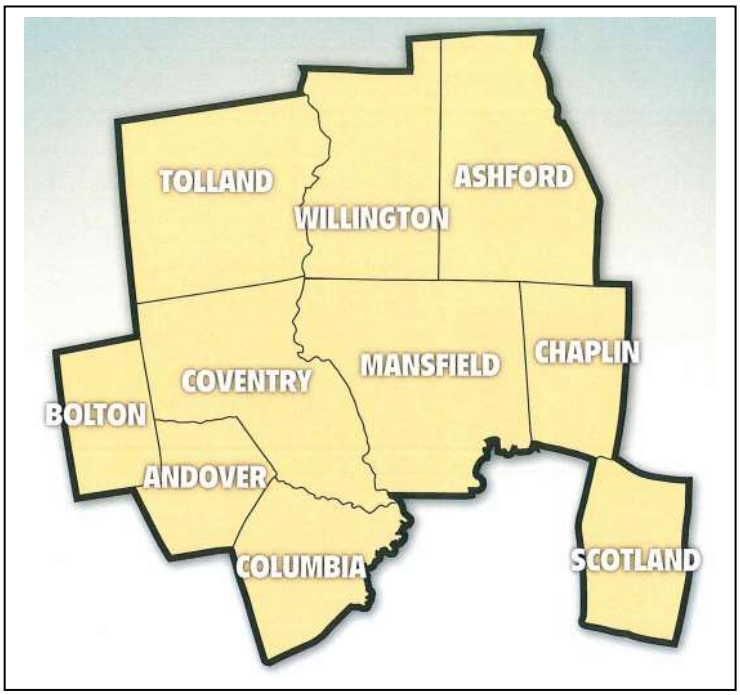
Eastern Highlands Health District (EHHD)
Public Health Emergency Response Plan (PHERP)
For the Towns of

Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington



Emergency Operations Plan

Attachment 1 to Annex G (Health and Medical) of Appendix I—Functional Areas
AND
Attachment 1 to Annex G (Terrorism) of Appendix II—Hazard Specific Considerations

6/10/2025 Revision

RECORD OF REVISIONS

DATE	AUTHORIZED INDIVIDUAL	REVIEW TYPE (ANNUAL, POST EXERCISE, POST INCIDENT, ETC)	PAGES AFFECTED	CHANGE SUMMARY
10.7.11	RESF-8 Public Health Group	Initial Review	All	
10.17.14	J. Degnan	Annual Review and Update	All	Editorial
11.16.15	J. Degnan	Annual Review and Update	All	Detail Updates
12.14.16	J. Degnan	Annual Review and Update	All	
10.6.17	J. Degnan	Annual Review and Update	All	
11.1.19	R. Miller; D. May; M. Brosseau	Review and Update	All	
6.15.21	R. Miller; D. May; M. Brosseau	Review and Update	All	
3.1.23	N. Thompson	Review and Update	All	
6.6.25	N. Thompson; A. Bloom	Review and Update	All	Detail and contact updates

Foreword

Connecticut's local public health districts and departments have responded to a number of biological incidents (e.g., Meningococcal Encephalitis at University of Connecticut, West Nile Virus, Anthrax in Oxford and COVID-19 pandemic) in the past. Biological threats such as pandemic influenza, smallpox and SARS could trigger a larger emergency response involving multiple local Directors of Health, the state laboratory, hospitals and community health centers, mental health providers, law enforcement, fire, EMS and emergency management authorities. Local public health emergency plans must be designed to coordinate with broader, emerging plans at the regional, state and national level.

The development, updating, and training on the use of public health emergency plans are opportunities to strengthen the public health infrastructure in our communities and beyond. These response systems can be used for disease surveillance, all types of disease outbreaks and/or natural disasters. Community partnerships can also strengthen efforts to organize and collaborate on other public health issues such as health education and promotion on topics such as obesity, diabetes, drug over dose or flu vaccinations for the children or the elderly.

This plan is designed as an-hazards approach to preparedness and response at both the municipal and regional level. It can serve as a framework for recruiting volunteers, identifying resources and filling gaps. Orientation and training for new municipal employees should always include an awareness level introduction to this document.

This plan is designed to be frequently updated with appendices, additional plans and situation-specific addenda. For example, there is a separate plan dealing with the response to smallpox, to pandemic flu and to anthrax exposure in the community.

Public health emergency responsibilities and activities are broken down into the four phases of mitigation, preparedness, response, and recovery. Included in this document are explanations, definitions, theoretical bases, doctrine, assumptions, and projections that guide the work required to safeguard the public's health.

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I. INTRODUCTION

A. Purpose

The purpose of this plan is to establish the methods and procedures that will be used by the Eastern Highlands Health District and its emergency planning partners in the community to respond to all types (All-Hazards) of public health emergencies including incidents of biological terrorism (BT). This plan is designed to be incorporated into Annex G (Terrorism) of the Emergency Operations Plans (EOP) in the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington as well as the Emergency Operations Plans of the University of Connecticut and to integrate them with future regional and state public health emergency response plans as they develop.

B. Scope

This Public Health Emergency Operations Plan encompasses aspects of preparedness, active investigation, emergency response, recovery, and maintenance during a public health emergency or biological event occurring in the communities of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, Willington and the University of Connecticut. The Eastern Highlands Health District and MDA #40 are contiguous and hereinafter referred to as “The District”.

C. Authority

Authority for bioterrorism preparedness planning and public health emergency response is contained in Title 28, Chapter 517 of the Connecticut General Statutes, as amended and local Executive Orders, Charter Provisions and Ordinances and Chapter 19a of the General Statutes pertaining to the detection, prevention and treatment of unnecessary illness. Authority for selected contents of this plan is also contained in Public Act 03-236, an Act Concerning Public Health Emergency Response Authority (PHERA).

D. Public Health Emergency Planning Team

The Health District must maintain close coordination and communication with certain key community leaders, agencies and institutions in order to carry out its functions should a public health emergency occur. A critical element of this plan is the integration of public health personnel and information into local and regional emergency plans and operations. Emergency planners from the District towns and the University meet regularly with health district representatives to ensure that all aspects of this plan are cooperatively developed and maintained. A key responsibility of the Eastern Highlands Health District is to recruit and maintain a strong planning team that agrees to develop public health emergency response plans and commits to being involved in their implementation. The integration of public health personnel and information into emergency operations planning structure is critical. A list of agencies that need to be involved, such as fire departments, law enforcement, EMS and emergency management and other community providers as well as their contact personnel and information, is located in the Addenda to this Plan.

Additionally, the Eastern Highlands Health District has established an After-Hours Emergency Call-Down List that is updated and maintained to ensure appropriate 24/7 coverage of the Health District is available at all times. A qualified Director of Health is always on call 24/7 if the EHHD Director of Health is unavailable. All community partners and the Department of Health are notified each time the Director coverage is modified.

E. Community Profile

The Eastern Highlands Health District is comprised of the towns Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington. The Towns of Ellington, Stafford, and Union bound the Eastern Highlands Health District to the North, Eastford, and Hampton to the East, Windham and Lebanon to the South and Glastonbury, Manchester and Vernon to the West.

Eastern Highlands Health District is committed to enhancing the quality of life in its communities through the prevention of illness, promotion of wellness and protection of our human environment. The pursuit of this mission is achieved through the enforcement of state and local health regulations, monitoring the health status of the community, informing and educating citizens on health issues, running programs to support community health efforts, and collaborating with community public health partners. The Eastern Highlands Health District is one of nineteen local Health Districts in the State of Connecticut. Established on June 6, 1997, it serves the towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington with a total district population of approximately 79,045 per 2023 Census. Authority for the District is contained in Title 28, Chapter 517 of the Connecticut General Statutes, as amended, and Executive Orders, Charter Provisions and Ordinances and Chapter 19a of the General Statutes pertaining to the detection, prevention and treatment of unnecessary illness.

The main office of the Health District is located in the Audrey P. Beck Building of the Mansfield Town Offices, at 4 South Eagleville Road. The telephone number is 860.429.3325 and the fax number is 860.429.3321. The office hours are Monday through Wednesday, 8:15 – 4:30, Thursday 8:15 – 6:30 and Friday, 8:15 – 12.

The District is a governmental entity, authorized under the above noted Connecticut statutes, for the purpose of providing local public health services. A Board of Directors governs the Health District. The board appoints a Director of Health who acts as the chief executive officer for the Health District and as a delegated agent of the State Commissioner of Public Health for the purposes of enforcing the Public Health Code. A listing of current staff of the District is provided in the Addenda. The specific services provided by the District include: septic system inspection and approval; well and water quality monitoring, food protection; lead investigations, radon prevention, public bathing area monitoring; and public health complaint investigations. The District also has a communicable disease control program for disease surveillance and outbreak investigation, and an expanding public health education and training program. Other public health functions conducted by the District include data collection, analysis, and health planning activities.

F. Concept of Operations

As the Primary Public Health Agency for the towns in the District, Eastern Highlands Health District (EHHD) has developed a Concept of Operations Plan (CONOPS) that provides the framework for its management of the public health response to any kind of emergency or disaster. The CONOPS is consistent with Homeland Security Presidential Directive (HSPD)-5, the National Planning Frameworks and the National Response Frameworks (NRF), and implements strategies to ensure a unified approach to all mitigation, preparedness, response, and recovery activities carried out by EHHD.

On behalf of the Eastern Highlands Health District, the Director of Health coordinates all public health and assistance in each of the towns in the District. The Director also acts as the senior-level EHHD liaison to the State Department of Public Health and the Department of Emergency Management and Homeland Security. The Director serves as liaison and advisor to the Chief Executive Officer in each of the towns in the District, the Emergency Management Directors in each of the towns in the District and other local departments and agencies.

1. Strategic Coordination
The Director coordinates the response to Public Health emergencies through the implementation of this Public Health Emergency Response Plan (PHERP). The PHERP is maintained and implemented from the EHHD Emergency Command Center (ECC) at the EHHD main office in the Mansfield Town Hall. By definition, the Public Health Emergency Response Plan is always operational at a baseline level (Steady State Monitoring – Watch Status) and in times of non-response, it is used to maintain a full surveillance and monitoring posture. When preparing for or responding to an incident, the Director may raise the staffing level by activating the Public Health Incident Command Staff. The Public Health Incident Command's organizational structure is based on Incident Command System (ICS) principles and is NIMS compliant. The "trigger point" to initiate a change in everyday command and control structure is at the discretion of the Director of Health.

2. EHHD Emergency Command Center
The EHHD Emergency Command Center (ECC) is located in the Main office of the District, in the Mansfield Town Hall and it is the focal point for command and control, communications, information collection, assessment, analysis, and dissemination for all EHHD operations under both non-emergency and emergency conditions to support a common operating picture. It is fully staffed during regular business hours and maintains emergency contact operations 24 hours a day, 7 days a week (24/7). The EHHD ECC is also a sub-set of the Mansfield Emergency Operations Center (EOC) located in the Mansfield Town Hall and Attachment 1 to Annex G (Health and Medical) of Appendix I—Functional Areas and Attachment 1 to Annex G (Terrorism) of Appendix II—Hazard Specific Considerations for the Towns of Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington
Because the EHHD Emergency Command Center (ECC) is always operational, it can rapidly enhance its services and staffing during times of crisis. When not in an emergency response mode (Steady State), the EHHD Emergency Command Center performs continuing surveillance of the following:

- Investigates Public Health data for special topics (e.g., West Nile virus, Ebola, Zika, EEE, COVID-19, Influenza activity)

- Monitors reports from DPH, CDC, HHS, DHS, WHO, DEMHS, FEMA, NOAA and other community agencies, schools, hospitals and local physicians.
- Media reports and other mass public information sources
- Natural disasters (e.g., earthquake activity, hurricanes).

In the event of a public health emergency; man-made or natural disaster; EHHD will, upon request of a Town Emergency Management Director (EMD) or Chief Elected Official (CEO), provide a staff liaison to serve in that town's EOC.

II. SITUATIONS AND ASSUMPTIONS

A. Situation

A variety of public health emergencies, including the possibility of bioterrorism (BT), could threaten the health and safety of citizens in the District. The goal of Eastern Highlands Health District in a public health emergency or biological terrorism (BT) event is to minimize the impact of these adverse events on the population it serves.

The deliberate release of a biological agent may be either overt or covert. The overt release or threat to release a biological agent in the district would cause immediate concern, triggering rapid efforts to identify the agent and to initiate an appropriate response. A covert, or the hidden use of these agents, may delay recognition and response time. Either scenario will result in a large-scale impact that will quickly overwhelm both the local public health and medical care systems.

The detection, response and control of any infectious disease outbreak is most likely to occur at the local or regional level. While the BT event will require active public health leadership and involvement at the local level, it will also be necessary to coordinate with regional, state and federal governments to effectively coordinate all response efforts.

B. Assumptions

1. The Eastern Highlands Health District is responsible for the protection of the health and welfare of all of the citizens within its jurisdiction.
2. The towns of the District are vulnerable to a naturally occurring infectious disease emergency, various natural disasters or a covert / overt bioterrorism attack
3. A public health emergency may involve as few as one and as many as thousands of exposed or infected individuals.
4. The source of the illness may be within or outside the town / district boundaries.
5. The use of a biologic agent may only be apparent days or weeks after its release.
6. A response to the occurrence of a public health emergency is dependent on the credibility of reporting, the scope and the nature of the incident.
7. A bioterrorism incident most likely will be a multi-disciplinary, multi-jurisdictional event that will require broad interagency planning and response approaches as well as cooperative partnerships between local, regional, state, and federal governments.
8. The Eastern Highlands Health District has executed a formal, long-term Memorandum of Agreement (MOA) with the University of Connecticut for emergency response support and mutual aid.

9. A BT release is likely to be targeted at high-density population centers, buildings or facilities that conduct the operations of government, transportation, education, industry or the media.
10. Upon discovering the use of a BT agent, the event, by statute, becomes a criminal investigation under the jurisdiction of the FBI.
11. The community response to a public health emergency is likely to be associated with high levels of anxiety, fear and hysteria in the general public.
12. Depending on the size of the incident, public health services as well as routine commerce and community activities may be reduced or temporarily discontinued.
13. This plan may also be activated by events occurring in other adjacent jurisdictions.
14. Local hospital capacity will be limited.

III. Operation Plans

A. Roles and Responsibilities of the Local Director of Health

The Director of Health plays a key role in a biological event or public health emergency from the onset of a suspicion that an event has occurred until the end of the recovery period. The Eastern Highlands Health District will maintain, as its top priority, the performance of infectious disease control activities to minimize the likelihood that a disease will spread to new populations.

For the purpose of preparedness and response to a biological event in the District, the Director of Health has the legal responsibility for disease reporting, disease investigation and imposition of isolation and/or quarantine measures at the local level. The Director of Health, or person legally administering that office, exercises complete legal authority over all operations conducted by the Eastern Highlands Health District in accordance with assigned operational responsibilities contained in the Andover, Ashford, Bolton, Chaplin, Columbia, Coventry, Mansfield, Scotland, Tolland, and Willington Emergency Operations Plans (EOP) and its annexes and addenda.

The different activities that need to be addressed during the various stages of a public health emergency are: (1) Preparedness Phase (Mitigation), (2) Response and Emergency Phase, and (3) Recovery Phase. The following is a list of roles and responsibilities of the local Director of Health before, during, and after a public health emergency / BT event.

1. During the **preparedness/mitigation phase**, the Director of Health will:

- Develop strong community and regional partnerships that will enable public health emergency planning to integrate with the local Emergency Operations Plans (EOP).
- Ensure that enhanced communication among traditional and non-traditional public health partners is in place and that a reporting system is also in place to receive reports of notifiable conditions or suspicious findings, thus facilitating an active public health surveillance among traditional and non-traditional public health partners for the rapid detection of a biological event
- Ensure that an emergency public health risk communication plan is in place and tested regularly.

- Ensure the development of effective risk communication messages and their integration into the public health emergency risk communication plan.
- Organize call-down lists of public health support personnel and volunteers in case of an emergency.
- Establish and maintain standard operating procedures (SOPs) and policies related to all aspects of BT response including notification and call-down procedures, lab procedures and safe handling of specimens, chain of custody, chain of command, and a detention plan for quarantine of person(s), etc.
- Maintain Internet service to connect to the state Health Alert Network (HAN). A secure communication system will be maintained to transmit confidential data, lab reports and other information, via Everbridge.
- Ensure more than one mode of communication is available to transmit and receive emergency information.
- Consult and coordinate with local emergency responders and schools to prepare and deliver a public health emergency education campaign ready to be launched prior to a biological event.
- Ensure opportunities for staff training, volunteer training, and other forms of workforce development that will ensure a qualified workforce and provide the safety equipment necessary to protect personnel at appropriate response levels.

2. During the **response / emergency phase,** the Director of Health will work within local EOPs and in consultation with the Commissioner of the Connecticut Department of Public Health (DPH), the State Epidemiologist in the DPH Epidemiology Section, District Emergency Managers and State DEMHS Coordinators to:
   - Assure that adequate epidemiologic capacity is available to investigate a biological threat using objective tests to confirm the diagnosis.
   - Coordinate disease investigation with local, state, and/or federal law enforcement officials, as necessary.
   - Ensure a system for the rapid distribution of risk communication materials during a public health emergency / BT event.
   - Activate a risk communication plan(s) and provide information to the public on the nature of the emergency and protective action messages across various media for the public to implement and adhere to.
   - Mobilize necessary LHD staff and volunteers to respond to public health emergencies.
   - Serve as the primary Public Health Advisor to any of the district towns' CEO and the district towns' Chief Administrative Officer (Town Manager) concerning the need for a request for SNS medications and supplies. The district towns' CEO and the district towns' Chief Administrative Officer (Town Manager) and the district towns' Emergency Management Director (EMD), after consultation with the Director of Health, may request the Governor to authorize the use of SNS medication and materials. The Director of Health will also make a similar request through the Commissioner of Public Health.

- Mobilize local, regional, and/or state partnerships to set up and execute appropriate necessary responses (e.g., mass dispensing clinic(s), mass vaccination clinic(s), mass casualty and mortuary assistance, family assistance center and behavioral health support, etc.).
- Facilitate access to community behavioral health resources, social services, and other necessary services for vulnerable populations and individuals needing additional assistance (INAA) during a crisis.
- Protect the health and ensure the safety of District residents and Eastern Highlands Health District staff and volunteers in the case of a biological event by ensuring that infection control and OSHA worker safety precautions are being adhered to, as well as enforcing laws and regulations such as quarantine and/or isolation.

3. During the **recovery phase**, the Director of Health will work in consultation with the Commissioner of the Connecticut Department of Public Health, as needed, to:
   - Continue with response phase activities, as required until complete.
   - Correct deficiencies in emergency response operation as may be determined during the response phase.
   - Conduct environmental health remediation and monitoring, as necessary or required.
   - Continue public health surveillance and monitoring of illness and death resulting from a public health emergency.
   - Evaluate and assess response and remediation for a biological event.
   - Assist staff, as needed, with completing required documentation of expenditures for state and federal reimbursement purposes.
4. During the **Evaluation and Maintenance** phase, the Director of Health shall:
   - Participate in drills, exercises and other evaluation methods for the District Public Health Emergency Operations Plan with emergency planning partners.
   - Modify the District Public Health Emergency Operations Plan to improve the effectiveness of the local response.
   - Provide or arrange for the staff training necessary for skills development and enhancement as indicated by performance during drills and/or exercises.
5. LHD Chain of Command

   In order to ensure continuity in the operation of a public health-related emergency response in the District, the following Chain of Command will be in effect at Eastern Highlands Health District:

Rank	Name	Title
1.	Robert Miller, M.P.H., R.S.	Director of Health
2.	Lynette Swanson, R.S.	Chief Sanitarian

3. Millie Brosseau Office Manager

The Director of Health also maintains a current After-Hours Emergency Call Order list to ensure 24-7 accessibility to all Eastern Highlands Health District employees.

B. Preparedness Phase

1. Vulnerability Assessment and Mitigation

The Eastern Highlands Health District completes an annual Hazard Vulnerability Assessments (HVA) and various hazard mitigation activities, appropriate to the public health emergency function in the District. These activities are done as needed but no less than annually.

2. Surveillance

Well-developed surveillance and epidemiologic capacity is the foundation on which the Health District will detect, evaluate, and design effective responses to terrorism events.

Bioterrorism events may not be identified in a high profile, sudden-impact manner that occurs with many other emergencies. Instead, an observant physician, a school nurse, veterinarian, laboratory technician, or a surveillance data entry staff, who recognizes an unusual illness or cluster of illnesses or increases in requests for medical services or a specific diagnosis, may be the first to identify the event.

Effective public health surveillance requires the early detection of excessive or unexpected cases of disease or an increase in use of services. Public Health surveillance activities require the assistance of physicians, schools, colleges, universities, hospitals, daycare centers, or nursing homes. Should a public health emergency occur, Region 4 regional and partner agencies will work closely with the Eastern Highlands Health District to identify additional cases or report any suspicious findings consistent with the BT agent in question.

Public Health Surveillance in the District is primarily based on a passive disease reporting system. Health care providers, laboratories, Windham Hospital, Manchester Hospital, Rockville Hospital, Johnson Memorial Hospital, school nurses and other entities regularly send reports to the Eastern Highlands Health District based on state laws, local agreements and regulations.

The Eastern Highlands Health District, in collaboration with the Connecticut Department of Public Health (DPH), informs and educates reporting sources of current disease reporting requirements on an annual basis and as new reporting requirements are implemented.

a. Non-traditional Syndromic Surveillance

The Eastern Highlands Health District and its emergency partners also make use of non-traditional surveillance (informal surveillance) systems that include:

- Hospital Emergency Department and Intensive Care Unit Admissions at Windham Hospital and Johnson Memorial Hospital
- First Responder, EMS / 911 calls
- Poison Control Center telephone call-ins
- Pharmacy Surveillance reports
- Reports of school and workplace absenteeism
- Unusual trends in animal morbidity/mortality from veterinarians or others

A laboratory report of significant findings may be used to support physician reports, which allow for a verification of the diagnosis.

b. Syndromic Surveillance

Syndromic surveillance is a form of non-traditional public health surveillance that can lead to the early detection of a biological event. A syndromic surveillance system allows for a set of pre-defined symptoms or syndromes (i.e., a group of symptoms) to be reported to health district officials in a timely manner by pre-identified sentinel surveillance partners.

The Connecticut Department of Public Health conducts syndromic surveillance through "Epicenter". This system is an electronic data collection system connected to Connecticut's 32 hospitals that monitor identified BT-related indicators.

3. Epidemiologic Preparedness

a. Capacity for local epidemiologic investigation

The Eastern Highlands Health District has the following capacity, either locally or accessible through state resources, to perform local epidemiologic investigations:

	Function	Capacity (✓)		Staff Responsible	
		Local	State	Name	Title
1	Access to reliable laboratory testing and verification/confirmation of diagnosis	✓		Rob Miller	Director
2	Interview and collect information from suspected cases and contacts	✓		Cecile Serazo, RN	Community Health and Wellness Coordinator (CHWC)
3	Enter data collected from cases and contacts (as required)	✓		Millie Brosseau	Office Manager
4	Analyze data (manually or with software program)	✓		Rob Miller	Director
5	Implement control measures	✓		Rob Miller	Director
6	Implement prevention measures	✓		Rob Miller	Director
7	Communicate findings to	✓		Rob Miller	Director

	appropriate personnel				
8	*Other* CT DPH epidemiology contact numbers. The numbers are: daytime (860) 509-7994; evenings and weekends and daytime backup (860) 509-8000.		✓		

b. Protocols and Standard Operating Procedures

The use of local disease specific protocols and standard operating procedures for investigation of infectious agents associated with BT-related conditions is the responsibility of Eastern Highlands Health District.

c. Traditional Public Health Surveillance

The Eastern Highlands Health District receives reports of notifiable diseases and conditions from the following type of sources in the District:

- Physicians
- Hospitals
- Infection Control Practitioners
- Schools (Public schools, colleges, and/or universities)
- Child Day Care Centers
- Long-Term Care Facilities
- Laboratories

The Eastern Highlands Health District, in collaboration with the Connecticut Department of Public Health, is responsible for disease follow-up of suspected or probable reported cases of disease or suspicious epidemiologic findings for selected diseases. In addition, the Eastern Highlands Health District provides consultation to physicians or other health care providers, on case diagnosis and management, health alerts, public health surveillance summaries, and clinical and public health recommendations and policies.

4. Laboratory Capacity

Laboratory diagnosis is a critical step in the timely control of a BT event. The Katherine A. Kelley State Public Health Laboratory (or State Laboratory) is the primary public health laboratory providing support to the health district and is responsible for providing diagnostic expertise and specimen handling for the Eastern Highlands Health District in disease investigations. Results of laboratory testing will be promptly shared with the Eastern Highlands Health District and the State Department of Public Health Epidemiology Program via a secure email system, telephone calls, or fax.

The Dr. Katherine A. Kelley State Public Health Laboratory is equipped with a Bio-Safety Level 3 laboratory. During a biological event, specimen packaging and transport must be coordinated with the State Laboratory, Connecticut State Police ESU and the FBI, which will maintain a proper chain of custody over specimens from the time of collection. The State Lab ONLY accepts samples at

the request of the FBI, State Police ESU or CT DEP HAZMAT Team. They ensure that the samples sent to the State Laboratory do not contain any radiological, chemical, or explosive properties.
Additional laboratory resources include three local Level 2 labs located at Windham Hospital, the University of Connecticut, and Quest Diagnostics.
The Eastern Highlands Health District will comply with all DPH-specified protocols for controlling specimens.
In the event that a physician or other health care provider reports a suspected infectious biological agent, potentially dangerous to the community, the medical practitioner will be directed to immediately report it to the Connecticut Department of Public Health.
Information on laboratory testing, including proper collecting, handling, shipping, transporting, and submission procedures, can be obtained by contacting:

Dr. Katherine A. Kelley State Public Health Laboratory
Connecticut Department of Public Health
395 West Street Rocky Hill, CT 06067-3503
860-920-6500

5. Risk Communications and Public Education

To ensure a consistent, reliable and continuous flow of information to the public and the media, the Director of Health or his/her designee will be the Chief Public Information Officer (PIO) and Public Spokesperson for the Eastern Highlands Health District. The PIO will be responsible for dealing with media inquiries on behalf of Eastern Highlands Health District and for issuing media releases and conducting news conferences as necessary. All efforts will be coordinated with the State DPH PIO. The Director will approve in writing all media releases, statements, interviews and information from the Eastern Highlands Health District. All such communication will be carried out at a level appropriate for the incident and within the framework of the incident command and unified command systems when operating at such level. The District will assign a Deputy PIO to any Joint Information Center activated by Region 4, DPH or DEMHS or any federal entity to coordinate public information.

The Eastern Highlands Health District has identified the following resources for translation services:

- Bi-lingual staff (CHWC, Spanish)
- The *International Student Center at the University of Connecticut*
- *Translation services can also be accessed on the web at:*

  Languageline.com

  Babelfish.com

The following information dissemination methods are available to the Eastern Highlands Health District and may also be used:

- Door-to-door leaflets
- Leaflets left at local convenience and gasoline outlets
- The U.S. Mail

- Town Hall style meetings in District towns.
- List-serve email
- The University Intranet
- UCONN Text and emergency broadcast system
- Eastern Highlands Health District web page
- Eastern Highlands Health District Social Media Accounts
- The Code Red Notification System
- Public Media: The Director of Health has contacts with media channels to ensure effective public messages during a crisis (*see Media Contact Lists).*

Information Operations

The public information operation will be carried out in a manner consistent with the Emergency Operation Plan for the town(s) affected under the unified and incident command model.

6. Staff Training and Education

The Eastern Highlands Health District staff and volunteers are provided opportunities for professional skills development and training that is required for effective biological event planning and response.

Examples of areas of training include, but are not limited to, the following:

- Annual Drills and Exercises
- Biological Agent training and epidemiological functions
- OSHA Worker Safety
- Epidemiology and Public Health Surveillance
- ICS/Unified Command System/NIMS
- Emergency Operations Center (EOC) Training
- Crisis & Emergency Risk Communication (CERC)
- Emergency Planning
- Laboratory Activities (e.g., specimen collection/handling/transport)

In addition to individual training and education, the staff members of Eastern Highlands Health District cross-train and exercise with other members of the public health emergency response team to ensure understanding and effectiveness of a response to a public health emergency.

The Connecticut Department of Public Health and the University of Connecticut Public Safety Department are avenues to training on the use of Personal Protective Equipment (PPE), proper respiratory protection, universal precautions, blood borne pathogens and fit testing for N95 respirators for each staff or volunteer.

7. Vulnerable Populations

During a public health emergency, certain segments of the population may have special needs or additional assistance to ensure their protection. The Eastern Highlands Health District has identified the following special populations currently within the department's area of responsibility:

a. Identification of Special Needs Populations

Senior/Disabled Housing Complexes:

Pompey Hollow Senior Housing
49 Tremko Lane
Ashford, CT 06278
860-429-8556

Orchard Hill Estates
1630 Main St.
Coventry, CT 06238
860-742-5518

Juniper Hill Village
1 Silo Circle
Mansfield, CT
860-429-9933

Wright's Village
309 Maple Rd.
Mansfield, CT
860-487-0693

Old Post Village
763 Tolland Stage Rd.
Tolland 06084
860-871-1386

Lyon Manor
140 River Rd.
Willington, CT
860-420-7903

Long-term Care Facilities (e.g., Nursing Homes):

Mansfield Center for Nursing and Rehabilitation
100 Warren Circle
Mansfield, CT.06268
860-487-2300

Lyon Manor
140 River Rd.
S. Willington, CT 06265

860-420-7903

Woodlake at Tolland, ECHN
26 Shenipsit Lake Road
Tolland, CT 06084
860-872-2999

Schools

Andover:
- Andover Elementary 860-742-7339

Ashford:
- Ashford School 860-429-1927

Bolton:
- Bolton Elementary 860-646-4860
- Bolton High School 860-645-8879

Chaplin:
- Chaplin Elementary 860-455-9593
- Region 11 Parish Hill High School 860-455-9584

Columbia
- Horace Porter Elementary 860-228- 9493

Coventry:
- Hale Early Education Center 860.742.4550
- Coventry Grammar School 860-742-4566
- George Hersey Robinson School 860-742-7341
- Captain Nathan Hale Middle 860-742-4587
- Coventry High School 860-742-4564

Mansfield:
- Mansfield Elementary School 860-423-1611
- Mansfield Middle School 860-429-9341
- Vinton School (STAR program) 860-423-3086
- Region 19 E.O. Smith 860-429-0877
- Region 19 E.O. Smith Depot Campus 860-487-2260

Scotland:
- Scotland Elementary 860-423-0064

Tolland:
- Birch Grove Primary School 860-870-6750
- Tolland Intermediate School 860-870-6885
- Tolland Middle School 860-870-6860
- Tolland High School 860-870-6818

Willington

- Willington Elementary Center School 860-429-8768. (On Old Farms Road has 305 students in grades K-3.)
- Willington Middle Hall Memorial School 860-429-5682 (Rt. 32 South Willington has 330 students in grades 4 – 8.)
- Willington Nursery school located at the Federated Church at the Intersection of Routes 320 and 74 with 26 students.

b. Resources to Work with Special Needs Population

Homeless Shelter:

Holy Family Home and Shelter, 88 Jackson St, Willimantic, CT. 860-423-7719 (This shelter is in the area covered by North Central Connecticut Health District.)

Behavioral Health:

- Natchaug Hospital 860–456-1311
- United Services (860-456-2261) —is the regional behavioral health service provider. United Services is the EAP provider for the Town of Mansfield. Counseling for Mansfield residents is also available through the Mansfield Dept. of Social Services. The Mansfield Youth Services Bureau also provides counseling.
- The American Red Cross--provides for the delivery of mental health services on a disaster relief operation and collaborates with local community mental health services in ensuring that appropriate human and material resources are available to meet the emergency and/or long-term emotional needs of the affected individuals, families and communities.

Non-English Speaking:

- International Student & Scholar Services (ISSS), 2011 Hillside Rd. U-1083. Storrs, CT 06269-1083, **Phone:** (860)486-3855. The UCONN (ISSS) International Students Association has volunteered to work with local Social Services Departments to assist with translation as needed. The Campus Activities Office at the University of Connecticut at (860)486-6588 maintains an updated list of over 25 cultural and linguistic organizations and their contact information. Many international families accompany UConn students and live in Mansfield or the neighboring towns.
- *Interpreters and Translators, Inc.,* Marisol Reyes-Hernandez, 232 Williams St. East Glastonbury, CT 06033. www.ititranslates.com. mrhernandez@ititranslates.com. P.860.647.0686 Ext. 109; Direct Line: 860.730.6149; Cell:860.209.7857

Blind, Hearing-Impaired, and Homebound Residents:

- The Towns of Mansfield, Coventry and Tolland Social Services Department have At-Risk calling lists. Town residents have voluntarily identified themselves to receive calls, or to have family members receive calls from trained volunteers in case of an emergency event. Primarily these people are blind or deaf, have mobility impairments, or use oxygen.
- Eversource also maintains a listing of self-identified persons requiring additional assistance during emergencies. This list is available to Emergency Management Directors during an emergency event.

Services for Residents with Disabilities:

- Easter Seals
- Disability Network of Eastern Connecticut

C. Response (Emergency) Phase

1. Command and Control of a Public Health Emergency

The Incident Command System / Unified Command System (ICS / UCS), in accordance with the National Incident Management System (NIMS) principles may be used in the management of any public health or bioterrorism emergency.

a. ICS / UCS

"Incident Command" is a command structure used to organize multiple disciplines with multi-jurisdictional responsibilities in an emergency under one incident commander. In the event of a public health emergency, the Director of Health assumes a significant amount of authority and responsibility within the jurisdiction. Command and Control of any incident is vested in and recognized as the responsibility of the jurisdiction where the incident or event occurs. The Director of Health may assume the role of Incident Commander during the initial phases of an emergency response.

"Unified Command" is used when it is necessary for all involved agencies to contribute to the process of developing overall incident objectives, selecting strategies, joint planning of tactical activities, and integration of tactical operations. The rules of the ICS designate the "first unit or member arriving on the scene" as the Incident Commander (IC), whose goal is to coordinate and maximize resources. However, as the incident grows and continues to develop, it should be recognized that incident command might be passed to a senior, more experienced individual. Public health workers and officials must be prepared for any of these roles and will contribute to the ICS by helping to determine the overall objectives of the response as well as helping to plan and conduct integrated tactical operations.

Because there may not be a "traditional scene" in a BT attack, it will most likely be the local health district that recognizes that there has been an attack. Under the UCS a multiple-agency command post is established to integrate resources and personnel at the incident scene.

- To ensure continuity of the ICS / UCS the following positions need to be designated and filled: Incident Commander, Public Information Officer, Liaison Officer, Safety and Security Officer, Logistics Section Chief, Planning Section Chief, Finance and Administration Section Chief, Operations Section Chief, Medical Care Coordinator, POD Managers, Local Distribution Site (LDS) Manager, Security Staff and Medical Staff
- In the District towns, the Chief Elected Official, shall exercise executive authority over all emergency operations in accordance with the missions and assignments specified in this plan. (Refer to each Town's EOP for existing CEO Chain of Command)
- The public health official who may play the role as the Incident Commander or as a member of the Unified Command System is the Director of Health.

- A *covert attack,* without an incident or scene (i.e. an incident without an address), will most likely not require a "field" Incident Command Post (ICP). The IC will be selected on the basis of primary authority for overall control of the incident. The BT plan shall identify who will authorize the decision to initiate and further implement response plans.
- In the event of extended operations, the District may request additional assistance from Region 3 and Region 4 Health districts/departments and throughout the state. This may include: Incident Management Teams (IMT), DMAT Teams and staff from other health districts and departments. In addition to these resources, the District may ask DPH and the Governor's Office to request POD Teams from other states through the EMAC Program.

b. Emergency Operations Center (EOC)

- The Department of Emergency Services and Public Protection (DESPP) Division of Emergency Management and Homeland Security (DEMHS) maintain the State Emergency Operations Center (EOC) in Hartford, which is used to coordinate response activities in emergencies, and disasters that are beyond the reasonable control of a local field command post.
- The local EOC, the site from which local municipal emergency direction and control will take place, is usually established at a municipal office building. The most up-to-date list of locations of local Emergency Operation Centers can be found on WebEOC.
- Eastern Highlands Health District shall provide staff to the EOC in each town, as resources permit, upon the request of the EMD or CEO. The Eastern Highlands Health District will develop and maintain communication systems with outside agencies and the public throughout a BT or public health emergency event.
- The staff person from the Eastern Highlands Health District assigned to staff the Mansfield EOC is Robert Miller, Director of Health. The Director will also serve as the public spokesperson for public health response operations.
- Information about the current public health emergency will be provided to the Eastern Highlands Health District staff so that answers to all questions will be consistent. At least one telephone line will be designated as the **outgoing** line for required communication with outside authorities. At least one other telephone line will be left as an **incoming** line for outside local and state authorities. These two numbers will <u>not</u> be made public. Redundant communication systems with designated public health staff and emergency contacts shall be established to ensure timely notification and response. An informational outgoing message will be recorded on (860) 429-3325.

2. Communications

It is recognized that during emergencies, communication systems are the most likely aspect of any plan to fail. Special attention and preparation must be made to prevent a communications breakdown.

The Eastern Highlands Health District plays a major role in all aspects of communication involving a public health emergency through its Health Alert Network (HAN), Risk Communication and Public Health Information Dissemination mechanisms. The Eastern Highlands Health District will provide expertise in

presenting timely and accurate information about the disease outbreak or release of a biological agent to the public through a Joint Information Center (JIC)

Upon confirmation of a public health / bioterrorism emergency, the Director of Health will immediately notify the CEO/First Selectman and Emergency Management Directors of all of the District towns and the State Epidemiologist.

The local Director of Health will notify, gather and brief all Eastern Highlands Health District staff and discuss response actions and then notify all relevant response partners.

The following are modes of communication specific to public health / BT event:

- The Health Alert Network (HAN) is a nationwide information and communication system that links Federal, State and Local health agencies to protect communities from bioterrorism and other public health threats. The HAN securely facilitates communication of critical health, epidemiological and bioterrorism-related information on a 24/7 basis to LHDs, health organizations and other partners. During a public health emergency, the HAN will be used to ensure secure electronic exchange of state and local clinical, laboratory and environmental information between the State and local levels.
- In addition to being a key asset in the initial notification of an event, the HAN also allows the CT DPH to transmit vital surveillance, epidemiologic and other relevant information back to the local Director of Health / District.
- The Eastern Highlands Health District has developed a local HAN network that provides rapid communication dissemination to local emergency response partners. Through the local HAN, the Eastern Highlands Health District can communicate with local medical providers, school nurses, local hospitals and acute care and sub-acute care facilities, long-term care facilities, colleges/universities, and daycare centers.
- EHHD has an active account in WebEOC, an Information Sharing platform provided and maintained by the State of CT DEMHS and DPH. Five members of EHHD staff at all times have access to WebEOC including the Director of Health, Chief Sanitarian, Public Health Nurse, Office Manager, and Preparedness Coordinator. WebEOC provides an online virtual platform for Emergency Operations with local, district-wide, and state partners.

3. Surveillance

Traditional local reporting sources (e.g., physicians, hospitals, schools, laboratories, etc.) are required to report suspected, probable, or confirmed cases of BT-related diseases, listed under Category I Diseases on Reportable Disease Confidential Case Report Form PD-23 by telephone on the day of recognition or upon strong suspicion to the Eastern Highlands Health District at (860) 429-3325 and the Connecticut State Department of Public Health Epidemiology Section at (860) 509-7994.

The State Epidemiologist will work in collaboration with the Director of Health and other individuals, where required (e.g., reporting physician, laboratory, etc.), to decide whether or not an unusual event is occurring. If an unusual event has occurred, an epidemiological investigation will be conducted by state and local health officials to determine the potential cause and the population at risk, decide on

medical prophylaxis / treatment measures with diagnosing physician, and decide whether or not to activate an emergency medical response.

At the same time, the appropriate law enforcement agencies will be notified in order to begin a criminal investigation, public health surveillance will be expanded, and enhanced reporting will be implemented. Depending on the nature and scope of the event, the state EOC may be activated at this time. In the case of a BT event, the FBI assumes primary jurisdiction.

The Eastern Highlands Health District will consult with the Connecticut Department of Public Health (DPH) Epidemiology Section throughout the epidemiological investigation. Through continued collaboration with DPH, the Eastern Highlands Health District will play an important role in the epidemiological investigation and in determining the best course of action to take to protect the public. Members of the investigation group at the Connecticut Department of Public Health can be reached by 24 hours/day 7 days/week via CT DPH emergency number 860-509-8000. If this group determines that the information derived from the epidemiological investigation supports a bioterrorism event, the Governor and the Department of Emergency Services and Public Protection (DESPP) Division of Emergency Management and Homeland Security (DEMHS) will be notified immediately.

The steps for a BT-related epidemiological investigation are outlined below:

a. Verify and confirm diagnosis

The CT DPH will communicate with the diagnosing physician or hospital facility regarding patient's signs and symptoms. CT DPH will also verify if the working diagnosis fits into the case definition of the suspected agent(s) in question and confirm with the reporting laboratory the type(s) of testing performed and results.

b. Interview case(s), exposed individual(s) and close contacts

The Eastern Highlands Health District, in collaboration with DPH, will interview case(s), exposed individual(s) and close contacts and collect information that includes the following:

- Facility of report and diagnosing physician
- Demographic information on patient(s), exposed individual(s), contacts
- Location of incident
- Symptoms, including date of onset and clinical diagnosis indicative of potential agent
- Time, date, and possible location of exposure or occurrence
- Lab testing
- Presence of risk factors in patients
- Past activities of individuals and contacts, including recent travel history

c. Analyze the data

The Eastern Highlands Health District, in collaboration with DPH, will analyze data derived from case(s), contact(s), and exposed individuals.

d. Tabulate and orient data collected by person, place, and time

e. Describe case group

Thoroughly describe the case group and identify factors shared by cases (person, place, and time).

f. Perform epidemiology analysis by comparing groups

g. Develop hypothesis

- Is there a reasonable explanation for natural illness (e.g. recent travel to areas of endemicity) or evidence suggesting the intentional release of an agent?
- Is there reason to believe that the increase/event could be consistent with a BT event?
- Is there reason to believe that this is a "true" or "natural" outbreak of disease?
- Is there reason to believe that the event is over, or has it just begun?

h. Explain the cause of the problem

i. Continue Epidemiological Investigation

The CT DPH Epidemiology Section will collaborate with the Director of Health at Eastern Highlands Health District to continue monitoring the progression of the spread of illness and new cases. If it is determined that the health emergency is a bioterrorism event, the investigation will be coordinated with the FBI. Based on the information collected and the results of the preliminary analysis, the need for additional local resources or state assistance can be determined.

j. Implement Control and Prevention Measures

The Eastern Highlands Health District will collaborate with the Epidemiology Section to determine the most appropriate control and prevention measures to implement in the District towns.

k. Communicate Findings

The Director of Health and Public Information Officer for Eastern Highlands Health District, in cooperation with the local CEOs, will communicate important findings of the epidemiologic investigation to the public (e.g., medical community and other response partners, media, etc.) while ensuring that the integrity of the investigation and confidentiality of person(s) affected is not compromised. Important risk communication messages will be provided to the public on a regular basis.

4. Laboratory Diagnosis and Specimen Submission

Preliminary testing occurs in a physician's office, an emergency department or at a lab collection point. Commercial or hospital labs may make definitive identification of an organism. For unusual organisms, the specimen is sent to the State Lab to make definitive identification or sent to another lab in the Laboratory Response Network (LRN) or by the CT DPH to the Centers for Disease Control and Prevention (CDC) in Atlanta, GA.

The State Lab accepts samples at the request of the FBI, State Police ESU or CT DEEP HAZMAT Team ONLY. Samples are collected and screened under their

direction and are delivered under chain of custody conditions. Samples are logged in by the evidence custodian and signed over to the analyst. This procedure ensures chain of custody is preserved throughout.

Samples from a BT event are cleared by the DPH and great care is taken to preserve any DNA, fingerprints, etc. The submitter collects the sample and submits it to the Crime Lab. Chain of custody procedures is maintained throughout. Each laboratory maintains its own protocols and records.

5. Mass Immunization, Prophylaxis and Pharmaceutical Stockpiles

The Eastern Highlands Health District has planned for the immunization / prophylaxis of the entire population (79,045 as of 2023) in the District's area of responsibility. In the event that mass immunization or prophylaxis is ordered / required by the Federal Government or the State of CT, the Eastern Highlands Health District will rely on the provisions of the Mass Vaccination Plans in place at the local, regional, and state levels.

a. Location

The Eastern Highlands Health District has designated a site as a clinic for residents of the District towns, including students at the University of Connecticut, to provide vaccinations and/or dispense medication to the general public. The details of this mass vaccination / mass prophylaxis plan are included in the Smallpox and Mass Vaccination Plan annexes to this BT / Public Health Emergency Operations Plan.

b. Strategic National Stockpile

The two resources available in Connecticut for securing a cache of drugs and emergency medical supplies in a public health emergency or BT event are the Strategic National Stockpile (SNS) and the Capitol Region Metropolitan Medical Response System (MMRS). The MMRS, while designated for the Capitol Region, can be requested for use outside of the Capitol Region in times of emergency.

POINT OF CONTACT:

Steve Huleatt
CR-MMRS Program Director
CRCOG Homeland Security Planner
Capitol Region Council of Governments
Office Direct Dial 860-724-4274
Email: shuleatt@crcog.org

c. Supplies

Supplies necessary for both mass prophylaxis and mass immunization clinics have been identified and are listed in the Mass Vaccination Plan.

Kenneth Dardick, MD, Medical Advisor for the Eastern Highlands Health District is the physician authorized to promulgate Standing Orders under the various emergency response plans. Dr. Dardick is also the CDC Registrant who is authorized to receive Controlled Substances that may be included in an SNS shipment. The person signing the federal application for registration for

controlled substances shall be considered to be the registrant for security purposes.

6. Mitigation Strategies

Isolation is defined as the physical separation and confinement of an individual, group of individuals, or individuals present within a geographic area who are infected with a communicable disease or are contaminated, or whom the Commissioner of Health, or a designee, who may be the local Director of Health, reasonably believes to be infected with a communicable disease or to be contaminated, to prevent or limit the transmission of the disease to the public.

Quarantine is defined as the physical separation and confinement of an individual, group of individuals, or individuals present within a geographic area who have been exposed to a communicable disease or are contaminated, or whom the Commissioner of the Department of Public Health, or a designee, reasonably believes that they have been exposed to a communicable disease or to be contaminated or have been exposed to others who have been exposed to a communicable disease or contamination, to prevent transmission of the disease to the general public. The decision of whether or not to quarantine or isolate individuals will be based primarily on the type of event and the nature of the disease agent.

Closure of Schools is defined as social contacts and social mixing in a school-like setting are reduced, thereby limiting the chance for contact with ill individuals.

Social Distancing is defined as limiting community social gatherings or encouraging physical distance between people such as 6 feet during the COVID-19 Pandemic.

Hand Hygiene & Respiratory Etiquette is defined as frequent hand hygiene after touching people or surfaces and covering mouth and nose when coughing or sneezing.

Personal Protective Equipment (PPE) is defined as masks, gowns, gloves, eye protection. Personal protective measures can be used by individuals and by public health officials to minimize the potential for exposure and spread of illness. Thus, people with or without symptoms of disease can be advised to use masks to limit the potential for spread or exposure when they go to public places.

In the State of Connecticut, the local Director of Health has broad powers to preserve the public health and prevent the spread of disease within their jurisdictions through individual orders of quarantine or isolation. However, in times of a declared public health emergency, Connecticut's Public Health Emergency Response Act (PHERA) states that the Commissioner of the Department of Public Health retains the authority to quarantine or isolate individuals and groups. However, the Commissioner of Health can delegate these powers to other public health officials, including local Director of Health.

The Commissioner of Public Health may issue isolation or quarantine orders in the following instances:

- Person(s) is/are reasonably believed to be infected or exposed
- Person(s) is/are determined to pose a significant threat to public health

- If isolation or quarantine is necessary and are the least restrictive alternative to protect public health
- The Director of Health can only issue an **individual** order of isolation or quarantine in a public health emergency. The Director of Health cannot issue orders to groups or geographic areas. Orders for groups or geographic areas can only be issued by the Commissioner of Public Health under PHERA.

The Eastern Highlands Health District will take the lead role in District towns for isolation and quarantine measures, unless this responsibility is vested in the Commissioner by Executive Order.

The Eastern Highlands Health District will coordinate the process for isolation and quarantine with local hospitals and other acute care facilities.

The Eastern Highlands Health District will determine primary and secondary sites and facilities for quarantined individuals.

The Eastern Highlands Health District will coordinate with American Red Cross, town Social Services Departments, local fire, police and EMS departments, and possibly local churches, depending on the number of persons quarantined or isolated to ensure resources, such as food, medicine, and basic social services can and will be made available to sustain quarantine for an extended period of time.

The Eastern Highlands Health District will ensure that qualified medical personnel are present, with proper PPE, who can enter the quarantine area to transfer supplies and provide medical care.

The Eastern Highlands Health District will coordinate with law enforcement officials to ensure citizens obey quarantine orders.

The Eastern Highlands Health District will coordinate evidence gathering in cooperation with the FBI, CT State Police ESU, and local law enforcement if a quarantine order is appealed.

7. Patient Decontamination

In the event of a BT or public health emergency, it may become necessary to perform patient decontamination.

- The Incident Commander will make the decision to initiate decontamination.
- Depending on the circumstance, decontamination may be best performed in patients' homes, at a site adjacent to the incident, at a site adjacent to an Emergency Department of a local hospital or at another site in the community.
- The choice of the decontamination facility will depend on the size of the incident, the availability of decontamination equipment, the speed at which the facility can be set up, the general weather conditions and the ability to communicate quickly and effectively with those exposed. The goal will be to perform decontamination quickly, effectively, and without causing contamination of emergency departments or cross-contamination of patients, responders or other staff.

8. Security and Crowd Control

Security and crowd control will need to be provided at several key locations in the event of a local public health emergency.

While some of the EHHD towns have their own local police force, others rely on Connecticut State Police (CSP) and may or may not have a Resident Trooper assigned to their town. The Troops are staffed at all times, 24/7, whereas the resident trooper offices generally are not. Three CSP Troops serve EHHD towns. The University of Connecticut has a police force to serve the Storrs campus which is located within Mansfield.

List of resident trooper towns and contact information:
https://portal.ct.gov/DESPP/Division-of-State-Police/_old/Resident-Trooper-Towns

Reference of Connecticut State Police (CSP) Troop districts:
https://portal.ct.gov/DESPP/Division-of-State-Police/_old/Connecticut-State-Police-Troops-and-Districts

Ashford: CSP Troop C

Andover: Resident Trooper 860-742-7305, ext 222; CSP Troop K

Bolton: Resident Trooper 860-643-6060; CSP Troop K

Chaplin: Resident Trooper 860-455-2069; CSP Troop D

Columbia: Resident Trooper 860-228-9846; CSP Troop K

Coventry: Coventry Police Department 860-742-7331; CSP Troop C

Columbia: Resident Trooper 860-228-9846; CSP Troop K

Mansfield: Resident Trooper 860-429-6024; CSP Troop C

Tolland: Resident Trooper 860-875-8911; CSP Troop C

Scotland: CSP Troop D

Willington: CSP Troop C

University of Connecticut Police: 860-486-4800

CSP Troop D, Danielson 860-779-4900

CSP Troop C, Tolland, 860-896-3200

CSP Troop K, Colchester, 860-465-5400

a. Site of release

Once it is determined that a Biological agent has been released, the site of release (if identified) immediately becomes a crime scene. Public health officials will coordinate with law enforcement officials from all levels in this forensic epidemiologic investigation. In the event a scene needs to be secured, the Director of Health will forward a request to the State Police, Police Chief, or the Town EOC. Upon receiving this request, the Local / State police should respond with the appropriate assets to secure the scene. In a bio-terrorism event, the FBI is the lead agency.

b. Health Supplies

The Director of Health, in coordination with Resident State Troopers, will ensure that medicines, supplies, equipment and other emergency health materials will be securely transported, maintained and protected on a 24/7 basis in the event of a public health emergency.

c. Crowd Control

The Resident State Troopers, in coordination with the Director of Health, will ensure that effective crowd control measures are in place during a BT or public health emergency.

9. Mass Care

The mass care function deals with the actions that are taken to protect evacuees and other victims from the effects of any emergency. These actions include, but are not limited to, providing temporary shelter, food, clothing and other essential life support needs to those people that have been displaced from their homes because of an emergency or threat of an emergency. Each town has a designated shelter that has met American Red Cross standards. In addition, a Multi-Jurisdictional Shelter (MJS) has been established at E.O. Smith High School in order to be able to serve a large number of residents from multiple towns. A list of shelter locations can be found listed in WebEOC.

a. Eastern Highlands Health District Roles and Responsibilities. *Possible local health department responsibilities in a mass care operation include*:

- Provide health inspection services at emergency shelters, congregate care facilities, and reception and relocation centers.
- Assist in the protection of public and private water supplies; direct the proper disposal of sewage, solid waste, medical waste and refuse.
- Inspect food, water and other materials suspected of contamination.
- Inoculate individuals, if warranted, to lessen the threat of disease.
- Facilitate the expansion of mortuary services if necessary.
- Facilitate the operation of an alternative medical care centers for essential workers in the hazard or affected area following the evacuation of the general population.
- Facilitate the identification of facilities that can be expanded into emergency treatment centers for victims.
- Facilitate augmentation of health and medical personnel, e.g. MRC, nurses' aides, paramedics, Red Cross personnel, and other trained volunteers.
- Assist in the coordination of volunteer nursing services (MRC) at the local shelter sites.
- Support coordination of transport and care of victims from the site to appropriate medical facilities.
- Facilitate sourcing health and medical equipment and supplies to augment medical needs during the event.

- Facilitate the identification and location of decontamination equipment/facilities.
- Facilitate the distribution of antidotes, medications, drugs and vaccines to clinics, shelters etc.
- Assume responsibility for the sanitation, safety of food and water supplies, and monitoring of mass feeding and shelter sites.
- In cooperation with local and state officials and the media, facilitate the distribution of homecare instructions specific to the emergency. These instructions may include basic care instructions, along with a description of the disease process and its complications.

b. Provision of Behavioral Health Care

The availability of behavioral health providers, clergy, and other counselors to families is of critical importance. The Eastern Highlands Health District works with the following area mental health providers and local crisis intervention teams to organize a resource pool:

Natchaug Hospital

American Red Cross

United Services

Generations Health Care

CT Department of Mental Health and Addiction Services

University of Connecticut – Student Health Services

10. Protection of Public Health Staff and other First Responders

In the event of a BT or public health emergency, Health District staff and other responders from various agencies will perform public health disease control activities. At the same time, healthcare workers will perform primary care to ill patients. It is very likely that there will be some overlap in these functions.

Eastern Highlands Health District employees will be trained on the appropriate universal precautions to limit the likelihood of becoming infected in the course of performing their emergency duties during a BT event. When warranted, PPE will be issued to LHD staff and volunteers at risk of having contact with infected individuals or those suspected to be infected. Prior to issuance, PPE must have been sized and fitted properly in order to ensure adequate protection.

11. Probate Courts

The Probate Courts have a role in the appeals process as detailed in the Public Health Emergency Response Act, (see Addendum A). The courts' jurisdictions for each town are:

TOLLAND - MANSFIELD

Probate Court (PD-25)

Judge of Probate, Barbara Riordan

Chief Clerk, Arnaldo Rivera

21 Tolland Green

Tolland, CT 06084

Tel. (860) 871-3640

Fax (860) 871-3641

12. Mass Fatality Management

In a public health emergency, all efforts within this plan are intended to reduce death and suffering. However, it is possible for fatalities to occur in large numbers.

The Office of the State Medical Examiner has primary responsibility for mass fatality events. Information can be found at: https://portal.ct.gov/DPH/Public-Health-Preparedness/Mass-Fatality-Planning/Introduction

The Eastern Highlands Health District will work within guidelines provided by the Office of the State Medical Examiner to facilitate establishment of the location(s) of temporary or expanded morgue facilities to provide a rapid processing of remains. The locations of these temporary / expanded morgue facilities are listed in the table below.

Name of Mortuary Facility	Contact Person (Phone Number)	Address of Facility
Hartford Health Care (Regional Coordinator)	Gen Boas 860-889-8331 X 2209	Windham Hospital 112 Mansfield Ave, Willimantic, CT 06226

As needed, the Director of Health will aid funeral home directors and the Office of the Chief State Medical Examiner in determining final dispositions of remains while considering the religious concerns of relatives.

Options for final disposition of remains include individual or mass burial, individual or mass cremation, and releasing remains to family members.

In the event of a mass fatality event, local law enforcement agencies may be required to supplement security at the scene or expanded morgue facilities. Prior coordination may be required for this type of situation to ensure that there will be available assets.

The Office of the Chief State Medical Examiner would be involved in the implementation of any statewide plan for mass fatality management.

13. Finance and Accounting

This section is critical for tracking costs incurred by the Health District during a BT incident and Public Health Emergency. Without careful accounting and recording of justified costs and expenses, reimbursement is often difficult, if not impossible. The tracking of these expenses should begin at the very outset of a public health emergency.

Town Finance Directors should establish specialized accounts to track authorized expenses and budgets, log and process transactions, and secure access to more funding as necessary and feasible.

D. Recovery Phase

For the short term, recovery entails bringing the necessary critical infrastructure back to an acceptable standard while providing for basic human needs following a public health emergency. Once stability is achieved, the jurisdiction can begin public health recovery efforts for the long term and return the social and economic life of a community back to normal safety standards.

1. Continued Surveillance

During the recovery phase of a biological event, the Eastern Highlands Health District will participate in continued public health surveillance and monitoring of illness and death resulting from a biological event, as described in the response phase.

2. Re-entry Considerations and Environmental Surety.

Re-entry criteria into a contaminated area will be determined immediately following the incident (if applicable) by the local Fire Dept / HAZMAT teams. This information will be relayed through the municipal EOC to all concerned and responding parties.

It can be expected that the local health department and/or CT DPH will be consulted as re-entry criteria and environmental decontamination begin to be established. The Director of Health is the Eastern Highlands Health District's point of contact for providing clearance levels and other information regarding re-entry considerations/environmental surety to outside agencies in a public health emergency / BT event.

Environmental decontamination (DECON), or clean up, if necessary, can occur well after the event. Environmental DECON has the advantage of being very well planned and is usually executed by a licensed environmental contractor. The steps in environmental decontamination are:

- Comprehensive review of the event including documentation of impacts in the environment, ownership of the property and legal responsibility.
- Development of a plan for assessment and environmental testing.
- Development of a safety plan for cleanup workers.
- Performance of environmental assessment and testing.

- Interpretation of results and development of comprehensive decontamination or cleanup plan including criteria for re-entry and post clean-up monitoring of workers and the environment.
- Performance of decontamination or cleanup.
- Interpretation of results and decision about re-entry.

IV. PLAN MAINTENANCE

Successful plan maintenance is achieved through regular review, updating, training, and drills & exercises.

A. Plan Evaluation and Revision Procedures

1. Plan Updating

As positions, assignments and the environment surrounding a plan change, it must be updated to reflect new information. This plan will be updated as necessary, but no less than every two years. Updating of this plan will be preceded by a Hazard Vulnerability Assessment and an appraisal of its contents and/or a test or exercise and critique of the plan. Execution of this plan in response to an actual event may be considered a test. At the discretion of the Director of Health, an after-action report (AAR) will be prepared to document actions taken and identify areas of strength and areas of improvement. The items that are subject to frequent change include, but are not limited to:

- Community and facility notification and alerting lists
- Identity and contact numbers for response personnel
- Inventories of critical equipment, supplies and other resources
- Memoranda of Understanding / Agreement (MOU / MOA)
- Applicable laws and statutes

It is the responsibility of the Director of Health to ensure this Bioterrorism / Public Health Emergency Operations Plan is reviewed, updated and approved at least biennially.

2. Plan Revision

The following policies apply to the assessment and updating of the plan:

- It is the responsibility of Director of Health to coordinate the review and update of this plan.
- In conducting the plan review and update the Director of Health will seek input and support from the agencies that play a role in the execution of this plan. These agencies include The District towns' Emergency Managers and Planners, CEO's, and American Red Cross.
- If necessary, the Director of Health will conduct meetings, working groups or workshops to complete the review and revision of this plan.
- The Eastern Highlands Health District shall serve as the office of record for this Bioterrorism / Public Health Emergency Operations Plan and other supporting materials. This office shall maintain files relative to the planning effort and shall

keep an inventory of emergency public information and other planning and training materials.

- As changes are made, dated and approved, the relevant change pages will be provided to all individuals and agencies that hold copies. It is the responsibility of the copyholder to keep individual copies current.
- The Director of Health shall maintain a list of plan holders to ensure all parties receive appropriate changes.

B. Drills and Exercises

The Eastern Highlands Health District participates in both internal and external emergency response drills and exercises used to test the effectiveness and readiness of the BT / Public Health Emergency Response Plans. Community partners and member towns' municipal staff and volunteers are encouraged to participate.

Listed below are different types of exercises used to test this emergency response plan.

Orientation / Workshop: Classroom-type seminar training that introduces staff members to the plan. Staff members cannot be expected to perform their duties in an emergency situation unless they have been taught what functions they will be expected to perform.

Tabletop Exercise (TTX): This exercise generally involves senior staff and officials in an informal setting. Using a hazard specific scenario, supporting documentation and injected messages simulating field-derived information, the participants discuss anticipated actions while in a controlled environment. With a facilitator keeping the discussions focused, the products derived from a tabletop exercise may include emerging policy, plan revisions and conceptualization of new procedures.

Drill: This is an exercise with limited goals, with a portion of the organization participating. It is usually conducted to evaluate a limited number of objectives. For example, testing the mass vaccination section of a municipal BT plan would be considered a drill. Real World events such as the opening of clinics in response to the H1N1 Influenza or COVID-19 pandemics may be counted as a Drill.

Functional Exercise (FE): This is an exercise that allows the evaluation of various procedures that are similar to one another, such as communications. It is limited to activities with a specific functional category of the organization.

Full-Scale Exercise (FSE): The Full Scale Exercise is used to evaluate the operational capabilities of emergency management systems over an extended period of time. The full-scale exercise usually is conducted in conditions as close to an actual event as possible. Field teams and crews will deploy and demonstrate their procedures. The full-scale exercise is designed to stress the organizations' ability to accomplish their mission under realistic conditions.

This plan or elements of this plan may also be tested by real world events. At the discretion of the Director of Health, an after-action report (AAR) will be prepared to document actions taken and identify areas of strength and areas of improvement.

RECORD OF REVISIONS

DATE	AUTHORIZED INDIVIDUAL	REVIEW TYPE (ANNUAL, POST EXERCISE, POST INCIDENT, ETC)	PAGES AFFECTED	CHANGE SUMMARY
10.7.11	RESF-8 Public Health Group	Initial Review	All	
10.17.14	J. Degnan	Annual Review and Update	All	Editorial
11.16.15	J. Degnan	Annual Review and Update	All	Detail Updates
12.14.16	J. Degnan	Annual Review and Update	All	
10.6.17	J. Degnan	Annual Review and Update	All	
11.1.19	R. Miller; D. May; M. Brosseau	Review and Update	All	
6.15.21	R. Miller; D. May; M. Brosseau	Review and Update	All	
3.1.23	N. Thompson	Review and Update	All	
6.6.25	N. Thompson; A. Bloom	Review and Update	All	Detail and contact updates

APPROVED:

Robert L. Miller, RS, MPH
EHHD Director of Health

6/11/25
Date

John Elsesser
EHHD Chair

6/12/25
Date