

Public Health Functional Annex

Updated: August 23, 2024

I. PURPOSE

These procedures provide for protection of the public health during natural and technological emergencies and other types of disaster situations.

II. SITUATION AND ASSUMPTIONS

A. Situation

1. The Alexander County Health Department (ACHD), located in Taylorsville, NC, is the principal provider of public health services including adult health/limited primary care, case management for pregnant women and children, child health, communicable disease, dental health, environmental health, family planning, health promotion, immunization clinics, maternal health, sexually transmitted disease clinics, tuberculosis control, laboratory services and nutrition services (WIC). Acute care, beyond limited primary care, will be handled by Alexander EMS (see section III of this ESF). Patients will be transported for treatment to the appropriate medical center or hospital.
2. Alexander County is medically underserved in all areas of health care including physicians, dentists, nurses, and other medical specialty providers. We have no local hospital, no pediatrician, and no orthodontist. Our primary care provider ratio for 2017 was 5342:1 and our physician per 10,000 ratio is 2.9, lower than the state average of 7.6.
3. Alexander County has no local obstetrics and gynecology providers available to serve our citizens. ACHD collaborates closely with area hospitals and their Ob-Gyn health provider networks to facilitate pregnancy care and delivery options for expecting clients. ACHD has one ultra-sound imaging diagnostic tool available and technicians of the hospital systems provide imagery and diagnostic assistance locally.
4. Home health care is provided by private agencies operating within the County.
5. ACHD has a memorandum of agreement with Alexander County Emergency Services to provide primary care services to all first responders in the county. This MOA provides the 8 local volunteer fire departments and the Alexander Rescue Squad volunteers primary care addressing chronic or emergent conditions, general volunteer responder wellness, and healthy lifestyle maintenance.
6. ACHD provides a school telehealth program to three schools. School nurses have been trained to work with the primary care provider located at the Alexander County Health Department, via a telehealth portal, (tablet pc with webcam and attached peripherals) located on-site at the schools, which allows the school nurse to facilitate real-time remote consultation via an online safe and secure computer screen interface. This primary care remote access addresses emergent care needs in our schools reduces absences of both students and faculty, and expands access to primary care in the more remote areas of the county.
7. ACHD is the lead agency for disease prevention and control in Alexander County. Infectious diseases of consequence, including major outbreaks and emerging diseases presenting an imminent threat to the public, or exceeding day-to-day capacities, may lead to the

activation of the Infectious Disease of Consequence and Response Plan, including coordination and engagement with other emergency management stakeholders.

8. ACHD in response to a real or potential terrorist attack involving a biologic, chemical, nuclear or other threat is to protect the health of the county's population through a coordinated and efficient public health response involving surveillance, epidemiologic investigation, laboratory support services and guidance in the prevention and treatment of disease. The ACHD Medical Counter Measures Plan sets forth the procedures and protocols that will be followed by ACHD in these events. This operating guide will be used during a public health emergency when local and regional resources have been expended and it is necessary to request the Strategic National Stockpile (SNS).

B. Assumptions

1. Most disasters and emergencies can lead to public health concerns
2. Depending on the nature of the incident, complications may include general health problems, communicable diseases, contamination of food and water, and mental health ailments.
3. The release of toxic or hazardous materials may result in air, water, or soil contamination.
4. A large-scale emergency will result in increased demands on the personnel and equipment resources of the Health Department and other health care providers in the County.
5. Resources available through area and regional health services mutual aid agreements will be provided.
6. When local resources can no longer meet the demand of the situation, additional resource requirements will be requested through Alexander Emergency Management and resource management.
7. Catastrophic disasters may affect large areas of the County and health resources may be damaged, destroyed, or unavailable.
8. During the recovery period following a major disaster, natural or manmade, the Health Department will focus on controlling the spread of communicable diseases resulting from contaminated water supplies, failed septic tank systems, spoiled or contaminated food supplies, vector control, and unsanitary living conditions.
9. A catastrophic disaster could result in multiple fatalities resulting in the establishment of temporary morgues and family inquiry services.

III. CONCEPT OF OPERATIONS

A. General

1. Emergency operations for public health will be an extension of normal agency duties.
2. Coordination between Health providers is necessary to ensure emergency operational readiness.
3. The primary concern of public health is disease control. The County Health Department will implement effective environmental health, nursing, and health education practices to minimize the incidence of disease.
4. Frequent inspections of damaged housing and emergency shelters will be necessary to determine the need for emergency repairs, pest control, sanitation, or other protective procedures.

5. The Health Department will implement effective environmental health, nursing, and health education practices to minimize the incidence of disease and illness.
6. The Health Department will coordinate health care in Alexander County shelters and mass care facilities, if established. Services will be rendered per the Health Department protocols.
7. Inspections of damaged areas and shelters will be carried out to monitor food preparation, restroom facilities, pest control, sanitation, immunizations, and water purification needs.
8. The Health Department in cooperation with State and private labs will oversee the testing of water supplies, if needed.
9. Homebound patients normally cared for by home health care services and those special needs populations in licensed long-term care facilities are the responsibility of the agency/facility rendering services to them at the time of the disaster. The Alexander County EOC may assist when deemed appropriate and necessary.
10. The Health Department will coordinate with the County PIO concerning the distribution of information relating to disaster-related health procedures and advisories.
11. The Health Director will coordinate with Alexander County Emergency Management for the need to provide Critical Incident Stress Management (CISM) teams in shelters.
12. Temporary morgue(s) will be organized and administered by the County (Contract) Medical Examiner and/or AC Health Director, supported by funeral home staff available in the County. Functions carried out in each morgue will be dictated by the circumstances.
13. State Medical Assistance Teams (SMAT) and State Mortuary Operations Response Teams (SMORT) are available from the State Office of Emergency Medical Services via North Carolina Emergency Management.
14. The Strategic National Stockpile (SNS) is available from the Centers for Disease Control (CDC) via NC Emergency Management.
15. Public health services in Alexander County are directed, operated, and coordinated by the Director of the Alexander County Health Department. The County Health Director will coordinate the following:

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The County Health Department will coordinate, organize, and supervise emergency public health operations.
2. Emergency health teams will be provided with safety and health equipment for response to hazardous materials incidents.

B. Assignment of Responsibilities

1. Health Director
 - a. Prepare procedures for emergency health operations, and develop mutual aid agreements.
 - b. Develop and implement health awareness and public information programs regarding personal health.
 - c. Report to the EOC upon activation and provide direction and control for emergency health operations.
 - d. Coordinate healthcare operations in emergency shelters with Alexander County Department of Social Services, ARC, Salvation Army, etc.
 - e. Provide for medical needs of special needs population.

- f. Provide continuous health inspections and immunizations when appropriate to evaluate, detect, prevent, and control communicable diseases.
- g. Coordinate environment health activities for waste disposal, refuse, food, water control and vector/vermin control and sanitation.
- h. Supervise laboratory activities for examination of food and water. Provide for the monitoring and evaluation of environmental health hazards and arrange for corrective measures.
- i. Assist in determining hazardous chemical or radiation levels for emergency workers and determine appropriate exposures.
- j. Arrange for the resupply of health response agencies.
- k. Maintain liaison with the American Red Cross (ARC) and other volunteer service agencies to support first aid and supplement medical resources in shelters and other disaster situations.
- l. Provide for nursing care to the extent that local medical standing orders allow.
- m. Maintain a listing of medical facilities.
- n. Provide for medical care of relocated persons at shelters and congregate care/reception centers.
- o. Maintain Public Health Preparedness Plans with Emergency Management to include
 - i. Medical Countermeasures
 - ii. Pandemic Influenza
 - iii. High Consequence Pathogens
- p. Provide inspections of mass care facilities when requested.
- q. Assist in establishing temporary morgue, when situation dictates.
- r. Assist in acquiring crisis counselors available to provide services to the public and responders.
- s. Assist Alexander County Emergency Management with disaster welfare inquiries.
- t. Ensure that care facilities have plans in place to care for their populations.
- u. Inspect food and water supplies, sanitation, and mass feeding locations in the County and shelters.

V. DIRECTION AND CONTROL

- A. Emergency public health operations will be directed from the EOC by the Public Health Director.
- B. The Public Health Director will maintain communications with their field forces and will keep the EOC informed of activities performed along with personnel and equipment needed to maintain adequate response and recovery efforts.

VI. CONTINUITY OF GOVERNMENT

- A. The line of succession is:
 - 1. Public Health Director
 - 2. Director of Nursing
 - 3. Administrative Assistant to the Health Director

VII. ADMINISTRATION AND LOGISTICS

- A. General
 - 1. The County Health Department will arrange for the collection and processing of vital statistics and other documentation.

2. Data related to disease outbreaks will be collected and forwarded to appropriate State and Federal officials.
 3. Health inspections will be conducted with increased frequency.
 4. The Public Health Director will determine what operating records will be essential for post-disaster analysis and will require maintenance of these records.
- B. Logistical Support
1. Arrange for mutual aid health response teams.
 2. Provide for the acquisition of health equipment and supplies.

VIII. PLAN DEVELOPMENT AND MAINTENANCE

- A. The Health Director and Emergency Management Coordinator will maintain and update these procedures at least annually and/or if needed after an exercise or event.
- B. Public Health will maintain current internal notification/recall rosters.
- C. SOPs will be reviewed on an annual basis.

IX. AUTHORITIES AND REFERENCES

- A. Authorities
 1. NC General Statue 166-A
 2. Alexander County Emergency Management Ordinance