

**SCHUYLKILL COUNTY
PANDEMIC CRISIS COMMITTEE**

**SUPPLEMENTAL TO
HEALTH AND MEDICAL
EMERGENCY OPERATION PLAN ESF -8**

**Roles and Responsibilities of County Government and
Private Entities During an Emergency**

~ PREFACE ~

Legal Authorization for County to Act during a Pandemic Crisis/Disaster

The following details the powers the County and the State Health Center will have in the event of a pandemic crisis or disaster.

The term “communicable disease” means an illness which is capable of being spread to a susceptible host through the direct or indirect transmission of an infectious agent or its toxic product by an infected person, animal or arthropod, or through the inanimate environment.” (28 Pa Code Sec 27.1) Can the County declare a state of emergency in the event of a pandemic?

The governor of the Commonwealth of Pennsylvania has the authority to issue a State of Emergency. However, the county and lower political subdivisions, under the Emergency Management Services Code have the authority to issue a “Declaration of Disaster Emergency” and the extent of this declaration is defined in Title 35. They have the authority to issue a “Declaration of Disaster Emergency” if a disaster has occurred or if one is imminent. (35 Pa C.S. Sec 7501 (b)). The County Commissioners do have the general power to issue a “Declaration of Disaster Emergency”; however, the term “disaster” must be defined to determine if a pandemic will qualify as a disaster. 35 Pa C.S. Sec. 7102 defines “disaster” as: “a man-made disaster, natural disaster or water caused disaster.” Pandemic would have to fall under the term “natural disaster.” The section goes on to define “natural disaster” as “any hurricane, tornado, storm, flood, high water (listing several other weather or geological related events)...or other catastrophe which results in substantial damage to property, hardship, suffering or possible loss of life.” In order for a pandemic to qualify as a disaster, it must fall under the term catastrophe. “Catastrophe” is not defined in the statute. 1 Pa. C.S.A Sec 1501 states words are to be construed to their common and approved usage. Merriam-Webster defines “catastrophe” as “a momentous tragic event ranging from extreme misfortune to utter overthrow or ruin.” As a pandemic reaches a large amount of the population, it can be argued that it is a “momentous tragic event.” This would be the argument the Commissioners may make if they deem it necessary to issue a “Declaration of Disaster Emergency” in the event of a pandemic. In conclusion, the Commissioners have the power to issue a “Declaration of Disaster Emergency”. However, a pandemic nor any health disaster is not specifically listed as a disaster that warrants a declaration of emergency. Therefore, the Commissioners would have to use the above mentioned legal argument to justify the declaration. What general responsibilities and powers does the State Health Office have with respect to disease prevention?

Few counties (Schuylkill included) have Health Departments; therefore, the State Health Offices are tasked as the local health departments and are primarily responsible for the prevention and control of communicable and non-communicable diseases. This includes public and private schools. (35 P.S. Sec. 521.3). The department has the power to require the heads of hospitals,

laboratories, schools, hotels, lodging houses, nurses, midwives and any other person having knowledge or suspicion of communicable disease to make a prompt report of the disease to the health department (35 P.S. Sec 521.4(b)). In turn, the State Health Office in the county must forward the disease reports to the State Department of Health. (Sec. 521.49(c)). It should be noted that the County may enact ordinances or issue rules and regulations relating to disease prevention which are not less strict than rules provided by statute or by the State Advisory Health Board. (35 P.S. Sec 521.16(c)).

I. Examination and Diagnosis

35 P.S. Sec. 521.7 states that whenever a local medical health officer (defined as a head of a local department of health under 35 P.S. Sec 521.2 (g)) suspects any person of being infected with a communicable disease he shall require that person to undergo an examination to determine if they are infected.

If the Person Refuses the Examination

If a person refuses to be examined, the health department can:

Order the person to be quarantined until it is determined the individual is not infected. Or,

File a petition with Common Pleas, in which a statement from a licensed physician shall be attached stating that such person is suspected of being infected. Within 24 hours, the court will hold a hearing to determine if the person did refuse to submit to an examination. Upon finding that a person refused to submit to an examination without a valid reason, the court shall order the person to submit to the exam. The hearing will be held without a jury, and the attached physician statement shall act as prima facie evidence that the person is suspected of being infected. Any person refusing to submit to a court ordered examination may be committed by the court to an institution in this Commonwealth determined by the Secretary of Health to be suitable for the care of such cases. (35 P.S. Sec. 521.7)

If the Person Refuses Treatment

If a person refuses treatment for a communicable disease when in a communicable stage, the local health department may:

1. Cause the person to be isolated in an appropriate institution until the disease has been rendered non-communicable (35 P.S. Sec 521.11 (a.1)).
2. The local health department must file a petition with Common Pleas to commit the person. (It should be noted that the statute reads as follows: “the secretary or the local health officer may file a petition in the Court of Common Pleas.” Within 24 hours of the filing, the court will hold a hearing without a jury to determine if the person

- refused treatment. Upon a finding that the person has refused, the court will order the person committed (a.2).
3. Religious treatment is acceptable as long as requirements dealing with sanitation, isolation or quarantine are complied with.” (a.3).

II. Does the Health Department have the authority to isolate persons and to quarantine individuals in contact with the infected?

35 P.S. Sec. 521.5 entitled Control Measures authorizes local health departments to carry out control measures upon report of a disease which is subject to quarantine or isolation. The control measures must follow certain regulations.

28 Pa. Code Sec 27.60 (a) authorizes local health departments to isolate persons infected with communicable diseases and to quarantine those who have come in contact with infected persons, to protect the public from the spread of infectious agents. In order to do this without approval from the State Department of Health (as required by 28 Pa. Code Sec. 27.60 (c), the local health department must be a Local Morbidity Reporting Office (LMRO). As Schuylkill County does not have a County Health Department, the actions to quarantine or isolate must be initiated by the State Health Department. Sec. 27.60 (b) reads that the State Health “Department and the local health department will determine the appropriate disease control measure” based on circumstances at the time. Such as: the disease, type of facilities available, patient’s circumstances, and other available information. This wording infers that the state health department should be consulted before action is taken.

1. Isolation

28 Pa. Code Sec. 27.61 provides guidelines for when isolation is appropriate. They are:

- A. Isolation shall be prompt.
- B. The local health department must be an LMRO to order isolation without state approval. (Schuylkill County has no local health department; therefore, the state health office will initiate action).
- C. If more than one jurisdiction is involved, the local health department must receive approval from the State Health Department prior to ordering isolation.
- D. The local health department must provide instructions to the infected person or those responsible for their care and to members of the household, defining the area which the infected person is to be isolated and listing measures to prevent spread of the disease.

2. Quarantine

28 Pa. Code Sec. 27.65 provides guidelines for quarantining individuals that have come in contact with infected persons. They are:

- A. Quarantine must be in addition to isolation of infected persons.
- B. The local health department (if an LMRO) must determine which contacts shall be quarantined, where they shall be placed and issue appropriate instructions.
- C. If another local health department is involved, state approval is required.
- D. The local department shall provide for medical observation of the contacts as necessary.

3. Placarding

When the health department has reason to believe that someone will not comply with the isolation or quarantine order, and the local department deems it necessary, placards may be used (28 Pa. Code Sec 27.66). Placarding is the posting on a home or building of a sign or notice warning of the presence of communicable disease within the structure and the danger of infection within. (28 Pa. Code Sec 27.1)

4. Movement of Isolated or Quarantined Persons

A person subject to isolation or quarantine may be moved only with the permission of the local health department (only if the local department is an LMRO). Interstate transportation of these individuals can only be done with approval from the State Department of Health. After the move is complete, the period of isolation or quarantine shall immediately resume (28 Pa. Code Sec. 27.67).

5. Release from Isolation or Quarantine

The local health department may release a person from isolation or quarantine when they determine the person is no longer a threat. This can be done without state approval only if the department is an LMRO. Of Interest:

Of note, in the event of an epidemic the Governor can temporarily quarantine or isolate individuals through a written order. (35 P.S. Sec. 2140.301 (a)). If this takes place, the county health department must file an order with Common Pleas within 24 hours for an order to continue the isolation. The court must hold a hearing on the petition within 72 hours to determine whether the continued isolation or quarantine is justified. Notice must be given to the isolated or quarantined individual, and they are entitled to legal representation (Sec. 2140.301 (b)).

In summation, the county health department does have the power to order an examination of a suspected infected person. Their authority also extends to isolating individuals with a

communicable disease, and quarantining those they have been in contact with, without receiving prior approval from the State Department of Health.

Reviewed by Schuylkill County Solicitor's Office

~ Introduction ~

Command and Control

Background – It is recommended that a Unified Command be established under the Incident Command System (ICS) as part of the National Incident Management System (NIMS). Schuylkill County has been using ICS for many years and has considerable training in the application of NIMS. It is possible to have one individual carry out multiple assignments in the ICS structure. The following structure is recommended:

- I. **Unified Command** - State Health Office (PADOH) and Schuylkill County Emergency Management Agency (SCEMA), provide overall operational leadership in consultation with the County Commissioners, the Pennsylvania Department of Health (PADOH) and the Pennsylvania Emergency Management Agency (PEMA). Other members of the Command Staff will be:
 - Safety Officer (SCEMA). Ensure safe operations
 - Liaison Officer (SCEMA). Coordinate efforts of outside response agencies including state and federal resources.
 - Public Information (SCEMA). Establish a Joint Information Center (JIC) for Schuylkill County. Coordinate press releases with the state (JIC). Ensure frequent and accurate medical briefings and press releases.
 - County Solicitor – Provide legal guidance
1. **Operations Section** (SCEMA). Directs the tactical operations as established by the Unified Command.
 - A. **Medical Branch**
 - Vaccination Group (PADOH). Administers vaccinations at sites throughout the county.
 - Hospital Operations Coordination Group (PADOH). Coordinates with county hospitals and the PADOH to plan for increased demands on hospital space and staff.
 - EMS Operations Group (SCEMA). Coordinates with the PADOH to maximize the utility of available ambulances and crews.
 - Mortuary Group (Schuylkill County Coroner). Coordinates the response to mass fatalities.
 - B. **Support Branch**
 - Security Group (Schuylkill County Sheriff's Office). Coordinates security at vaccine storage sites, vaccination sites and hospitals. Enforces quarantines. Ensures crowd control at vaccination sites, stores, hospitals

- and schools. Enforces traffic control orders and travel restrictions. Interfaces with Police Chiefs Mutual Aid Committee.
- Schools Coordination Group (Schuylkill Intermediate Unit 29). Coordinates with Schuylkill County School districts on policies for school closings and continuations of education.
 - Private Sector Coordination Group (Schuylkill County Department of Human Services). Provides for the needs of the families who are engaged in the incident remediation.
2. **Logistics Section** (SCEMA). The Logistics Section meets all support needs for the incident, including ordering resources through appropriate procurement authorities. It also provides facilities, transportation, supplies, equipment maintenance and fueling, food service, communications, and medical services for incident personnel.
- A. **Supply Unit** (Schuylkill County Purchasing Department). The Supply Unit orders, receives, stores, and processes all incident-related resources, personnel and supplies.
 - B. **Facilities Unit** (Schuylkill County Public Works Department). The facilities Unit sets up, maintains, and demobilizes all facilities used in support of incident operations.
 - C. **Communications Unit** (SC911). The Schuylkill County 9-1-1 Operations Center will establish and maintain communications.
3. **Planning Section** (SCEMA). The Planning Section is responsible for collecting, evaluating and disseminating tactical information pertaining to the incident. This section maintains information and intelligence on the current and forecasted situation, as well as the status of resources assigned to the incident. The Planning Section prepares and documents the Incident Action Plan and incident maps and gathers and disseminates information and intelligence critical to the incident.
- A. **Resources Unit** (SCEMA). The Resources Unit makes certain that all assigned personnel (including teams) and other resources (facilities, supplies, and equipment) have checked in at the incident. Resource status will be “assigned,” “available,” or “out-of-service.”
 - B. **Situation Unit** (SCEMA). The Situation Unit collects, processes, and organizes ongoing situation information; prepares situation summaries; and develops projections and forecast of future events related to the incident. The Situation Unit also prepares maps and gathers and disseminates information for use in the Incident Action Plan.

- C. Documentation Unit (SCEMA). The Documentation Unit maintains accurate and complete incident files, including a complete record of the major steps taken to resolve the incident; provides duplication services to incident personnel; and files, maintains and stores incident files for legal, analytical, and historical purposes.
- 4. Finance/Administration Section (SCEMA). The Finance/Administration Section monitors expenditures, maintains financial records, submits reimbursement requests.
 - A. Compensation/Claims Unit (Schuylkill County Risk Management). The Compensation/Claims Unit handles injury compensation and claims.
 - B. Cost Unit (Schuylkill County Purchasing Department). The Cost Unit provides cost analysis data for the incident. This unit must ensure that equipment and personnel for which payment is required are properly identified, obtain and record all cost data, and prepare estimates of incident costs.
 - C. Procurement Unit (Schuylkill County Controllers Officer). The Procurement Unit administers all financial matters pertaining to vendor contracts. This unit coordinates with local jurisdictions to identify sources for equipment, prepares and signs rental agreements, and processes all administrative requirements associated with equipment rental and supply contracts.

5. Diagrams

- A. Possible EOC Organizational Chart
- B. Incident Flow Chart

Schuylkill County Pandemic Crisis Committee All-Hazards Plan

Mission: To develop and implement a comprehensive pandemic crisis plan consisting of medical, public safety and law enforcement/legal aspects to be utilized throughout all stages of an event (pre-pandemic, pandemic and post-pandemic).

Goals:

- Activate anticipated services, as necessary, to adequately confront the needs of citizens and healthcare providers during the crisis event.
- Minimize the disruptive impact on the community and its infrastructures to maintain a reasonable level of interim services, and provide for optimum resiliency during the post-pandemic period.
- Provide training at the appropriate level for Schuylkill County residents and all first responders within the medical, public safety and law enforcement/legal community.
- Ensure all legal aspects of enacting the Pandemic Crisis Plan are clear and concise during all phases of the crisis event
- Ensure adequately trained and licensed personnel and volunteers throughout all phases of the pandemic/crisis.

I. Pre-Pandemic Phase

1. Medical

The PA Department of Health will issue medical and public health directives for Schuylkill County residents with assistance from the Emergency Management Agency.

A. Public Health

- a. Approve specific messages to respond to the needs of the residents of Schuylkill County
- b. Review the means for handling mass casualties to ensure a safe and humane environment.
- c. Epidemiology
 - Heighten the level of “syndromic surveillance” of the incidence and characteristics of the disease.
 - Order laboratory testing of specimens obtained from patients in the county presenting with the disease.
- d. Clinical Laboratories
 - Review available clinical laboratory tests and specimen collection techniques.
 - Provide simplified instructions to allied health personnel involved in handling specimens concerning the safe and effective collection and transport of potentially infectious materials.
 - Contact prospective laboratories to ensure that all facilities recommended are licensed and willing to receive and process specimens obtained from animal and/or human sources in the commonwealth.
 - Determine the availability and capability of mobile testing laboratories currently available.
- e. Points of Distribution (POD)
 - Secure sites
 - 1) Develop expectations of needs that sites will have to provide.

- 2) Develop and maintain contact list for each site.
- 3) Send letter and expectation information to sites
- Determine positions.
 - 1) List different management positions necessary for POD.
 - 2) Assign staff to positions.
 - 3) Train staff.
- Inform public
 - 1) Assign areas to POD.
 - 2) Distribute lists to respective municipalities for distribution.
 - 3) Maintain information on web site.

B. Hospital

- a. Project each hospital's surge capacity and determine modifications required to most effectively make up for any deficiencies, including extending tours of duty, modifying shift coverage, and adding volunteer personnel.
- b. Ensure hospital employees' training is current.
- c. Ensure each hospital has a Pandemic Plan ready to implement.
- d. Ensure hospital employees' vaccination status is current.
- e. Ensure all hospital employees and their family members are prioritized among the initial "high risk recipients of vaccine, anti-virals, an uninterrupted supply of necessary "chronic" medications, and appropriate Personal Protective Equipment (PPE).
- f. Limit ER visits to injured or seriously ill patients who cannot be managed during routine physician visits.
- g. Ensure ER personnel are continually updated on the surveillance of the disease with the most current "case description" for infection.

- h. Designate specific hospitals or sections of larger facilities with bio-secure isolation areas to serve as infectious agent centers.
- i. Establish protocols on the suggested frequency, selection of spokespersons and content of updated announcements and releases to public health personnel, lay public, and media.
- j. Monitor patients presenting with the disease.
- k. Establish plans for alternative sources to supply and/or transport medications, equipment, food & water and utilities during anticipated pandemic-related shortages or discontinuations.
- l. Project each facility's needs for police protection and security.
- m. Determine conditions which might necessitate the need for a lockdown, how to rapidly obtain the necessary legal approval and institute all necessary specific steps within the facility.

C. Mental Health

- a. Increase "surge capacity" to meet the enhanced demands placed on the normal psychological support system by devising alternative routes to reach the population at risk.
- b. Review all bulletins and messages emanating from medical, public safety and law enforcement/legal departments to insure they are clear, concise, delivered in a manner most likely to minimize rather than exacerbate panic and respect all known social and religious preferences.
- c. Ensure representatives of the psychology and clerical sectors are available for supporting PODs, sites and Containment Centers.
- d. Provide continual access to specifically dedicated sources of psychological support and counsel to first responders, other healthcare workers and other ancillary county personnel, such as specialists in post traumatic stress disorder(s).

2. Agriculture

- a. Establish an aggressive plan designed to maintain and increase the current rate of heightened surveillance of animals.

- b. Establish a 2-mile zone of safety (which can be expanded to 5 miles) to provide effective “ring isolation” of animals surrounding infectious vector beginning at the point of isolation of any pandemic strains. This may vary based on OIE (Office International des Epizooties) recommendations or circumstances.
- c. Establish the optimal means for transmitting real-time data to medical and public health personnel. This consists of notifications to the Pennsylvania Department of Health (PADOH) through the Animal Emergency Management list serve. In addition, with any diseases of special zoonotic concern, phone notification is made to PADOH.
- d. Collaborate with an accredited laboratory facility to institute intensive sub typing of all isolates from local wild and domestic fowl, animal herds, and symptomatic bird handlers, and to provide early detection of new strains associated with zoonosis.

3. Pharmaceutical

- a. Advise public safety and medical personnel on the adequacy and current availability of all pandemic-related medications and PPE available from the Strategic National Stockpile (SNS) and local stockpiles to meet increasing demands posed by a pandemic.
- b. Ensure the ability of suppliers to rapidly deploy shipments to PODs and make them available for at least 48-72 hours for first responders, public health workers, community service personnel and their families with potential high risk of exposure to infected patients.
- c. Ensure an available local cache of appropriate vaccines and medications for influenza as well as “chronic” medications.
- d. In conjunction with the Emergency Management Agency, plan for secure protected “cold chain” storage and transportation of all vaccines and temperature-sensitive medications.
- e. In conjunction with the Emergency Management Agency and the PA Department of Health, provide input on properly apportioning stockpiles of medications to citizens in different risk groups based on age, physical condition and underlying disease.
- f. Issue bulletins to discourage over-prescribing and hoarding of anti-virals by physicians, pharmacists, and citizens respectively.

- g. Update medical personnel on the current status of a potential vaccine for the pandemic strain, including their anticipated efficacy, emerging resistance, documented treatment failures, projected side effects, and the feasibility of employing anti-virals for prophylaxis as well as treatment in certain high risk groups.
- h. Ensure a sufficient number of trained pharmacy personnel to dispense medication, document receipt by patients at mega sites and assist in looking for sources of new materials for the county cache.
- i. Project needs under all contingencies and accurately predict the “surge capacity” of the current pharmacy infrastructure to deliver pharmaceuticals and suggest changes to insure that the expanded needs of hospitals, newly established screening and triage centers, PODs, Containment and Detainment Centers and prisons are met.
- j. Collaborate with the Emergency Management Agency and Law Enforcement/Legal personnel to insure all needed pharmaceuticals are delivered to residents who are homebound and those with special needs.
- k. Anticipate the need for law enforcement personnel to guard the storage, transport and dispensing of pharmaceuticals.
- l. Advise law enforcement/legal personnel on all legal issues involving the dispensing of pharmaceuticals.

4. Coroner

- a. Project the “surge capacity” of the county mortuary.
- b. Determine and evaluate all available options for safely and expeditiously transporting, preserving (e.g. freezing), and temporarily interring, permanently burying or incinerating bodies.
- c. Establish the maximum number of cadavers that can be routinely processed for burial and determine specific numeric triggers affecting decisions to request help from outside sources, temporarily inter casualties in mass graves for future reburial, or cremate remains at preselected sites.
- d. In conjunction with the Emergency Management Agency determine the permanent facilities and vehicles available for freezing and transporting large numbers of potentially infected corpses.

- e. Determine the appropriate procedures required for decontaminating areas used for storage and transport.

5. Public Safety

A. Communication

- a. Ensure redundant lines of communication.
- b. Issue public safety directives for Schuylkill County residents in consultation with representatives from the County Solicitor's office.
- c. Oversee and control the flow of all information on crisis-related issues between county departments and citizens within the municipality.
- d. Advise Schuylkill County residents on establishing family contingency plans that should include the stockpiling of necessary items for extended home stays.
- e. Prepare and distribute reader-friendly tri-fold brochures designed to reinforce key points related to the event.
- f. Contract out services to develop and distribute audio and visual media that are appropriate for 4 target audiences: the general public; schools which includes colleges, universities and businesses; public safety first responders and medical health care professionals.
- g. Send out press releases, press packets and arrange interviews with news media to promote and inform public of the necessity to be prepared in the event of an emergency.

B. Logistics

- a. Manage the logistics required to establish an effective Incident Command Center.
- b. Manage the logistics involved in setting up, securing and supplying all PODs and mega-sites with material and personnel.
 - Oversee the logistics for transporting materials and personnel as required throughout all phases of the crisis event.
 - Prioritize available medical supplies for treating and/or prophylaxing first responders.

- Recommend and request stockpiling specific antibiotics for use in treating residents with the disease.
 - Activate a defined plan ready in advance for ordering and, where necessary, assist in the transport of medical products to predetermined strategically located mega sites.
- c. Collaboration with surrounding counties
 - d. Purchase large quantities of all necessary PPE and other gear at reasonable costs to ensure county employees are adequately equipped.
 - e. Meet with Emergency Management Agency counterparts to ensure all personnel are operating under the same basic assumptions concerning the pandemic and that all prescribed actions are similar.
 - f. Arrange in advance with local contractors, dealerships, and rental agencies for use of refrigerated facilities or trucks capable of delivery of food items, vaccines and medicines and the transport of corpses during all phases of the pandemic.
 - g. Evaluate the feasibility of performing triage by website, phone or other available messaging systems, including administration of vaccines and anti-virals at home if necessary.

6. Education

- a. Train teachers, classroom aids, substitutes, school board personnel and maintenance workers on routine precautions to exercise during a pandemic crisis, including reviewing the Pandemic Crisis Plan.
- b. Ensure school nurses are trained on the current public health disease issues, isolation and pandemic-related contingencies.
- c. Prepare contingency lesson plans for a minimum period of eight weeks to cover the anticipated length of a pandemic “wave”.
- d. Educate parents and reinforce appropriate activities/behaviors regarding a potential pandemic.
- e. Prepare for a rapid orderly evacuation and closure of the school for an extended period.

7. Municipal and Business Infrastructure

- a. Request that each municipality prepare a comprehensive demographic profile listing all individuals and populations with special needs (names and addresses of all severely debilitated citizens living outside treatment facilities, homebound, mentally incapacitated and all other potentially vulnerable populations).
- b. Establish a plan to monitor borders of the county for detecting infected persons.
- c. Establish internal company-specific committees to develop and update contingency plans for use during a crisis event.
- d. Ensure availability of competent and experienced psychological support personnel to work with employees during a crisis event.
- e. Fostering the notion to encourage employees to take Voluntary Preventative Measures such as “snow days,” practicing “social distancing” whenever in the workplace, and in the late pandemic phase discourage employees from entering the workplace daily in all but essential industries.
- f. Determine how to minimize temporary disruption of services, cooperate during periods of decreased or discontinued services and provide for resiliency following the crisis.
- b. Determine if police protection is necessary during periods of civil unrest.
- c. Ensure employees involved in supporting the health and comfort of Schuylkill County residents during the crisis may qualify to receive appropriate medication and vaccines.

8. Law Enforcement/Legal

A. Law Enforcement

- a. Evaluate all anticipated contingencies and develop an emergency plan that ensures personnel will be capable of performing routine duties and meeting increased needs during a pandemic.
- b. Advise personnel that they and their families are prioritized to receive sufficient vaccine, anti-virals and other medications.

- c. Plan for changes necessary in deployment, shifts and additional training required managing a crisis, i.e. the need for increasing police protection to guard shipments of medical supplies and food, monitoring of mega sites and protecting civilians and their property.
- d. Collaborate with the Department of Public Safety to select sites for use as Detainment Centers and decide an effective method for guarding them.
- e. Collaborate with the Department of Public Safety and Public Health to plan and guard Detainment Centers for holding groups of citizens who violate quarantine and travel mandates, commit minor offenses or are involved in public insurrection.
- f. Collaborate with the Department of Public Safety to organize border patrols to restrict individuals from entering or leaving the county whenever necessary.

B. Legal

- a. Ensure that appropriate legal sources have been contacted to review and justify all law enforcement activities anticipated to occur during a pandemic.
- b. Advise all parties involved the legal steps recommended by the County for enacting contingency plans during a crisis.

II. Pandemic Phase

1. Medical

A. Public Health

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Deliver scripted messages with new alerts throughout the incident/crisis and nominate knowledgeable spokespersons to deliver those messages.
- c. Ensure that public health has representation at the Incident Command Center, PODS, mega sites, Containment and Detainment Centers.
- d. Ensure plans are in place for alternative safe, efficient and humane handling of bodies.
- e. Activate Centers for Disease Control and Prevention (CDC) quarantine measures and necessary mandate, including but not limited to travel restrictions, discontinuation of public transportation, isolation and quarantine.
- f. Activate SNS.
- g. Epidemiology
 - Closely monitor patients presenting with illness(es) at their physicians' offices, hospital ERs, facilities for the elderly, day care centers, and occupational health physicians.
 - Consult with the Emergency Management Agency personnel on the progression of the disease so that adequate facilities are available for isolation and quarantine.
- h. Request serologic studies on convalescent sera to determine whether potentially protective neutralizing antibodies are produced.
 - Request laboratory follow-up to document that cases are due to the infected agent.
 - Increase the level of contact with facilities handling patients and begin case investigations.
- i. Clinical Laboratories

- Obtain laboratory protocols for serologic assessment of acute and convalescent stages of illness and disseminate to hospitals, healthcare facilities, etc.
 - Ensure laboratories have been contacted and that specimen information on safe collection techniques has been distributed to all appropriate collection sources.
 - Collect and transport specimens to labs for testing.
 - Use appropriate mobile/fixed laboratories.
- j. PODS
- Collaborate with the Emergency Management Agency to set up PODs to disperse various supplies, including medications, vaccines, equipment and food.
 - Assign staff positions.
 - Instruct public on POD locations, directions, etc.
 - Prepare necessary personnel with real-time training for immediate activation to mega sites and PODs.
 - Ensure plans are in place with pharmacies and the Emergency Management Agency to immediately requisition vaccines and other medications from the SNS.

B. Hospital

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Implement surge capacity plans to cover influx of infected persons.
- c. Strictly enforce appropriate behaviors associated with the crisis, i.e. hand washing, sanitizing equipment, etc.
- d. Ensure hospital medical staff and employees who support its daily operation including family members have been prioritized to receive vaccine and medications.

- e. Begin the gradual “scale down” and/or elimination of family visits and specific routine hospital services, including elective surgery and large outpatient clinics.
- f. Limit ER visits to seriously ill or injured patients who cannot be managed during routine physician office visits.
- g. Update ER personnel on the most current “case description” of the disease and advise personnel to continue rapid presumptive laboratory screening when indicated.
- h. Provide daily reporting to public health personnel to update presumptive case definitions.
- i. Set up and activate specific areas within each facility where patients inadvertently admitted and/or presumptively found positive for the disease can be safely cohorted and isolated, pending laboratory confirmation.
- j. Supply and/or transport medications, equipment, food, water and utilities during anticipated shortages or discontinuations.
- k. Request local and/or state police assistance, if necessary, for civil unrest.
- l. Activate protocols for a legally enforceable lockdown of the premises.

C. Mental Health

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Provide ongoing support required by first responders, other healthcare and law enforcement personnel in the field.
- c. Agree on scripted messages assuring they are sensitive to the situation and the residents of Schuylkill County.
- d. Select optimal protocols to reach the largest number of individuals requiring psychological support during a crisis.

2. Agriculture

- a. Activate necessary levels of trained personnel to respond to the incident/crisis

- b. Ensure continued access to the best sources for updated intelligence and state-of-the-art tracking systems to permit the earliest possible detection of the presence and isolation of the infectious agent. Pandemic means human disease which means, the Department of Agriculture may not be very involved.
- c. Remain updated on evidence of genetic changes that may affect the attributes of the isolate.
- d. Transmit real-time data to medical and public health personnel on the worldwide movement of the infected agent, paying particular attention to evidence of person-to-person transmission and movement into areas geographically close to Pennsylvania and Schuylkill County. Communication will be through the PADOH.
- e. Institute immediate depopulation activities of animals with the infectious agent.

3. Pharmaceutical

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Implement surge capacity plans to cover influx of infected persons.
- c. Establish an initial community-based stockpile of vaccine and medication to initiate immediate supportive care for high risk personnel and patients.
- d. Activate plan for maintaining “cold chain” storage and transportation of vaccine.
- e. Supply medication to first responders, community employees and citizens considered to be high risk based on occupation, community and hospital-based public health personnel and private citizens initially falling into this category based on their age, physical condition and/or underlying disease.
- f. Update medical and public health personnel on the current status of potential vaccine, projected side effects and anticipated efficacy.
- g. Collaborate with the Emergency Management Agency and Law Enforcement/Legal personnel to insure all needed pharmaceuticals are delivered to homebound and residents with special needs.

- h. Contact the Emergency Management Agency and law enforcement personnel to ensure adequate protection of the storage, transport and dispensing of pharmaceuticals is available for all mega sites/PODS.
- i. Issue bulletins to discourage over-prescribing and hoarding of anti-virals by physicians, pharmacists, and citizens respectively.

4. Coroner

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Alert public health concerning the maximum number of burials a day/week that the department can handle and specific numeric triggers/breakpoints that will necessitate a request for temporary use of mass graves for future burial or cremation.
- c. Assume responsibility for determining the major options for transporting, preserving (e.g. freezing) and temporarily interring, permanently burying or incinerating bodies.
- d. Contact the Emergency Management Agency and all private or industrial owners of facilities and vehicles available for freezing and transporting increasing numbers of potentially infected corpses in a hygienically acceptable manner.

5. Public Safety - Activate necessary levels of trained personnel to respond to the incident/crisis.

A. Communication

- a. Initiate redundant lines of communication.
- b. Advise residents to activate family contingency plans.
- c. Complete necessary signage providing detailed location and directions to mega sites, including easy entry and unobstructed exit.
- d. Prepare and distribute reader-friendly tri-fold brochures designed to reinforce key points related to the event.
- e. Direct the flow of all information on crisis-related issues between county departments and citizens within the municipality.

- f. Issue public safety directives for Schuylkill County residents in consultation with representatives from the County Solicitor's office.

B. Logistics

- a. Activate and maintain the Incident Command Center assuring all lines of communication are available.
- b. Set up, stock and deliver vaccine, medication and PPE at designated mega sites.
- c. Manage all aspects of mega sites including deployment of personnel, providing signage, planning for efficient traffic flow and all activities associated with employee and citizen comfort while dispensing vaccines and medicines.
- d. Ensure all materials including tents, cots, food and all other necessities are ready for instant delivery to established Containment Centers for housing exposed or potentially exposed patients and established Detainment Centers for managing violators.
- e. Ensure PPE, including n-95 masks, disposable gloves, boot covers, gowns and disinfectant hand wipes, etc. are delivered to designated sites to disperse to personnel.
- f. Prepackage and place necessary materials at storage sites for plans to be activated for delivery and dispensing at mega sites/PODS.
- g. Activate plan for transporting materials.
- h. If feasible, activate alternative triage methods

6. Education

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Have classroom teachers, school board personnel and maintenance workers implement routine precautions identified in Pandemic Crisis Plan.
- c. Implement contingency plan designed to protect school children during a pandemic.
- d. Encourage parents to implement their home Family Contingency Plan.

- e. Distribute 8-week lesson plans and text assignments prepared for use in the event of school closure.
- f. Activate/implement rapid orderly evacuation and closure.
- g. Request assistance by law enforcement, if necessary, during and following closure.

7. Municipal and Business Infrastructure

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Maintain the integrity and continued operation of the municipal and private business infrastructures.
- c. Practice Voluntary Preventative Measures.
 - At work - “social distancing”
 - Not at work - non-essential tasks be performed at home
 - Practice of taking “snow days”
- d. Implement directives designed to minimize the effect of the crisis on business.
- e. Request psychological support, if necessary, from mental health.
- f. Send county personnel and equipment to assist in the delivery of goods and services when corporate transportation is inadequate or unavailable.
- g. Initiate assistance to ensure minimal business interruption and rapid resiliency during the crisis.
- h. Provide means of transportation to be used by the county to perform crisis-related activities:
 - Food producers and distributors agreeable to release large quantities from stock upon demand.
 - Pharmaceutical manufacturers prepared to move out needed vaccines and other chronic medicines, including insulin, cardiac and pulmonary medications, psychiatric medications on demand to storage sites controlled by the county for dispersal.

- Pharmaceutical manufacturers prepared to provide skilled workers to serve in vaccinating and dispensing medications at designated mega sites.

8. Law Enforcement/Legal

A. Law Enforcement

- a. Activate necessary levels of trained personnel to respond to the incident/crisis.
- b. Guard storage centers, mega sites/PODS, protect shipments during transport.
- c. Protect residents and their property and businesses on a 24/7 basis.
- d. Supply specially trained Medical Emergency Response Team (MERT) police with equipment for duty.
- e. Deploy personnel to guard borders and civilians housed in Detainment Centers.

B. Legal

- a. Available for consultation during the pandemic crisis.

III. Post-Pandemic Phase - All parties involved will debrief and evaluate the response to the crisis and make necessary changes in policy and procedure.

1. Medical

A. Public Health

a. Epidemiology

- Review findings concerning the presence of neutralizing antibodies in sera of patients during recovery, evaluate the possibility that they will confer future resistance, and report findings to the appropriate agencies such as CDC and to citizens where considered appropriate.
- Oversee the collection and compilation of data regarding the pandemic.

b. Clinical Laboratories

c. PODS

- In conjunction with Public Safety, order the breakdown of temporary sites, including storage areas and mega sites/PODS, as appropriate.

B. Hospital

C. Mental Health

- Deploy specialists trained in Post Traumatic Stress Disorders.
- Ensure the continued presence of mental health personnel to manage issues/problems.

2. Agriculture

- Perform follow-up testing to allow for the eventual discontinuation of quarantine and the repopulation of animals.

3. Pharmaceutical

4. Coroner

5. Public Safety

A. Communication

- a. Ensure the continuation of timely messages concerning the change of status and gradual discontinuation of supportive services.
- b. Order an organized recall of workers to rapidly increase to pre-pandemic levels.

B. Logistics

- a. Manage the dismantling of mega sites/PODS, including orderly dissemination of personnel to their homes.

6. Education

7. Municipal and Business Infrastructure

- a. Activate a plan that will insure the availability of all necessary county services necessary to insure rapid resiliency during the post-pandemic phase.
- b. Make high profile announcements concerning work resolution and resiliency.
- c. Hire new employees to fill positions of people lost or permanently incapacitated due to the pandemic.

8. Law Legal

- A. Law Enforcement
- B. Legal

~ Glossary of Terms ~

Case Description – a definition of signs and symptoms of an instance of a disease or injury which will be used to identify the disease during an outbreak, epidemic or pandemic.

Containment Center – Sites specifically designed to house and care for exposed individuals requiring treatment for extended periods.

Detainment Center – Sites specifically designed to confine any exposed or unexposed citizens who break laws during a pandemic crisis when timely hearings may not be feasible.

Epidemic – High incidence of a specific disease occurring suddenly in numbers clearly in excess of normal expectancy, said especially of infectious diseases, but applied also to any disease.

Family Contingency Plan – Scheme or method for doing or achieving self reliance in the event of a pandemic or disaster. E.g. stockpiling food and water; having flashlights with batteries, etc.

First Responders – Individuals who react initially to an incident.

Herd Immunity – Resistance of a group to a pathogen due to immunity of a large proportion of the group to that pathogen.

Incident Command Center – Central location where the authority and response for the event will be directed.

Isolates – separate a substance from another substance so as to obtain pure specimen.

Isolation – Isolation refers to the total physical segregation of infected patients designed to protect the community from a highly contagious agent.

Medical Emergency Response Team (MERT) – Top-of-the-line trained emergency care personnel dedicated to responding to a medical problem.

Mortality Rates – The proportion of deaths in a population or to a specific number of the population.

Mutation – A permanent transmissible change in the genetic material, usually in a single gene.

Pandemic – An epidemic that affects a wide geographic area.

Personal Protection Equipment (PPE) – set of articles or physical resources used to guard or shield individuals against harm. E.g. masks, gloves, boots, etc.

POD (Point of Distribution) – refers to a community site where large number of persons must be provided prophylactic medication/vaccine in a few days.

Post-Pandemic Period – Evaluation time after an epidemic or pandemic event occurs.

Pre-Pandemic Period – Planning time before an epidemic or pandemic event occurs.

Prophylaxis – The prevention of disease, preventive treatment.

Quarantine – The limitation on the freedom of movement of an individual, to prevent spread of a disease to other members of a population.

Recombination – The creation, by a process of intermolecular exchange, of chromosomes combining genetic information from different sources, typically two genomes of a given species.

Ring Isolation – Strategy for containing an infectious agent which involves determining the site involved in an outbreak and constructing a geographic ring of prescribed distance around infected cases.

Risk Factors – Something which increases the chance or susceptibility to an illness or disease (ex. age, immune status).

Serologic Studies – Blood tests.

States of Emergency

- Public Health State of Emergency – Declared when the potential for widespread contagion is sufficient to require the enforcement of unusual containment procedures such as travel restriction and quarantine.
- Law Enforcement State of Emergency – Declared when a sufficient number of people refuse to adhere to public health mandates such as quarantine or where subsequent social unrest results in widespread looting or pillaging.

Subgroup – A subdivision of a group.

Sub-typing – Fingerprinting of disease causing organisms to distinguish strains of the organisms.

Surge Capacity – The sudden rise of patients in an excessive or abnormal amount which exceeds the largest number a facility can hold.

Syndromic Surveillance – Constant vigilance/attention to signs and symptoms of diseases for the purpose of identifying possible outbreaks, epidemics and pandemics in the community.

Vector – An organism that transmits a pathogen.

Voluntary Preventative Measures – Voluntary preventive precautions designed to lessen the risk of interpersonal spread of disease including spending more “alone time” at work or in the community, “social avoidance”, “sheltering down”, taking off “snow days” from work and exercising “cough etiquette.”

Zoonotic – A disease communicable from animals to humans under natural conditions.