

COMMUNICABLE DISEASE AND BIOHAZARD RESPONSE OPERATIONS PLAN

December 2020

I. INTRODUCTION

A. PURPOSE

This appendix outlines the coordinating actions taken by the State Emergency Response Team (SERT) to a widespread public health threat posed by one or more infectious agents. Such a threat can be a naturally occurring event such as an influenza pandemic, or a bioterrorism act that intentionally exposes individuals to infectious agents.

B. SCOPE

This appendix includes the anticipated actions of the federal, state and local agencies, as well as private sector organizations.

II. SITUATION AND ASSUMPTIONS

A. SITUATION

An infectious disease is any medical disorder that is caused by microscopic organisms. Invading microorganisms include viruses, fungi, bacteria, and parasites. Sources for these organisms include the environment, animals, insects, and other mammals--including humans. Transmission usually occurs by inhalation, ingestion, direct contact or by bites by a vector. Identification, evaluation and mitigation of infectious diseases are essential to protect public health. Infectious diseases can occur naturally, through human error (e.g. food borne outbreaks), or through deliberate acts of bioterrorism.

Many infectious diseases are serious threats to human health. The spread of drug-resistant bacteria, emerging diseases, and new strains of influenza are of particular concern.

Bioterrorism is defined as the intentional human release of a naturally-occurring or human-modified toxin or biological agent. There has been an increase in acts of bioterrorism in recent history.

Numerous surveillance systems are in place to monitor for human health and environmental contamination indicators. Links with veterinary health surveillance systems are also in place in North Carolina to monitor zoonotic infectious diseases that may cause human illness.

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The state is responsible for detecting and monitoring the occurrence of acquired or intentional disseminated infectious diseases or intoxicant, prevent their spread and mitigate their severity. Additionally, it is the state's responsibility to educate the general public and medical community regarding signs and symptoms of infection, personal protective measures and control methods.

B. ASSUMPTIONS

1. Any outbreak of an infectious disease could be widespread and become epidemic or even pandemic. Prudent preparation can limit spread and lessen effects.
2. Healthcare facilities may become overwhelmed and unable to accommodate all disease victims. Additional temporary treatment facilities may be created in alternative facilities. Screening facilities will be created to triage people to appropriate care.
3. The US Centers for Disease Control (CDC) may be called to assist in any epidemic with laboratory analyses, staff to trace the disease, and Medical Countermeasures.
4. Public health control measures range from medical countermeasures such as vaccination, sanitation recommendations and social distancing. Such measures, especially when widespread, may disrupt the economy and require large numbers of law enforcement and other manpower resources.
5. Buildings and areas may become contaminated with diseases or biological agents and may be closed until they are disinfected or decontaminated. This may cause interruptions in business and government.
6. Emergency transportation of resources (inbound response and outbound disposal) may require permits, licenses, or exemptions.
7. Lesser outbreaks with limited impacts may only require the partial activation of this appendix and may involve coordination between North Carolina Emergency Management (NCEM) and other supporting state agencies.

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III. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. LEAD STATE AGENCY

1. NC DEPARTMENT OF PUBLIC SAFETY (NCDPS)

NORTH CAROLINA EMERGENCY MANAGEMENT (NCEM)

- a. Support local government efforts through resource and technical assistance during emergencies and coordinate state and federal response and recovery activities.

B. LEAD TECHNICAL AGENCY

1. NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)

DIVISION OF PUBLIC HEALTH PREPAREDNESS & RESPONSE STEERING COMMITTEE

- a. Authorizes updated plans and procedures for public health emergencies. The Public Health Preparedness & Response Steering Committee will meet quarterly. The team and its subcommittees will update this plan, develop additional subordinate plans, and develop procedures within their areas of expertise.
- b. The state Epidemiologist (NCDHHS), in collaboration with local public health officials, will have responsibility for planning the investigation of human disease events.
- c. The state Veterinarian (NCDA&CS) will be responsible for investigating and response planning for animal disease events and collaborating with the state Epidemiologist on events involving zoonoses.
- d. The state Medical Entomologist (NCDEQ) will be responsible for planning for the natural vector or reservoir component of infectious diseases.
- e. The Directors of Office of Emergency Medical Services (OEMS) and Special Operations Response Team (SORT) will be responsible for planning medical treatment facilities and disaster medical resources.

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C. SUPPORTING AGENCIES

1. NC DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES (NCDA&CS)

EMERGENCY PROGRAMS DIVISION

- a. Coordinate food and agriculture response for NCDA&CS and partners.
- b. Provide veterinary expertise and coordinate animal response in support of the state Veterinarian's guidance and Veterinary Division's Lead Role.
- c. Provide SERT Liaison as needed.

VETERINARY DIVISION

- a. Monitor the health of livestock, poultry and other animals to identify any potential sources of an infectious disease from animals and collaborate with partner agencies as appropriate.

2. NC DEPARTMENT OF ENVIRONMENTAL QUALITY (NCDEQ)

AIR QUALITY DIVISION

- a. Monitor the ambient air quality in the state to determine how an infectious disease may travel through the air.

WATER RESOURCES DIVISION

- a. Monitor the drinking water supply of the state to determine whether infectious disease may travel through drinking water.

3. NC DEPARTMENT OF HEALTH AND HUMAN SERVICES (NCDHHS)

DIVISION OF PUBLIC HEALTH (DPH)

- a. Coordinate public health nurses.
- b. Monitor health of shelter populations for potential infectious disease outbreaks.

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- c. Coordinate well water testing for contaminants to render safe to drink after flooding.

DIVISION OF SOCIAL SERVICES (DSS)

- a. Coordinate efforts to provide emergency shelters, mass care facilities, feeding, water, and distribution of relief supplies.
- b. Coordination/facilitation of the provision of sheltering during a biohazard response including persons with functional needs (sensory, physical, mental limitations, and non-English speaking) with county Departments of Social Services (County DSS).
- c. Coordination/facilitation of the provision of relief efforts provided by volunteer organizations with the county DSS.
- d. Coordination/facilitation of the provision of mental health/crisis counseling to victims at shelters, mass care facilities, and fixed feeding sites with county DSS.
- e. Coordination/facilitation of the provision of emergency first aid to victims at shelters, mass care facilities, and fixed feeding sites with county DSS.
- f. Ensure all DHHS Divisions are staffed for response, recovery and mitigation.
- g. Ensure all DHHS Divisions are on standby and are ready to deploy Division resources.
- h. Notify Sensory and Foreign Language Interpreter Staff of NC DHHS and NC DHHS interpreter contracts to be on standby and ready to deploy if requested.
- i. Support the American Red Cross and other agencies in shelter staffing at designated Red Cross Shelters.

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DIVISION OF HEALTH SERVICE REGULATION (DHSR)

OFFICE OF EMERGENCY MEDICAL SERVICES (OEMS)

- a. Provide leadership in coordinating and integrating the overall state efforts that provide medical assistance to a disaster-affected area.
- b. Coordinate and direct the activation and deployment of state resources of medical personnel, supplies, equipment, and pharmaceuticals with Public Health as needed.
- c. Assist in the development of local capabilities for the on-site coordination of all emergency medical services needed for triage, treatment, transportations, tracking, and evacuation of the affected population with medical needs.
- d. Establish and maintain the cooperation of the various state medical and related professional organizations in coordinating the shifting of Emergency Medical Services resources from unaffected areas to areas of need.
- e. Coordinate with the SERT Military Support Branch to arrange for medical support from military installations
- f. Coordinate the evacuation of patients from the disaster area when evacuation is deemed necessary.
- g. Coordinate the catastrophic medical sheltering response by implementing the Medical Support Sheltering Plan.

4. NORTH CAROLINA NATIONAL GUARD (NCNG)

- a. Provide trained military police for traffic control.
- b. Provide security at established shelters.
- c. Provide security at healthcare facilities and established temporary treatment facilities.
- d. Provide military forces to assist local law enforcement in the emergency area for security, control of entrance to and exit from disaster area, and protection of people and crowd control.

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- e. Provide a Rapid Reaction Force specially trained for response to public disturbances and riots.

5. NC DEPARTMENT OF PUBLIC SAFETY (NCDPS)

STATE BUREAU OF INVESTIGATION (SBI)

- a. Coordinate investigation efforts, especially if the infectious disease is suspected to have originated via a biological terror attack.

STATE HIGHWAY PATROL (SHP)

- a. Regulate motor vehicle traffic where indicated.
- b. Provide security escort when required by related plans, policies, and/or procedures.

6. UNC CENTER FOR PUBLIC HEALTH PREPAREDNESS

- a. Deliver training, conduct research and provide technical assistance to public health professionals across the state.

D. SUPPORTING FEDERAL AGENCIES

1. ARMY CORPS OF ENGINEERS

- a. Support immediate lifesaving and life safety emergency response priorities.
- b. Sustain lives with critical commodities, temporary emergency power and other needs.
- c. Initiate recovery efforts by assessing and restoring critical infrastructure.

IV. CONCEPT OF OPERATIONS

A. GENERAL

When an event is expected to have limited impacts or confidence in the magnitude of significant impacts is low, the State EOC will only be partially activated with key SERT agencies. Upon a greater threat to the state, the SERT agencies will report to the EOC for a full-scale activation.

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The Regional Coordination Centers (RCCs) are staffed by various agencies and local emergency managers. They may also be staffed with members from Incident Management Teams (IMTs). The SERT agencies will be responsible for the following actions during an infectious disease outbreak:

- Communicate NC public health infectious disease information to neighboring states and the federal government
- Assist local health departments, hospitals, and other medical treatment facilities in their treatment of the infectious disease
- Coordinate federal assistance to the affected regions
- Assist local health departments with public health control measures such as surveillance, disease investigation, social distancing, immunization, prophylaxis, mass treatment, and mass fatality management

B. RESPONSE ACTIONS

Upon the indication of an infectious disease outbreak, the following actions will take place:

- The Director of Emergency Management, on advice of the State Health Director, will activate the State Emergency Response Team (SERT) and the State EOC.
- The Director of Emergency Management then assumes his responsibility as the SERT Leader. The State Health Director becomes a technical advisor to the SERT Leader and the Governor.
- The Public Health Command Center will be activated.
- The Disaster Medical Services Team within the OEMS coordinates medical treatment and resources: facilities, staff, and equipment.
- Pharmaceutical augmentation through the US CDC Medical Countermeasures will be done through the Public Health Command Center (PHCC) in conjunction with Disaster Medical Services Team (DMST).

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- The DHHS staff within the Citizens Services Office will assist in coordinating the response to citizens with special medical needs.

The change in activation levels is highly dependent upon the observed threat and expected impact. The following are general guidelines that may support a change in activation level. For information on staffing and general responses associated with an activation level, please refer to the North Carolina Emergency Operations Basic Plan.

- a. Level 4 Activation: The SERT Leader may elevate to level 4 if there is a threat of a release of a biological agent or infectious disease. This is generally a monitoring stage and induces only a partial activation.
- b. Level 3 Activation: The SERT Leader may elevate to level III if there has been an infectious disease outbreak in a community. There may also be a threat of a release of a biological agent or infectious disease. Usually public health capabilities are sufficient and there are limited deaths reported. State assistance may or may not be requested.

The following actions will be taken during a Level 3 activation:

- All emergency support function agencies are alerted.
- A coordinating call is conducted to determine the need for activation and for staff reporting of allied SERT partners to the State EOC.
- The PHCC is alerted and manned, as the level determined in the PHCC SOP.
- The PHCC provides assistance to local public health officials.
- The DMST begins to identify medical resources available from medical treatment centers in NC and to assess those facilities in need of support.
- The Healthcare Preparedness Coalitions are alerted for possible deployment.
- A NCEM Regional Coordination Center (RCC) is activated as determined by the coordinating call.

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- c. Level 2 Activation: The SERT Leader may elevate to level 2 if there has been an *actual* release of a biological agent or infectious disease. There will likely be a large increase in hospital admissions; local hospitals are overwhelmed and may be requesting to divert patients to hospitals in adjacent counties. There is likely an increasing death toll and state resources have been requested.

The following actions will be taken during a Level 2 activation:

- The Governor, on advice from the SERT Leader and the State Health Director, may declare a state of emergency.
 - The SERT is fully activated with 24-hour staffing from all SERT members.
 - The PHCC becomes activated per the PHCC SOP. Medical Countermeasures are activated for possible receipt of the stockpile.
 - The DMST coordinates support of affected facilities.
 - The NCEM Regional Coordination Center will be activated.
 - The Healthcare Preparedness Coalitions may be deployed to the affected area to provide additional medical capability at the direction of the Director of Emergency Management.
 - The State EOC is activated to provide the necessary resources required at this stage of activation.
- d. Level 1 Activation: The SERT Leader may elevate to level 1 if there has been a confirmed release of a biological agent or infectious disease, or there is a widespread disease outbreak occurring. There are a large number of patients seeking treatment and all hospitals in a multi county area are overwhelmed. State Resources have been requested.

The following actions will be taken during a Level 1 activation:

- The Governor (on advice from the SERT Leader and the State Health Director) requests federal assistance.
- Federal agencies are managed according to the State EOP.

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- Health and Medical response continues as above with additional resources requested from other states and federal assets.
- Alternative care centers, distribution of pharmaceuticals, disease containment procedures and public information will be implemented according to agency plans and coordinated through the State EOC.

C. RECOVERY ACTIONS

During the Recovery Phase, the SERT will assist individuals, businesses, and local governments to recover from the infectious disease event. Activities may include:

- Decontamination and disinfection of facilities and temporary living accommodations.
- Loans to individuals and small businesses.
- Grants to local governments.

V. REFERENCES

- A. Chapter 166A of the North Carolina General Statutes, North Carolina Emergency Management Act, as amended
- B. Chapter 130A of the North Carolina General Statutes, Public Health
- C. NC National Veterinary Stockpile Plan