufus Hayes</p> <p>h. Surgoinsville V.F.D. - Jason Johnson</p> <p>a. Bulls Gap V.F.D. – Charles Johnson</p> <p>b. Carters Valley V.F.D. – Denny Steele</p> <p>c. Church Hill V.F.D. – David Woods</p> <p>d. Clinch Valley V.F.D.- David Knight</p> <p>e. Goshen Valley V.F.D – Freddie Short</p> <p>f. Lakeview V.F.D. – Jim Klepper</p> <p>g. Mt. Carmel V.F.D. – Chris Jones</p> <p>h. Persia V.F.D. – Charles Sanders</p> <p>i. Rogersville V.F.D. – Hal Price</p> <p>j. Stanley Valley V.F.D.- Jeff Scott</p> <p>k. Striggersville V.F.D. - Rufus Hayes</p> <p>h. Surgoinsville V.F.D. - Jason Johnson</p>	<p><u>Business Phone Numbers</u> 423-357-7107 423-357-3487 423-272-7121 423-357-8801 423-272-7121 423-357-1013 423-272-7121 423-272-7555 423-345-3445 423-921-3314 423-272-7121</p> <p><u>Personal #'s</u> 423-327-2185 423-817-3504 423-349-2711 423-921-8303 423-345-2414 423-272-8088 423-357-9820 423-272-7588 423-272-7005 423-345-2109 423-272-5187 423-345-2312</p>

Support Agency	Phone
<p>10. Board of Education</p> <p>Hawkins County School System Clayton Armstrong, Director of Schools</p> <p>Rogersville City School System Mrs. Ravine Krickbaum, Dir of School</p>	<p>423-272-7629 Ext 116</p> <p>423-272-0230</p>
<p>11.Red Cross</p> <p>Glenda Bobalik</p>	<p>423-378-8703</p>
<p>12. Media</p> <p>a. WRGS Radio – 1360 AM b. WMCH Radio -1260 AM c. Rogersville Review – Bi-weekly paper d. Kingsport Times News -daily paper e. CitizenTribune –daily paper f. Greeneville Sun – daily paper g. Cable TV Channel h. Police scanners</p>	<p>423-272-2628 423-357-5601 423-272-7422 423-392-1376 423-581-5630 423-638-4181</p>
<p>13. State Dept of Human Services Region Local office Tommy Hepler, Supervisor</p>	<p>423-272-2606</p>
<p>14. Chamber of Commerce</p> <p>a. Rogersville-Hawkins Co. Nancy Barker b. Hawkins Co Industrial Board Lynn Lawson</p>	<p>423-272-2186 423-272-7668</p>

Operational Sections: County

Section 1: Continuity of Operations

(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan)

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals	Capacity	Phone
Wellmont-Hawkins County Memorial Mr. Fred Pelle, Administrator Michelle Maddox, Dir. of Emerg. Oper. * See Regional Plan for Pandemic Flu Coordinator attachment	50 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-272-2671 423-921-7000

Long-Term Care Facility	Capacity	Phone
Church Hill Health Care and Rehab Center	124	423-357-7178
Rogersville Care & Rehabilitation Center	150	423-272-3099
Asbury Place Kingsport Campus (Allandale)	67	423-245-0360
Assisted Care Facility		
None		

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
None		

Primary Care Offices **	Capacity (Avg. Daily Visits)	Phone
West Main St. Med Center	70-75	423-272-5202
Hawkins Med Center	80	423-272-1428
Hawkins Co Heath Dept. - Rogersville	15-30	423-272-7641
Bulls Gap Medical Center	40	423-235-2191
Holston Medical Group	90	423-357-6761
** Database of acute care physicians is maintained and updated annually by BT Nursing Consultant at the Northeast Tennessee Regional Health Office		

Family Practice	Capacity	Phone
Medical Associates of Rogersville	200	423-272-2111
Kingsport Associates at Country Doc – Church Hill	20-25	423-357-6116
West Main Medical Center.	65-70	423-272-5202

Hawkins Medical Center	80	423-272-5600
Dr. Mark Doman-Bulls Gap	50	423-235-0063
Bulls Gap Med Center	40	423-235-2191
Healthstar Physicians-Bulls Gap	20-25	423-235-2691

Pediatrician	Capacity (Avg. Daily Visits)	Phone
Dr. Calendine-Hawkins Medical Center	65-75	423-272-5600

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
Hometown Home Health Care	15-20	423-272-7941
Housecall Home Health Care	36-42	423-272-4484
Wellmont Home Care	36-42	423-272-8661

Mental Health Agency	Capacity (Inpatient)	Phone
Center for Senior Health Wellmont-HCMH	10	423-921-7036
Indian Path Pavilion		800-366-1132
Woodridge Hospital		800-346-8899
	(Outpatient Daily Visits)	
Frontier Health	40-50	423-272-9239
Five Oaks Behavioral Health	8	423-272-0880

Other/Shelters/Homeless	N/A	
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Correctional facilities	Capacity	Phone
Hawkins County Jail	60-90	423-272-4848

Section 5. Vaccine

(Refer to Northeast Tennessee Regional Plan)

Section 6. Antivirals

(Refer to Northeast Tennessee Regional Plan)

Section 7. Community Interventions

Refer to Hawkins County’s EOP

In the absence of a vaccine, Hawkins County will use “social distancing” to prevent the virus from spreading in crowded settings. During a severe pandemic wave, public gatherings will be cancelled by mandate and will follow the state plan. During a milder pandemic wave, “crowd avoidance” will be recommended. State imposed mandates will stop school functions and large public gatherings. The determination for local industry closure will be made by the

Northeast Tennessee Region Pandemic Influenza Plan

County Mayor upon recommendation of the Governor, State Health Officials, or the Public Health County Medical Director and will function under the Emergency Management Plan and coordinate with the EOC. The County Mayor will make other appropriate closures based on the current pandemic situation.

Although voluntary compliance for social distancing will be used, the general public health may require isolation and quarantine which will be implemented by agreement of the General Sessions Judge, County Mayor, and Public Health County Medical Director.

Public school closure will be determined by the Governor, County Mayor, or their agents-Commissioners or local Director of Schools. Day Care Facilities will follow the directives of the Department of Human Services.

The EOC will make recommendations to the jail on prevention and control procedures within the jail setting.

Complete Hawkins County ESF-2 attached at the end of document

ESF 2 - Communications

Communications Systems

Lead Agency - County Emergency Communications District
(911)

Support Agencies - County Sheriff's Department / City Police
Department
County/City Fire Departments
County EMS
Rescue Squads
Highway Department/City Street
Departments
Amateur Radio Emergency Services (ARES)
Hawkins County Emergency Management
Agency
County Schools Director

Warning

Lead Agency - County Emergency Communications District
(911)

Support Agencies - Hawkins County Emergency Management
Agency County Sheriff's Department / City
Police Departments
County/City Fire Departments
Hawkins County Health Department
County EMS
Rescue Squads
Tennessee Emergency Management Agency
Tennessee Highway Patrol
NOAA - National Weather Service
ARES

Major County Industry	County Procedures/ Plans
<p>Tourism Industry</p> <p>a. Heritage Days -2nd week-end in October</p> <p>b. 4th July Celebrations - Rogersville City Park</p> <p>c. Mt. Carmel Block Party – 2nd week-end July</p> <p>d. Archie Campbell Day - Labor Day</p> <p>e. Surgoinsville Riverfront Festival - September</p> <p>f. Renaissance Faire - Rogersville April</p> <p>g. Walking Home Tours- Historic District Rogersville- December</p>	<p>--Identify and develop partnerships with key stakeholders in local tourism industry</p> <p>--Identify methods of communication pre/during/post pandemic</p>
<p>Higher Educational or Technological Institutions</p> <p>a. State Vocational/ Technology School – Phipps Bend</p> <p>b. University Center- Allandale</p>	<p>Schools will accept guidance from Board of Regents and County Mayor regarding closure recommendations.</p>
<p>Licensed Child Care Facilities</p> <p>See attached list of child care facilities in Hawkins County</p>	<p>Local day care centers will follow EMA Director and Local Health Officers recommendations for day care closings. Department of Human Services will also communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.</p>

Major County Industry	County Procedures/ Plans
Private Schools NONE	N/A
<p>List Major Industries</p> <p>AFG Industries, Inc – Greenland Plant 423-357-6121</p> <p>Alladin Plastics, Inc Phipps Bend Ind Pk 423-345-2351</p> <p>BAE Systems- Holston Ordnance Systems, Inc 423-578-8010</p> <p>Calpaco Paper, Inc 423-357-2511</p> <p>Contour Industries, Inc 423-345-2000</p> <p>Cooper Standard Automotive 423-345-2383</p> <p>Futuristic, Inc 423-235-6271</p> <p>Holston Electric Cooperative 423-272-8821</p> <p>Hood Industrial Coaters 423-921-8668</p> <p>Hutchinson Sealing Systems, Inc 423-357-6991</p> <p>cont. ICG-Holliston Inc 423-357-6141</p> <p>International Playing Card & Label, Co. ,Inc 423-272-7644 423-345-4566</p>	<p>Workforce and Social Support</p> <p>Each industry will be encouraged to compile a plan for their business.</p>

Major County Industry	County Procedures/ Plans
<p>MIS, Inc 423-345-2303</p> <p>PMT Industries LLC 423-345-4500</p> <p>Rockwell Automation Dodge Bearing Plan 423-272-2686</p> <p>Sekisui TA Industries, Inc 423-272-5895</p> <p>Techni-Glass 423-272-5898</p> <p>Tennessee Valley Authority – John Sevier Fossil Plant 423-921-6600</p> <p>TRW Rogersville Div 423-272-2171</p> <p>US Fence 423-235-4113</p> <p>Ware Manufacturing 423-345-4716</p>	
<p>Poultry Farms</p> <p>a. Odom’s Poultry Farm- Wally Odom, owner/operator 423-235-3194</p> <p>b. Ted Cope Farms-Ted Cope owner/operator 423-345-3496</p>	<p>Facilities are encouraged to have a plan in place. State / federal regulations would apply</p>
<p>List Mass Transportation None</p>	<p>N/A</p>
<p>Language barriers None</p>	<p>N/A</p>
<p>Homeless populations None</p>	<p>Alternate Housing options Infection Control methods</p>

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	PIO – Regional Office	423-979-3200
2. Crockett Lee	County Mayor/ EMA Director	423-272-7359
3. Sharon Phipps	PIO Hawkins County Health Dept.	423-272-7641
4. Susan Venable	Director, Hawkins Co. Health Dept.	423-272-7641

Media Outlets 4

Media	Contact Information
<i>Television Stations</i>	
First Baptist Church- Rogersville	423-272-2751 Charter Cable -Channel 13
Small Town Cable	423-345-3387
Charter Communications	
<i>Newspapers</i>	
Rogersville Review	Ellen A. Myatt –Publisher 423-272-7422
Kingsport Times News	Jeff Bobo- Hawkins Co Rep 423-392-1376
Citizen Tribune	423-581-5630
Greeneville Sun	423-638-4181
<i>Radio Stations</i>	
WRGS – Radio- Rogersville	423-272-2628
WMCH- Church Hill	423-357-5601
Other radio stations in surrounding counties will be listed in our plan EOC	
<i>Bulletin Boards</i>	
Courthouse/Annex	423-272-7359
Jail Complex	423-272-7359
Bulletin Boards at businesses and churches and community centers	
Web Sites	N/A
Hawkins County Government	hawkinscountyttn.gov Mayor Crockett Lee is main contact. Martha or Alana

Media	Contact Information
	if Lee is not available. 423-272-7359
<i>Community Newsletters</i>	<i>N/A</i>
<i>Hotlines/Phone recordings</i>	<i>N/A</i>
<i>Other</i>	<i>N/A</i>

Section 9. Workforce and Psychosocial support

Organization	Services willing & able to provide:	Contact information
Neighborhood Services	Food Distribution	423-272-2830
Shepherd’s Center	Delivery of Medication, food, supplies and spiritual support.	423-272-4626
Church Hill Senior Center	Meals, psychosocial support	423-357-5387
Rogersville Senior Citizen and Nutrition Center	Meals, psychosocial support	423-272-9186
Mt. Carmel Senior Citizen Center	Meals, psychosocial support	423-357-3281
Emergency Food Services	Food Distribution	423-357-7228
Holston Valley Baptist Association	Coordinate Disaster Relief for Faith Based Community	John Parrott 423-272-7318
St Vincent DePaul Society	Utility Assistance, Food, Clothing	423-288-8222
Church Hill Clothes Closet	Clothing	423-357-7004

JOHNSON COUNTY ANNEX

Lead Agency: Johnson County Health Department

Caroline Hurt, Director

(423) 727-9732 x 105

Emergency and Support Agencies 3

Support Agency	Phone
1. EMA a. Director -- Cliff Dunn	423-727-7929
2. TEMA a. Bill Worth	1-800-533-7343 (865) 981-5287
3. State Homeland Security District a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Chief Jerry Proffitt (city) b. Sheriff Mike Reece (county) c. General Sessions Judge William Bliss Hawkins	423-727-8537 423-727-8353 423-727-9486
5. Primary EMS Provider a. Paul Anderson - Johnson County Rescue Squad	423-727-6531
6. County/City Mayors office a. Dick Grayson – County Mayor b. Harvey Burniston – Mountain City Mayor	423-727-9696 423-727-2940
7. Hospitals a. Johnson County Community Hospital – Lisa Heaton, CEO *The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually.	423-727-1100
8. Rescue Squad a. Paul Anderson b. Willie Debord	423-727-6531 423-727-6531

Support Agency	Phone
9. Fire Department a. Mountain City Fire Dept. b. 1 st District VFD c. Doe Valley VFD) d. Butler VFD)	423-727-6754 423-727-0227
10. Board of Education a. Morris Woodring, Director of Schools (County) b. Kenneth Gregg (Board Chair)	423-727-9184 423-727-2640
11. Red Cross a. Tom Neaves	423-727-8121
12. Media a. Celia Pennington, Editor (Tomahawk Newspaper) b. WMCT Radio (Jim Gilley)	423-727-6121 423-727-6701
13. State Dept of Human Services Region Local Office a. Jack Hensley, Area Manager b. Amanda Howard, Local Supervisor	423-543-3189 423-727-7704
14. Chamber of Commerce	423-727-5800

Operational Sections: Johnson County

Section 1: Continuity of Operations

(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan for Syndromic Surveillance procedures.)

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals	Capacity	Phone
Johnson County Community Hospital * See Regional Plan for Pandemic Flu Coordinator attachment	2 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-727-1100

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Long-term care facility	Capacity	Phone
Mountain City Care Center	120	423-727-7800
Assisted Care Facility		
Blue Ridge Assisted Living	30	423-727-1222

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
Mountain City Extended Hours Clinic	40	423-727-1150
Mountain City Medical Center *(Federal 330 Site)	65	423-727-6319

Primary Care Offices **	Capacity (Avg. Daily Visits)	Phone
Johnson County Medical Group	40	423-727-1100
Barker Family Practice	20	423-727-4561
Raina Sluder	20	423-727-8630
Donald Tarr	15	423-727-7711
Donald Walters	20	423-727-0209
Mountain City Medical Center *(Federal 330 Site)	65	423-727-6319
Mountain City Extended Hours Clinic	40	423-727-1150
** Database of acute care physicians is maintained and updated annually by BT Nursing Consultant at the Northeast Tennessee Regional Health Office		

Family Practice	Capacity (Avg. Daily Visits)	Phone
**See those in the Primary Care Offices Section		

Pediatrician	Capacity (Avg. Daily Visits)	Phone
None		

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
Amedisys	170	423-727-7391
Johnson County Home Health	40	423-727-3250

Mental Health Agency	Capacity (Inpatient)	Phone
	none	
	(Outpatient Daily Visits)	

Johnson County Counseling Center	15	423-727-2100
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Other/Shelters/Homeless		
Safe Haven (domestic violence shelter)		423-727-1914

Correctional facilities	Capacity	Phone
Northeast Correctional Complex	1670 (Johnson County) 180 (Carter County Annex)	423-727-7387
Johnson County Jail		423-727-7761

Section 5. Vaccine

Sites will operate per regional guidance in the Northeast Tennessee Regional Plan. Staff of the Johnson County Health Department will provide back-up to the Carter County Health Department, which is one of two secondary sites to administer vaccine in the Northeast Region, in a pandemic flu event per plan guidance.

Section 6. Antivirals

(Refer to Northeast Tennessee Regional Plan)

Section 7. Community Interventions

(1) Pre-pandemic case investigation and management:

Isolation and quarantine activities will be initiated by the Local Health Officer acting in concert with and at the advisement of the TDH RHOC and SHOC and working with local agencies. Should quarantine of suspect cases or isolation of infected cases be initiated by the Local Health Officer, and should court-ordered Health Directives, Temporary Holds, or Public Health Measures become necessary, the Local Health Officer will work in coordination with General Sessions Judge (William Hawkins) to affect any necessary directives, temporary holds, or measures. If quarantine and/or isolation measures are necessary and home is not an option for the cases in question, the EMA Director (Cliff Dunn) via the EOC will solicit assistance from the local Red Cross Coordinator (Tom Neaves), for potential sheltering per this agency’s guidelines and protocols as appropriate and possible.

(2) Regional containment (social distancing measures):

The County Mayor (Dick Grayson) will act upon direct advisement from local, regional, and state public health representatives to initiate and support social distancing measures as deemed necessary and as approved by the Commissioner of Health. Information and alerts concerning social distancing measures will be disseminated and achieved following the EMA’s County Emergency Management Plan, specifically ESF 2 and ESF 5-1, 5-2 (sections attached).

Notification of closures and social distancing measures will be communicated to the public through the use of a JIC initiated by the EOC/EMA Director and the County Mayor, and will include the County Health Director and the County Health Educator (local public health PIO) in coordination with the RHOC and regional communication guidelines. The EOC and the JIC may request assistance from the local Chamber of Commerce to contact the more than 200 local businesses in its membership. The JIC will present unified messages to the local

television and radio stations and newspapers regarding closures and social distancing measures.

The Commissioner of Health or his designee is responsible for determining when school interventions should be initiated and lifted based upon the State Epidemiologist’s recommendations. The Commissioner of Education is responsible for recommending to the LEA necessary interventions up to and including closure of public schools, while the Department of Human Services will be responsible for recommending closure of daycare centers in affected areas for the duration of a pandemic wave. Should the Johnson County Schools need to be closed due to necessary regional containment and social distancing measures (as directed by the County Mayor locally or the State Department of Education statewide), the following closure policy and process will be followed:

- The County Director of Schools, Morris Woodring, and the City Director of Schools, Dr. David Roper, will make the final decision to affect closure of their respective schools.
- Once the decision to close schools is made, the Director of Schools’ offices will contact local television and radio stations using established call trees and procedures in place in both the City and County School System Offices.
- The Director of Schools’ offices will notify Principals at each school within the two respective systems; the Principals will in turn begin a staff call tree.
- The Director of Schools’ offices will notify their respective Transportation Directors (Barry Bishop) who will in turn notify the bus drivers for each school system.

Major County Industry	County Procedures/ Plans
Tourism Industry	
Licensed child care facilities	Local day care centers will follow EMA Director and Local Health Officers recommendations for day care closings. Department of Human Services will also communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.
Private Schools	
Poultry farms(if applicable)	
Mass Transportation	
Language barriers	Available through Health Dept. as activated through County Emergency Management Plan
Homeless Populations	

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer – TDH/RHOC	423-979-3200
2. Cliff Dunn Tom Taylor	EMA Director EMA PIO	423-727-7929
3. Dick Grayson	County Mayor	423-727-9696
4. Angie Stout	Public Information Officer – Johnson County Health Dept.	423-727-9731
5. Caroline Hurt	County Director – Johnson County Health Dept.	423-727-9731
6. David Timbs	Johnson County School System PIO	423-727-2640
7. Howard Carlton	Warden – Northeast Correctional Center Complex	423-727-7387

The local Emergency Operations Center (EOC) will be fully activated during a pandemic flu event. Once activated, the EOC will form a Joint Information Center (JIC) made up of the primary representatives listed above and joined as needed by representatives to the JIC from local healthcare entities. The JIC will receive messages of information and instruction to the public from the TDH RHOC (having received unified messages from the TDH SHOC) and will distributed this information, instruction, and message to the public via local media listed in County Annex Core Plan Support Agency listing “12. Media”. Area television coverage (stations located outside of the county, in Johnson City, Kingsport, Bristol) will be accessed through the TDH RHOC’s Public Information Officer. The local Tomahawk newspaper will be regularly accessed by the EOC to monitor feedback from the public as to their response to and understanding of messages conveyed.

Media Outlets 5

Media	Contact Information
<i>Television Stations</i>	
Charter Cable Community Message Board (channel 2)	
<i>Newspapers</i>	
The Tomahawk	423-727-6121

Media	Contact Information
<i>Radio Stations</i>	
WMCT Radio	423-727-6701
<i>Bulletin Boards</i>	
Johnson County Bank	
Farmers State Bank	
Elizabethton Federal	
<i>Web Sites</i>	
www.mountaincityonline.com	
<i>Other</i>	

Section 9. Workforce and Psychosocial Support

(Refer to Northeast Tennessee Regional Plan as well as the Community Resource Directory located in the RHOC (for information on food, sheltering, employment, clothing and educational resources in each county) and with the Regional Social Counselor.

Organization	Services willing & able to provide:	Contact information
Pleasant Grove Baptist Church	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Dan Little 3349 Roan Creek Rd. Mountain City, TN 37683 423-727-6005
Freewill Baptist Church	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Mountain City, TN 37683 423-727-6267
First Baptist Church	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Jewel Triplett 421 W. Main Street Mountain City, TN 37683 423-727-9711
Safe Haven Inc.	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis Provide Shelter for the community	Karen S. Reesman P.O. Box 176 Mountain City, TN 37683 423-727-1914

Organization	Services willing & able to provide:	Contact information
Frontier Health	Out Patient Mental Health Counseling/ Crisis response for the community and for employees	423-727-2100
Johnson County Counseling Center	Mental Health Resources [in and out-patient] to the community	Toni Wheeler 318 Donnelly Street

Northeast Tennessee Region Pandemic Influenza Plan

	and for employees	Mountain City, TN 37683 423-727-2100
Woodridge Hospital	Mental Health Resources [in and out-patient] to the community and for employees	800-346-8899
Johnson County Safe Haven	Mental Health Resources [in and out-patient] to the community and for employees	Karen Reesman P.O. Box 176 Mountain City, TN 37683 423-727-1914

UNICOI COUNTY ANNEX

Lead Agency: Unicoi County Health Department
 Gary Range, Director
 (423) 743-9103

Emergency and Support Agencies 4

Support Agency	Phone
1. EMA a. Director – Ed Herndon	423-735-3099
2. TEMA a. William Worth	865-981-5287
3. State Homeland Security District # 2 a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Sheriff – Kent Harris	423-743-1850
5. Primary EMS Provider a. Ken Tipton	423-735-4007
6. County/City Mayors office a. Greg Lynch – Mayor of Unicoi County b. William Don Lewis – Mayor of Erwin c. Johnny Lynch – Mayor of Unicoi	423-743-9391 423-743-1890 423-743-7162
7. Hospitals a. Unicoi County Memorial Hospital *The Regional Hospital Coordinator for the Northeast Region will update hospital contact information annually.	423-743-3141
8. Rescue Squad a. N/A	N/A
9 Fire Department a. Erwin Fire Department b. Southside Volunteer Fire Department c. Unicoi Volunteer Fire Department d. Limestone Cove Volunteer Fire Dept.	423-743-3131 423-743-1881 423-743-7921 423-743-9007
10. Board of Education a. Denise Brown – Superintendent b. Tammy Larkey – School Nurse	423-743-1600 423-743-1600

Support Agency	Phone
11.Red Cross a. Kingsport Chapter	423-743-4522
12.a Media b. Mark Stevens – Erwin Record c. Betty Chandler – Valley Beautiful Beacon d. Jim Wozniak – Johnson City Press	423-743-4112 423-743-8425 423-743-4141
13. State Dept of Human Services Region Local office a. Brian Merritt	423-743-3166
14. Chamber of Commerce	
a. Amanda Bennett Hensley	423-743-3000

Operational Sections: County

Section 1: Continuity of Operations

(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan)

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals	Capacity	Phone
Unicoi County Memorial Hospital * See Regional Plan for Pandemic Flu Coordinator attachment	48 *The HRTS System will be used to track bed availability and other hospital resources during an emergency.	423-743-3141
Long-term Care facility	Capacity	Phone
Unicoi County Memorial	46	423-743-3141
Long-Term Care Facility		
Erwin Health Care Center	120	423-743-4131
Administration – Troy Gaddy		
Center for Aging & Health Administration – Alex Gaddy	120	423-743-7669

Northeast Tennessee Region Pandemic Influenza Plan

Assisted Care Facility	N/A	N/A
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Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
Dr. Randy Dixon Erwin Medical Clinic	15-20	423-743-9994

Primary Care Offices **	Capacity (Avg. Daily Visits)	Phone
Dr. Diane Campbell	15-20	423-743-8400
Dr. J.W. Colinger	35-40	423-743-6141
Dry Creek Medical Center	40-50	423-743-9169
Dr. Gordon Moughon	15-20	423-743-6169
** Database of acute care physicians is maintained and updated annually by BT Nursing Consultant at the Northeast Tennessee Regional Health Office		

Family Practice	Capacity (Avg. Daily Visits)	Phone
Dr. Diane Draper	35-40	423-743-5194
Dr. Charles Miller	10-15	423-423-735-4160
Dr. Joseph Beverly	25-30	743-4777

Pediatrician	Capacity (Avg. Daily Visits)	Phone
N/A	N/A	N/A

Home Health Agency	Capacity (Avg. Daily Visits)	Phone
Unicoi Co. Home Health	20	423-735-7001
Housecall Home Health	20	423-743-8317

Mental Health Agency	Capacity (Inpatient)	Phone
Erwin Mental Health Center	N/A	423-743-1470
	(Outpatient Daily Visits)	
	30 (2-X Wks.) When Physician is present	
	15-20 days – No Physician is present.	

Other/Shelters/Homeless		
Erwin Housing Authority	N/A	423-743-5231
CHIPS	N/A	423-743-0022

Correctional facilities	Capacity	Phone
Unicoi County Jail Facility	45	423-743-1858

Section 5. Vaccine

Refer to the Northeast Tennessee Regional Pandemic Influenza Plan.

Section 6. Antivirals

Refer to the Northeast Tennessee Regional Pandemic Influenza Plan.

Section 7. Community Interventions

Nuclear Fuel Services Facility is the county’s largest employer. Sarah Barron is the contact person for Nuclear Fuel Services. Nuclear Fuel Services has their own Emergency Management plan that meets Federal, State, County guidelines. Nuclear Fuel Services has a plan for workforce reduction due to any crisis including a pandemic flu situation.

Unicoi County School System has implemented a Crisis Management and Response Plan since May 2006. This plan would take effect during a Pandemic Flu including a possible closure of schools if recommended by county health officials. The Unicoi County School plan concurs with the recommendations of the regional/state plan. The Commissioner of Education is responsible for recommending to the LEA necessary interventions up to and including closure of public schools, while the Department of Human Services will be responsible for recommending closure of daycare centers in affected areas for the duration of a pandemic wave. The Superintendent of schools would notify the public by using one unified message to the local media.

County Medical Officer and appropriate county/city mayors would issue social distancing polices by utilizing the local media outlets via the Joint Operations Center directives. Isolation and quarantine activities will be initiated by the county medical director working with advisors from the State Health Operations Center (SHOC) and Regional Health Operations Center (RHOC) with the Tennessee Department of Health.

Major County Industry	County Procedures/ Plans
Cherokee Adventures	Due to the nature of this industry, social distancing is inherently part of the operation. Contacting Cherokee Adventures with appropriate recommendations would be required.
Higher Educational or Technological Institutions a. N/A	N/A
Licensed child care facilities a. Telemon 423-743-2028 b. Unicoi Child Care	Local day care centers will follow EMA Director and Local Health Officers recommendations for day care closings. The Department of Human Services will also communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.

Major County Industry	County Procedures/ Plans
Center 423-743-5052	
Private Schools N/A	N/A
List Major Industries Nuclear Fuel Services CSX Transportation Specialty Tires N & N Ball & Roller Morrill Motors Morrill Electric	Workforce and Social Support
List Mass Transportation N/A	N/A
Language barriers Spanish	Bilingual messages will be released via JIC with support from county EMA and TDH.
Homeless populations N/A	N/A

Section 8. Communication

Guidelines and public information messages and protocol for dissemination will come from Tennessee Department of health Regional (RHOC/ State (SHOC) offices to represent and ensure unified message. When calling the local health department, citizens of Unicoi County will hear a recorded message giving instructions on how and where current information can be obtained.

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer	423-979-3200 Ext: 146
2.Ed Herndon	EMA Director	423-735-3099
3. Greg Lynch	Unicoi County Mayor	423-743-9391
4. William Don Lewis	Erwin Mayor	423-743-1890
5. Johnny Lynch	Unicoi Mayor	423-743-7162
6. Becky Cassell	PIO Unicoi County Health	423-743-9103

	Department	
7. Gary Range	Director- Unicoi County Health Department	423-743-9103

Media Outlets 6

Media	Contact Information
Television Stations	
N/A	N/A
Newspapers	
Erwin Record	Mark Stevens 423-743-4112
Valley Beautiful Beacon	Betty Chandler 423-743-8424
Johnson City Press	Mark Wozniak 423-743-4141
Radio Stations	
WEMB-AM	Jimmy Harness 423-743-6123
WXIS-FM	Jimmy Harness 423-743-6122
Bulletin Boards	
N/A	N/A
Web Sites	
unicoitownhall@comcast.net	N/A
info@unicoicounty.org	
Community Newsletters	
N/A	N/A
Hotlines/Phone recordings	
N/A	N/A
Other	N/A
Erwin Record	Mark Stevens
Valley Beautiful Beacon	Betty Chandler
Johnson City Press	Mark Wozniak
WEMB-AM	Jimmy Harness
WXIS-FM	Jimmy Harness

Media	Contact Information

Section 9. Workforce and Psychosocial support

(Refer to Northeast Tennessee Regional Plan as well as the Community Resource Directory located in the RHOC **(for information on food, sheltering, employment, clothing and educational resources in each county)** and with the Regional Social Counselor (Lynn Ray)

Organization	Services willing & able to provide:	Contact information
Unicoi City Neighborhood Service Center	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	Vicki Garland 109 Gay Street Erwin, TN 37650 423-743-4103
Erwin Mental Health Center	Mental Health Counseling	423-743-1470
American Red Cross	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	423-743-4522
First TN Human Resource Transportation	Provide delivery of medication, food, supplies, and spiritual support on an as-needed basis	112 E. Myrtle Ave. Suite 101 Johnson City, TN 37601 Steve Ferrell- 423-461-8200 Edna Lowery-423-461-8233
Care and Share	Sheltering for the community	Myrtle Williamson 724 Ohio Ave. Erwin, TN 37650 423-743-3166

Organization	Services willing & able to provide:	Contact information
Erwin Mental Health Center	Mental Health Counseling to the community and employees	Jeanne Richardson 218 N. Main Street Erwin, TN 37650
Frontier Health	Mental Health Counseling	423-467-3600
Indian Path Pavilion	Mental Health Counseling	1-800-366-1132
Woodridge Hospital	In-patient Services	1-800-346-8899
Contact Ministries	Mental Health Counseling and Crisis Counseling	

WASHINGTON COUNTY ANNEX

Lead Agency: Washington County Health Department

James T. Carson, Director
(423) 975-2200

Emergency and Support Agencies 5

Support Agency	Phone
1. EMA a. Director: Nes Levotch b. Operations: Douglas Cooper	423-434-6081 423-926-6971 423-434-6082
2. TEMA a. William Worth	865- 981-5287
3. State Homeland Security District a. Dwayne Collins	423-318-2566 423-273-1120
4. Law Enforcement a. Sheriff: Ed Graybeal b. Chief of Police: John Lowry c. Public Safety Director: Craig Ford d. ETSU Public Safety e. TN Highway Patrol f. V.A. Police	423-461-1414 423-434-6159 423-753-3133 423-348-6144 423-926-1171
5. Primary EMS Provider a. Director: Allen Taylor	423- 975-5500
6. County/City Mayors office a. George Jaynes-Washington County Mayor b. Steve Darden –Johnson City Major c. Tobie Bledsoe-Jonesborough Mayor	423-753-1666 423-434-6000 423-753-1030
7. Hospitals a. Mountain States Health Alliance JCMC b. Mountain States Health Alliance Northside c. Mountain States Health Alliance Specialty d. Veterans Administration Medical Center e. Mountain States Health Alliance Woodridge Hospital	423-431-6566 423-854-5600 423-434-1414 423-926-1171 ext 7745 423-928-7111

Support Agency	Phone
8. Rescue Squad a. Dan Wheely	423-975-5500
9. Fire Department a. Johnson City Fire Bureau b. Jonesborough Fire Department c. Limestone Volunteer Fire Department d. Nolichucky Volunteer Fire Department e. Gray Volunteer Fire Department f. Embreeville Volunteer Fire Department g. Sulphur Spring Volunteer Fire Department h. Fall Branch Volunteer Fire Department i. Watauga Volunteer Fire Department	423-975-2844 423-753-1048 423-257-2571 423-257-2111 423-477-3851 423-753-5551 423-753-8954
10. Board of Education a. Grant Rowland – Director of Schools b. Dr. Richard Bales – Director of Schools	423-753-1100 423-434-5200
11. Red Cross a. Johnson City Chapter	423- 928-3561
12.a Media b. Johnson City Press c. News & Neighbor d. Herald & Tribune e. Citidel Broadcasting f. WJHL TV	423-722-1316 423-979-1300 423-753-3136 423-477-1040 423-434-4504
13. State Dept of Human Services Region Local office a. David Calhoun	423- 434-6601
14. Chamber of Commerce – Gary Mabrey	423- 461-8000

Operational Sections: County
Section 1: Continuity of Operations
(Refer to Northeast Tennessee Regional Plan)

Section 2: Disease Surveillance

(Refer to Northeast Tennessee Regional Plan)

Section 3: Laboratory

(Refer to Northeast Tennessee Regional Plan)

Section 4: Healthcare Planning

Hospitals*	Capacity**	Phone
Johnson City Medical Center	468	423- 431-6565
Northside Hospital	85	423- 952-1732
James H. Quillen VA Medical Center	90	423- 926-1171 ext 7745
James H. and Cecile C. Quillen Rehab Hospital	60	423-952-1700
Johnson City Specialty Hospital	49	423- 926-1111
Woodridge Hospital	75	423- 928-7111
* See Regional Plan for Pandemic Flu Coordinator attachment	**The HRTS System will be used to track bed availability and other hospital resources during an emergency.	

Long-term Care facility	Capacity	Phone
John M. Reed Home for the Aged	63	(423) 257-6122
V.A. Long Term Care	100	(423) 979-2823
Appalachian Christian Village	103	(423)232-8229
Asbury Place	84	(423) 975-2000
Four Oaks Health Care Center	84	(423) 753-8711
Lake bridge Health Care Center	109	(423) 975-0095
Life Care Center of Gray	133	(423) 477-7146
N H C Health Care	160	(423) 282-3311
Assisted Care Facility		
Appalachian Christian Village	240-260	(423) 232-8229
Broadmore Assisted Living	55	(423) 282-0300
Pine Oaks Assisted Living	65	(423) 232-5500
Franklin Transitional Care	13	

Walk in Clinics	Capacity (Avg. Daily Visits)	Phone
First Assist Urgent Care	Average 100-125 daily	423- 915-5000
		423- 753-0721
		423- 467-4802

Northeast Tennessee Region Pandemic Influenza Plan

Value Care	25-35	423- 232-5100
Doctor's Care	25-35	423- 928-2135

Primary Care Offices	Capacity (Avg. Daily Visits)	Phone
Johnson City Downtown Clinic	50-75	423- 926-2500
Washington Co Health Department	40-50	423- 975-2200
Limestone Medical Clinic	50-60	423- 257-8089
V.A. Primary Care	50-60	(423) 979-3472

Family Practice	Capacity (Avg. Daily Visits)	Phone
Allen Allied Healthcare		423- 283-9913
Appalachian Medical Center	100	423- 282-4170
Blue Ridge Family Physician	200-250	423- 952-8000
Family Physicians of JC	60	423- 282-5611
First Choice Healthcare	150	423- 928-5111
Gray Family Clinic	25-28	423- 467-8001
Gray family Healthcare	28	423- 477-0600
Family Medicine	150	423- 979-6257
Joanne C. Lynch	12-15	423- 753-4032
Medical Care LLC	100	423- 929-2584
Pinnacle Family Medicine		423- 282-8070
Limestone Medical Center		423- 257-8089

Pediatrician	Capacity (Avg Daily Visits)	Phone
Johnson City Pediatrics	100-125	423- 926-3183
ETSU Physicians & Associates	100-125	423- 439-7320
Premier Pediatrics	50-60	423- 929-2454
First Choice Health Care & Pediatrics Association	100-125	423- 928-3112
Providence Pediatrics	25-30	423- 477-2042

Home Health Agency	Capacity (Avg Daily Visits)	Phone
A Helping Hand	10-15	423- 610-8550
Amedisys Home Health Care	60-75	423- 952-2340
Caris Health Care	25	423- 929-2044
Elder Care Personal Services	50-60	423- 926-9158
Home Instead	50-60	423- 753-5111
Medical Center Home Care & Hospice Services	15	423- 431-6146 (800) 327-5447

Northeast Tennessee Region Pandemic Influenza Plan

Integrity Health Care	40	423- 979-1001
Medi Home Private Care	21	423- 926-5600
Mediserve Medical Equipment	25	423- 477-9806
NHC Home Care	25	423- 434-0163
Pro Careers LLC	45	423- 926-2959
Pro Care Home Health Services	100	423- 434-5130
Wilson Pharmacy Home Health	10-15	423- 928-7898

Mental Health Agency	Capacity (Inpatient)	Phone
Frontier Health	-0- No Inpatient	423- 232-2651 ;232-2670
MSHA –Woodridge Hospital		423- 928-7111
Preferred Alternative of TN		423- 434-4201
	(Outpatient Daily Visits)	
Watauga Children & Youth Services		423- 232-2700
Watauga Square Senior Living		

Other/Shelters/Homeless		
Salvation Army		423- 926-5088 ; 926-2101
Good Samaritan Ministries		423- 928-0006
Haven of Mercy		
V.A. Domiciliary		(423) 979-2984
Safe Passage		(423) 926-7233
Downtown Clinic Day Room		(423) 926-2500

Correctional facilities	Capacity	Phone
Washington County Detention Center	342 Beds	423- 753-1735
Johnson City Jail	100	(423) 434-6144

Section 5. Vaccine

(Refer to Northeast Tennessee Regional Plan)

Section 6. Antivirals

(Refer to Northeast Tennessee Regional Plan)

Section 7. Community Interventions

In the absence of a vaccine, Washington County will use “social distancing” to prevent virus spread in crowd settings. During a severe pandemic wave, public gatherings will be cancelled by mandate and will follow the state plan. During a milder pandemic wave, “crowd

avoidance” will be recommended. State imposed mandates will stop school functions and large public gatherings. The determination for local industry closure will be made by the County Mayor upon recommendation of the Governor, State Health Officials, or the Public Health County Medical Director and will function under the Emergency Management Plan and coordinate with the EOC. The County Mayor will make other appropriate closures based on the current pandemic situation.

Although voluntary compliance for social distancing will be used, the general public health may require isolation and quarantine which will be implemented by agreement of the General Sessions Judge, County Mayor, and Public Health County Medical Director.

Public school closure will be determined by the Governor, County Mayor, or their agents-Commissioners or local Director of Schools. Day Care Facilities will follow the directives of the Department of Human Services.

Major County Industry	County Procedures/ Plans
Tourism Industry Jonesborough Storytelling Center Appalachian Fair & related Activities Bristol Motor Speedway Park & Rec. Athletic Tournaments Movies at the Lake Jonesborough Days Umojah Festival Blue Plum Festival	--Identify and develop partnerships with key stakeholders in local tourism industry --Identify methods of communication pre/during/post pandemic
Higher Educational or Technological Institutions a. ETSU (423)439-1000 b. Johnson City Vocational School c. Tusculum College of Bones Creek d. Northeast State of Gray * Refer to the Northeast TN Regional Plan.	
Licensed Child Care Facilities a. ETSU Little Bucs 439-7549 b. Play Station-The Kids Depot 926-5526 c. Baby Zone Child Care Center 928-1997 d. Boones Creek Child Care Center 283-9453 e. Central Baptist Church Preschool 926-3696 f. Cherokee Christian Learning Center 929-0769 g. Early Learning Center 926-	Local day care centers will follow EMA Director and Local Health Officesr recommendations for day care closings. Department of Human Services will also communicate to the licensed day care centers to cooperate with recommendations to close the centers in the event of a pandemic influenza.

Major County Industry	County Procedures/ Plans
<p>0700</p> <p>h. Family Resource Center Keystone 926-9135</p> <p>i. Gray United Methodist Church Pre-School 477-8436</p> <p>j. Johnson City Kidz Clubhouse Inc. 926-2221</p> <p>k. Kidz Clubhouse 913-1323</p> <p>l. Kindercare Learning Center 282-4094</p> <p>m. Kountry Kids Preschool & Learning Center 257-6951</p> <p>n. Little Bo-Peep Learning Center 753-9200</p> <p>o. Mother Goose Day Care 926- 8702</p> <p>p. Mountain View Baptist Church Daycare 282-3265</p> <p>q. Noah’s Ark Playcare 282-0921</p> <p>r. Parkway Preschool 913-3032</p> <p>s. Pinecrest Baptist Kindercare 926-5526</p> <p>t. Princeton Prep-283-4549</p> <p>u. Small Steps Children Academy 928-4686</p> <p>v. Southwestern Baptist Church Weekday Education Program- Daycare 928-5162</p> <p>w. Stepping Stones Daycare 928- 6600</p> <p>x. Sulphur Springs Community Child Care 753-2345</p> <p>y. Sundale Preschool & all Stars Kids Club 283-9439</p> <p>z. TLC Daycare Learning Center 434-2007</p> <p>aa. Tiny Town 928-6072</p> <p>bb. Tri Cities Christian Schools Gray Preschool 477-3041</p> <p>cc. Wesley Nursery Kindergarten & Elementary 282-0422</p>	
<p>Private Schools</p> <p>a. Ashley Academy 929-7888</p> <p>b. Providence Academy 854- 9819</p> <p>c. Tri-Cities Christian Schools 282-0422</p> <p>d. St. Mary’s 282-3397</p>	

Major County Industry	County Procedures/ Plans
<p>List Major Industries</p> <ul style="list-style-type: none"> a. Citi Commerce Solutions 1,700 employees b. American Water Heater 1,194 employees c. Cingular Wireless 1,000 employees d. Advance Call Center Technologies 600 employees e. Superior Industries International 540 employees f. Fairfield Resorts, Inc. 510 employees g. TPI Corporation 400 employees h. Tarkett, Inc. 380 employees employees i. Kennametal, Inc. 364 employees j. Bosch Braking systems 350 employees k. Bush Hog 350 employees l. Mountain States Health Alliance 3,541 employees m. ETSU 1,990 employees n. Washington County Schools 1,275 employees o. V.A. Center 1,259 employees p. Johnson City Schools 851 employees q. City of Johnson City 843 employees r. Frontier Health 500 s. Sprint Customer Care 358 employees t. Banta Southeastern 351 employees u. White’s Fresh Foods 334 employees 	<p>Workforce and Social Support</p> <p>Each industry will be encouraged to compile a plan for their business.</p>
<p>Poultry farms(if applicable)</p> <p>NA</p>	
<p>List Mass Transportation</p> <ul style="list-style-type: none"> a. Johnson City Transit System 929-7119 b. NET Trans Rural Public Transportation 461--8233 	

Major County Industry	County Procedures/ Plans
Language barriers Spanish Deaf Community	Available through East TN State University as well as the Washington County/ Johnson City Health Department
Homeless populations	Alternate Housing options Infection Control methods

Section 8. Communication

Public Information Officer/alternates/support staff	Title/Agency	Phone/contact numbers
1. Teresa Roberts	Public Information Officer	423- 979-3200
2. Nes Levotch	Washington County EMA	423- 434-6081
3. Steve Darden	Johnson City Mayor	423- 434-6000
4. Tobie Bledsoe	Jonesborough Mayor	423- 753-1030
5. George Jaynes	County Mayor	423- 753-1666
6. Paula Masters	PH Washington County PIO	423- 975-2200
7. Becky Hilbert	Public Information Officer	434-6021
8. James Watson	Public Information Officer	434-1313
9. Judy Argo-Fowler	Public Information Officer	926-1171
10. Dr. Debra Bently	Public Information Officer	434-5224

Media Outlets 7

Media	Contact Information
Television Stations	
WJHL	Josh Smith newstips@wjhl.com
WCYB	Johnny Wood news@wcyb.tv
	tradnoczi@wcyb.com
Newspapers	
Johnson City Press	Teresa Hicks

Media	Contact Information
	www.thicks@johnsoncitypress.com 722-1316; 929-7484 fax
News & Neighbor	Bill & Judy Derby www.newsandneighbor.com 979-1300 ; 979-1307 fax
Herald & Tribune	Lisa Whaley 753-3136 ; 753-6528 fax
Elizabethton Star	John Thompson 928-4151
Kingsport Times News	392-1374
Greeneville Sun	638-4181
Radio Stations	
WJCW, WKIN, WQUT, WKOS	Jeff Hall jeffhall@citcomm.com
WXBQ, WAEZ, WPJO, WFHG	Steve Blevins www.wxby.com reggie@wxbq.com
WETS	Ron Wickman winkler@xtn.net
WZAP	Al Morris wzapradio@aol.com
WCQR	
WETB	929-8900
Bulletin Boards	
Johnson City-Becky Hilbert	
Web Sites	
www.johnsoncitytn.com	
www.washingtoncountyttn.com	
www.tricities.com	
Community Newsletters	NA
Hotlines/Phone recordings	NA
Electronic news letter goes to all Chamber of Commerce Members	1,100 members

Section 9. Workforce and Psychosocial support

(Refer to Northeast Tennessee Regional Plan as well as the Community Resource Directory located in the RHOC (**for information on food, sheltering, employment, clothing and educational resources in each county**) and with the Regional Social Counselor.

Organization	Services willing & able to provide:	Contact information
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Northwest Tennessee Region Pandemic Influenza Plan

Frontier Health	Mental Health Counseling and crisis response	423- 232-2651; 232-2670
Woodridge Hospital	Mental Health Counseling	423- 928-7111
Watauga Children & Youth Services	Mental Health Counseling	423- 232-2700
Holston Baptist Association	Spiritual support for the community and employees	423- 929-1196
First Presbyterian Church	Spiritual support, shelter and food community and employees	Lymon Fulton, MD Boone and Main St. Johnson City, TN 37660 423-926-5108
Good Samaritan	Spiritual support, food, shelter and meds for community	Sarah Wells 603 Bert Street Johnson City, TN 37605 423-928-9288
Safe Passage	Spiritual support, food, shelter and meds for community	Susan Perlman P.O. Box 162 Johnson City, TN 37605 423-926-7233
Second Harvest Food Bank	Provide food, supplies, and spiritual support on an as-needed basis for the community	Rhonda Chafin 127 Dillon Court Gray, TN 37615 423-477-4053
Haven of Mercy	Shelter, food and personal items as needed for the community	Jim Magiatotti 123 W. Midland Street Johnson City, TN 37605 423-929-0616
Johnson City Downtown Clinic	Provide medical assistance and personal hygiene products to the community	Susan Reed or Carol McNee 202 W. Fairview Johnson City, TN 37604 423-926-2500

Organization	Services willing & able to provide:	Contact information
Behavioral Health of Greeneville	Mental Health Counseling	423- 787-0238
Charlotte Taylor Center	Mental Health Counseling	423- 547-5950
Indian Path Pavilion	Mental Health Counseling	(800) 366-1132
Watauga Mental Health Center	Mental Health and Crisis counseling for the community and staff	Natalie Honeycutt 106 E. Watauga Ave. Johnson City, TN 37605 423-232-2600
Manna House	Mental Health and Crisis counseling for the community and staff	Robert Garrett 2111 W. Mountcastle Johnson City, TN 37604 423-434-2278
Veterans Affairs	Mental Health and Crisis counseling veterans	David Hansard 122 H. Street Mountain Home, TN 37684

Northeast Tennessee Region Pandemic Influenza Plan

		423-926-1171

Regional Mental Health, Spiritual and Physical Support Resources:

Organization	Services willing & able to provide:	Contact information
Behavioral Health of Greeneville	Mental Health Counseling	423- 787-0238
Charlotte Taylor Center	Mental Health Counseling	423- 547-5950
Indian Path Pavilion	Mental Health Counseling	(800) 366-1132

National Mental Health, Spiritual and Physical Support Resources:

Organization	Services willing & able to provide:	Contact information
NA		