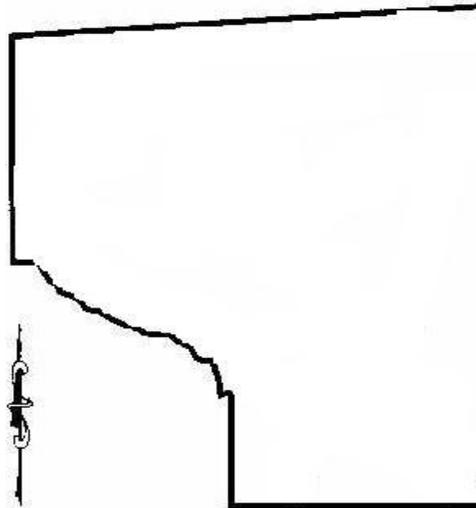


COVINGTON COUNTY

PANDEMIC FLU ANNEX



Pandemic Influenza Plan

2008

APPROVAL & IMPLEMENTATION

Pandemic Influenza Response Plan

COVINGTON COUNTY EMERGENCY MANAGEMENT AGENCY

This tab is hereby accepted for implementation and supersedes all previous editions.

GREG SANFORD, DIRECTOR
EMERGENCY MANAGEMENT AGENCY
COVINGTON COUNTY

Date

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I. PROMULGATION and AUTHORITIES

This Pandemic Influenza (PI) Preparedness and Response Plan (Plan) was written and promulgated under the authority granted as shown below:

- *Miss. Code Ann. Section 41-3-5* – The State Health Officer has authority for direction and control of resources to respond to a public health emergency.
- *Miss Code Ann. Section 41-23-5* – The Mississippi State Department of Health has the authority to investigate and control the causes of epidemic, infectious and other disease affecting the public health including the authority to establish, maintain, and enforce isolation and quarantine and in, pursuance thereof, to exercise such physical control over property and individuals as the department may find necessary for the protection of public health.
- *The State of Mississippi Comprehensive Emergency Management Plan* – This plan provides the organizational structure for emergency and disaster response at the local and state level and coordination with the federal level.
- *United States Public Law 93-288* – The Robert T. Stafford Disaster Relief Act
- *Covington County Comprehensive Emergency Management Plan*

Greg Sanford, Director
Emergency Management Agency
Covington County

Date

Record of Changes

Change #	Date of Change	Entered By
Initial Acceptance	10/13/09	Kelly Lomas, Greg Sanford

II. Purpose

This Pandemic Influenza Response Plan provides education and guidance for Covington County Emergency Management and its community partners regarding mitigation, response, and recovery from an influenza pandemic. This plan complies with U.S. Department of Health and Human Services guidance for developing pandemic influenza response plans, which may be found on the Internet at: <http://www.hhs.gov/pandemicflu/plan/part2.html>, and is intended as a companion to the *Mississippi State Department of Health Pandemic Influenza Preparedness and Response Plan, Functional Annex 7.0*. This response plan describes the unique challenges posed by a pandemic that may necessitate specific leadership decisions, response actions, and communications mechanisms with the intent to limit the number of illnesses and deaths, preserve continuity of essential government functions, and minimize social disruption and economic losses. It is imperative to develop and coordinate this plan within the context of the Federal and State plans.

The purpose of this plan is to:

- Describe the relevant response, coordination and decision-making structure within Covington County, the medical community, local response agencies, state and federal agencies during a pandemic.
- Define roles and responsibilities for Covington County, local health care partners, and local response agencies during all phases of a pandemic.
- Summarize the State and Federal responsibilities during a pandemic.
- Describe public health interventions in a pandemic response and the timing of those interventions
- Serve as a guide for local health care system partners, community agencies and institutions, and businesses in the development of pandemic influenza response plans.

Material within this plan should be read and understood prior to a pandemic situation. It is a dynamic document that will be updated to reflect new developments in the understanding of the disease, its spread, treatment and prevention. This plan will also incorporate changes in response roles and improvements in response capability developed through ongoing planning efforts. It is also important to note that while this plan focuses on influenza, additionally, it is intended to serve as the template for responding to large-scale outbreaks of other highly infectious respiratory diseases, even if some prevention measures or response tactics may change due to the nature of a particular disease such as Severe Acute Respiratory Syndrome (SARS).

Specific responsibilities for key stakeholders are included to demonstrate coordination between the various agencies during a pandemic or highly infectious respiratory disease outbreak. It is expected that health care systems and professionals, essential service providers, and leaders will develop and incorporate procedures and protocols addressing influenza preparedness and highly infectious respiratory diseases into their own all-hazards plans.

III. SITUATION AND PLANNING ASSUMPTIONS

Situation

Pandemic Influenza (PI) represents a unique public health emergency, on the one hand, and a local/community disaster, on the other. While it is difficult to determine *when* an outbreak of PI may occur, it is likely that a period of one to six months will exist between the appearance of a new pandemic strain and the emergence of widespread PI cases in the United States. Outbreaks may occur in many places simultaneously. Multiple waves of influenza can be expected causing a long-term hardship on individuals, institutions and communities.

PI will impact all elements and segments of society. Hospitals and other health care providers already stressed by “normal” case-load volume will likely be overwhelmed. Death attributed to influenza and its complications will increase and may impact different age groups than typically expected with seasonal influenza hitting the workforce particularly hard. Health and medical personnel, emergency first responders, and public works and services employees will not be immune; in fact, the nature of their work and contact will make them especially vulnerable.

There is no medication or treatment which can serve as a *cure* for PI (or any influenza, for that matter). The soundest health policy emphasizes: prevention by immunization, anti-viral prophylaxis and therapy, respiratory hygiene measures and personal protection, and by other non-pharmaceutical methods. Vaccine against a novel influenza strain will be unavailable initially; and when it becomes available (based on conventional manufacturing technology and capability—at least four months into the pandemic), vaccine supplies will be very limited. It is unknown if and when there will be enough vaccine, or how protective the new vaccine will be. In view of the situation with both vaccine and antiviral agents, mitigation of PI, particularly during the first wave (first 120 days)—on both the community and individual level—will depend heavily, if not exclusively, on non-pharmaceutical measures.

The Mississippi State Department of Health (MSDH) has assumed the leadership in developing contemporary, pandemic-specific elements of the State Plan. MSDH is the primary source for guidance and assistance in local pandemic specific planning.

Assumptions

The following general and county-specific assumptions have informed the development of the Plan:

- 1 All agencies, businesses, other non-governmental organizations, school districts—in short, each aspect of the public and private sectors—will be adversely affected by PI and all but critical missions and essential services may be suspended for an extended period of time (months).
- 2 As the pandemic will be everywhere, planning for and response during the pandemic must be primarily LOCAL efforts focusing on LOCAL resources.
- 3 All or most people will be vulnerable to the new PI subtype.
- 4 Some persons will become infected but not develop clinically significant symptoms. Infected people with no or few symptoms can transmit infection.
- 5 Seasonality of a pandemic cannot be predicted with certainty. A pandemic could occur during regular flu season or at any other time.

Assumptions (Cont'd)

- 6 Mississippi and Covington County cannot depend upon a lengthy “lead time” between determination of the advent of the pandemic (elsewhere in the world) and the first outbreak in Mississippi. There may be less than six weeks of warning from the time the pandemic is announced before it actually reaches here.
- 7 The pandemic may last up to 18 months and may occur in two or three waves, with both waxing and waning mortality and morbidity; though, the first wave is likely to be the worst.
- 8 A “wave” of severe disease could last up to four months.
- 9 PI, like seasonal influenza, is transmitted principally by droplet, by aerosolization, and by contact when people get influenza virus on their hands and then rub their mouth, eyes or nose.
- 10 Vaccine for the novel pandemic viral strain will not be available for the first four months of the pandemic (the first wave), and then it will likely exist in only limited quantities requiring careful distribution.
- 11 The availability of antivirals for treatment and prophylaxis may be limited.
- 12 Antivirals (even the neurominidase-inhibiting agents) do not yet have proven efficacy against whatever novel viral strain causes the next pandemic. The administration of antivirals for treatment relies on a very short window of opportunity.
- 13 Antivirals are NOT indicated for very young infants.
- 14 As a result of the four immediately preceding assumptions, non-pharmaceutical interventions will emerge, almost by default, as a principal arm of mitigation strategy, particularly during the first wave.
- 15 At some point, isolation and quarantine may be a necessity. While a “voluntary” application of community mitigation techniques with hopefully high levels of “voluntary” compliance is the preferred approach, a dire scenario (extremely unlikely) could necessitate mandatory implementation of isolation, quarantine, and social distancing.
- 16 Total absenteeism for those who are ill, caring for the ill or for the “worried well” may exceed 50%, with time off work ranging from days to weeks, possibly months.
- 17 Employing State and County Census Data for the year 2005, reflecting a statewide population of 2.9 million, and a 25% gross attack rate (1918-like scenario), Mississippi would observe, over an 8-week period (See Attachment C):
 - a) 646,220 individuals who become ill;
 - b) 323,110 who would seek out-patient care;
 - c) 68,416 who would ordinarily require conventional hospitalization
 - d) >14,000 who would need intensive or critical care;
 - e) >7,200 who would require mechanical ventilation; and
 - f) 15,635 who would die as a direct or indirect result of the pandemic.

Table 1. Estimates of Moderate and Severe Flu Pandemics in Covington County¹

	U.S. Moderate (1958/1968)	U.S. Severe (1918)	Covington County (Moderate) ²	Covington County (Severe)
Illness (30%)	90,000,000	90,000,000	6,450 (30% of the entire population)	7,525 (35% of the entire population)
Outpatient Medical Care (50%)	45,000,000	45,000,000	10,750 (50%)	10,750 (50%)
Hospitalization	865,000	9,900,000	412 (1.92%)	4,730 (22%)
ICU Care	128,750	1,485,000		
Mechanical Ventilation	64,875	742,500		
Deaths	209,000	1,903,000		

These estimates represent a worst-case scenario and are based on extrapolations from past pandemics in the United States. The estimates do not take into account the potential impact of interventions which were not available during the 20th century pandemics.

IV. PANDEMIC PHASES, PERIODS, AND SEVERITY

The World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC) have defined periods and phases of a pandemic to assist with planning and response activities. The WHO/CDC may declare, upscale, or downscale phases in a non-sequential order since viral characteristics and sequence of progression may vary (WHO, 2005). In addition, there is the possibility of simultaneous occurrence of events with different threat levels in different areas. Thus, there may be significant deviations from the anticipated sequence of events. For consistency, comparability, and coordination of national, state and local response, recognition and declaration of the following periods and phases will be done at the national level.

Table 2. WHO Phases and Federal Stages

WHO Global Pandemic Phases and the Stages for Federal Government Response			
WHO Phases		Federal Government Response Stages	
INTER-PANDEMIC PERIOD			
1	No new influenza virus subtypes have been detected in humans. An influenza virus subtype that has caused human infection may be present in animals. If present in animals, the risk of human disease is considered to be low.	0	New domestic animal outbreak in an at-risk country.
2	No new influenza virus subtypes have been detected in humans. However, a circulating animal influenza virus subtype poses a substantial threat of human disease.		
PANDEMIC ALERT PERIOD			
3	Human infection(s) with a new subtype, but no human-to-human spread, or at most rare instances of spread to close contact.	0	New domestic animal outbreak in at-risk country
		1	Suspected human outbreak overseas
4	Small cluster(s) with limited human-to-human transmission but spread is highly localized, suggesting that the virus is not well adapted to humans.	2	Confirmed human outbreak overseas
5	Larger cluster(s) but human-to-human spread still localized, suggesting that the virus is becoming increasingly better adapted to humans but may not be fully transmissible (substantial pandemic risk).		
PANDEMIC PERIOD			
6	Pandemic phase: Increased and sustained transmission in general population	3	Widespread human-to-human outbreaks in multiple locations overseas
		4	First human case in North America
		5	Spread throughout United States
		6	Recovery and preparation for subsequent waves

Adapted from <http://pandemicflu.gov/plan/federal/fedresponsestages.html>

The CDC also offers the following table for classifying the severity of a flu pandemic. Understanding severity can aid policy makers in determining what response activities to implement, including community public health interventions. However, it should be noted that severity may change between pandemic waves.

Table 3. Pandemic Severity Index

Characteristics	Pandemic Severity Index				
	Category 1	Category 2	Category 3	Category 4	Category 5
Case Fatality Ratio (percentage)	<0.1	0.1 - <0.5	0.5 - <1.0	1.0 - <2.0	≥2.0
Excess Death Rate (per 100,000)	<30	30 - <150	150 - <300	300 - <600	≥600
Illness Rate (percentage of the population)	20 – 40	20 – 40	20 – 40	20 – 40	20 – 40
Potential Number of Deaths (based on 2006 U.S. Population)	<90,000	90,000 - <450,000	450,000 - <900,000	900,000 - <1.8 million	≥1.8 million
20 th Century U.S. Experience	Seasonal Influenza (Illness rate 5-20%)	1957, 1968 Pandemic	None	None	1918 Pandemic

Adapted from: Centers for Disease Control and Prevention. Interim pre-pandemic planning guidance: community strategy for pandemic influenza mitigation in the United States. 2007 Feb [cited 2008 Jul 31]. Available from <http://www.pandemicflu.gov/plan/community/commitigation.html>

V. CONCEPT OF OPERATIONS

General

Plans for responding to pandemic influenza are based on existing command and control templates developed at the local, state and regional levels. As such, flu plans integrate with existing emergency plans, activities, and inventories. It is assumed that a pandemic in the United States will result in disaster declarations at all levels of government.

Statewide command and control mechanisms and parameters are defined in the Mississippi Comprehensive Emergency Management Plan (CEMP) in Sections III, Concept of Operations, Section IV, Local, State and Federal Relationships, and Section V, Organization and Assignment of Responsibilities. Specifically, the CEMP defines Mississippi Emergency Management Agency (MEMA) as the primary interface between local authorities and the state during an emergency. ESF 8, as an Annex to the CEMP, further defines MSDH as the responsible State authority for command and control of public health emergencies. MEMA and MSDH will coordinate State-level command and control during a PI incident.

All emergencies are handled according to the local Emergency Management Plan. This annex speaks only to actions required specific to Pandemic Influenza.

The Federal Government

While the Federal government plays a critical role in elements of preparedness and response to a pandemic, the success of these measures is predicated on actions taken at the individual level and in states and communities. Federal responsibilities include the following:

- Advancing international preparedness, surveillance, response and containment activities.
- Supporting the establishment of countermeasure stockpiles and production capacity by:
 - Facilitating the development of sufficient domestic production capacity for vaccines, antivirals, diagnostics and personal protective equipment to support domestic needs, and encouraging the development of production capacity around the world;
 - Advancing the science necessary to produce effective vaccines, therapeutics and diagnostics; and
 - Stockpiling and coordinating the distribution of necessary countermeasures, in concert with states and other entities.
- Ensuring that federal departments and agencies, including federal health care systems, have developed and exercised preparedness and response plans that take into account the potential impact of a pandemic on the federal workforce, and are configured to support state, local and private sector efforts as appropriate.
- Facilitating state and local planning through funding and guidance.
- Providing guidance to the private sector and the public on preparedness and response planning, in conjunction with states and communities.

Specific areas of responsibility include the following:

- Surveillance in the U.S. and globally
- Epidemiological investigation in the U.S. and globally
- Development and use of diagnostic laboratory tests and reagents

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- Development of reference strains and reagents for vaccines
- Vaccine evaluation and licensure
- Determination of populations at highest risk and strategies for vaccination and antiviral use
- Assessment of measures to decrease transmission (such as travel restrictions, isolation and quarantine)
- Deployment of federally purchased vaccine
- Deployment of antiviral agents in the Strategic National Stockpile
- Evaluation of the efficacy of response measures
- Evaluation of vaccine safety
- Deployment of the Commissioned Corps Readiness Force and Epidemic Intelligence Service Officers
- Medical and public health communications

Lead departments have been identified for the medical response (Department of Health and Human Services), veterinary response (Department of Agriculture), international activities (Department of State) and the overall domestic incident management and federal coordination (Department of Homeland Security).

State Roles

States will be responsible for coordination of the pandemic influenza response within and between their jurisdictions. Specific areas of responsibility include the following:

- Identification of public and private sector partners needed for effective planning and response
- Development of key components of pandemic influenza preparedness plan: surveillance, distribution of vaccine and anti-viral drugs, and communications
- Integration of pandemic influenza planning with other planning activities conducted under CDC and the Health Resources and Services Administration's (HRSA) Public Health Emergency Preparedness (PHEP) cooperative agreements with states
- Coordination with local areas to ensure development of local plans as called for by the state plan and provide resources, such as templates to assist in the planning process
- Development of data management systems needed to implement components of the plan
- Assistance to local areas in exercising plans
- Coordination with adjoining jurisdictions

Under the CEMP, MSDH is assigned primary responsibility for public health command and control. Specifically, MSDH assumes responsibility for command and control during a PI incident under ESF 8, Public Health and Medical Services.

Public Health in Mississippi

Public health in Mississippi is handled by the Mississippi State Department of Health. This is true for State as well as local level operations. As such, MSDH is the key point of contact for all jurisdictions needing guidance on planning or responding to a public health emergency.

The MSDH Concept of Operations (CONOPS) Plan and the Mississippi Pandemic Influenza Preparedness and Response Plan establish the framework for managing MSDH operations during an influenza pandemic. The Plan identifies, addresses, analyzes, and provides a broad series of guidelines for action in case the influenza pandemic threat is realized and covers all events and activities deemed by the State Health Officer, or his designee, to require a coordinated agency response. The MSDH Pan Flu plan can be viewed in abstracted form or in its entirety at

<http://www.msdh.state.ms.us/msdhsite/index.cfm/44,0,122,154,html>

Public Health responsibilities include:

- Command and Control,
- Epidemiology & Lab Surveillance,
- Vaccine Preparedness and Response,
- Medical Countermeasure,
- Public Information,
- Community Mitigation/Non-Pharmaceutical Interventions.

Local Level

During a pandemic, local jurisdictions are responsible for coordinating health care activities within the community and should work with local health departments and hospitals to:

- Improve communication with medical care providers and health care organizations;
- Monitor local hospital resources (e.g., adult and pediatric hospital beds, intensive care unit beds, emergency department beds, medical supplies, respirators and other equipment, mortuary capacity);
- Address emergency healthcare staffing needs and other medical surge capacity issues;
- Encourage coordination among state and federal healthcare facilities, such as Veterans Administration hospitals, Indian Health service facilities, and Department of Defense hospitals;
- Conduct contingency planning with:
 - Private sector groups that support hospital functions, to ensure continuity of operations during the pandemic;
 - Public utilities to ensure continued service during the pandemic;
 - Local law enforcement agencies who can help maintain order if a hospital is overwhelmed by a large volume of patients (ill or worried about being ill);
 - Identify alternative care sites for patient care and sites for quarantine; and
 - Identify community-based organizations to provide psychological and social support to healthcare workers, public health field workers, and other emergency responders.

Table 4. Phased Action Matrix

WHO Phase	HHS Stage	Description	MSDH Activity	LOCAL Activity
4/5	2	Widespread outbreak overseas	MSDH to communicate info to local EOC's	ALERT to STANDBY
6	4	First case(s) in the U.S., nothing locally	<p>Increase communications with locals</p> <p>Coordinate with locals regarding vaccine (pre-pandemic or pandemic strain) distribution</p>	<p>INTERMEDIATE LEVEL STANDUP of EOC:</p> <p>Assess:</p> <ul style="list-style-type: none"> • resources • call down procedures • communications • capacity to implement MSDH recommendations <p>Arrange for public information</p> <p>Implement plan to distribute medical countermeasures.</p>
6	5	Widespread throughout U.S.; first cases regionally/locally	(Continue from previous)	<p>FULL STANDUP of EOC</p> <p>Assess:</p> <ul style="list-style-type: none"> • Resources • Communications <p>Implement MSDH recommendations</p> <p>Distribute for public information</p> <p>Continue plan to distribute medical countermeasures.</p> <p>Activate public information</p> <p>Assess for medical surge</p>
6	6	Recovery and preparation for subsequent wave(s)	Evaluate strategies from initial wave	<p>Assess impact of pandemic upon community</p> <p>Assess resource needs for subsequent waves</p>

VI. ORGANIZATION & ASSIGNMENT OF RESPONSIBILITIES

General

1. Local government has a general responsibility to ensure the welfare of its citizens during a flu pandemic.
2. Local emergency operations and assignment of responsibilities will be handled consistent with the County's Emergency Management Plan. This section highlights additional assignment of responsibilities as required for pandemic influenza.
3. The individual or agency designated in CEMP shall have direct responsibility for local Emergency Support Function #8 (public health and medical) response activities during a flu pandemic
4. Activation of the Pandemic Influenza Response Plan within Covington County is the responsibility of that individual. During the pandemic alert period, MSDH will determine the current and potential impact of pandemic disease upon the jurisdiction (Covington County residents) and alert County EMA leadership and staff to stand by for potential implementation of NIMS-compliant emergency operations when either:
 - An outbreak of influenza due to a new subtype is identified **outside** of the United States.
 - Outbreaks of influenza of any subtype occur anywhere inside of the United States, Canada, or Mexico.
5. The County EMA will be lead agency in coordinating response to a flu pandemic in the community. ***[This may change per each jurisdiction, depending on the available ESF-8 resources, and most appropriate and available response lead. Please adjust to this specific County.]***
6. MSDH at State, District and County level will work together to share information to the extent possible during a flu pandemic.
7. The Covington County Emergency Management Agency will activate an EOC, as needed
8. Response partners within the jurisdiction will coordinate efforts through a Unified Command. Agencies not represented at the Unified Command will coordinate with response entities via mutual aid agreements and non-emergency pathways
9. To the extent possible, the provision of routine essential public health and medical services will continue during a pandemic. Such operations will be coordinated by personnel that are independent from response operations
10. External agencies providing health and medical support during the pandemic are expected to conform to the guidance and direction provided by the Health Authority and leadership within the jurisdiction's Incident Command structure. Chain of command and unity of command should be followed at all times in these interactions

The Private Sector and Critical Infrastructure Entities

The private sector represents an essential pillar of our society because of the essential goods and services that it provides. Moreover, it touches the majority of our population on a daily basis, through an employer-employee or vendor-customer relationship. For these reasons, it is essential that the U.S. private sector be engaged in all preparedness and response activities for a pandemic.

Critical infrastructure entities also must be engaged in planning for a pandemic because of our society's dependence upon their services. Both the private sector and critical infrastructure entities represent essential underpinnings for the functioning of American society. Cooperation from the U.S. private sector and critical infrastructure entities are essential to help manage a pandemic and may include the following:

- Establishing an ethic of infection control in the workplace that is reinforced during the annual influenza season, to include, if possible, review of leave policies, worker education, options for working offsite, and systems to reduce infection transmission.
- Establishing contingency systems to maintain delivery of essential goods and services during times of significant and sustained worker absenteeism.
- Where possible, establishing mechanisms to allow workers to provide services from home if public health officials advise against non-essential travel outside the home.
- Establishing partnerships with other members of the sector to provide mutual support and maintenance of essential services during a pandemic

Health and Medical Organizations/Entities

ESF-8 Lead

1. The Health Lead or his/her designee represents the public health and medical services during emergency response operations and is the lead health/medical decision/policy maker
2. The Health Lead also has a number of emergency legal powers that he/she can exercise in order to gain control of a situation. These powers may include implementing mandatory isolation or quarantine, and recommending closing schools and canceling public gatherings. *Check with local and MSDH authorities.*
3. Under the *Covington County Emergency Management Plan*, the Health Lead has primary responsibility for the following services in response to emergency situations:
 - a. Essential medical/hospital care and treatment for persons whose illnesses are a result of the pandemic
 - b. Public health protection for the affected population
 - c. Mortuary and vital records services
 - d. Damage assessment for public health and medical facilities and systems
 - e. Coordinate with incoming medical response units, such as the Disaster Medical Assistance Teams (DMAT)
 - f. Provide, through the PIO, information to the news media on casualties and instructions to the public on dealing with public health problems

Medical Facilities

1. There is 1 hospital with emergency departments throughout Covington County. Patients could be transported for care to this facility.
2. Other local medical facilities may include clinics, nursing homes, hospices, and long-term care facilities
3. In a disaster, the Covington County Hospital will coordinate medical services for Covington County.
4. The Covington County Hospital will coordinate with EMS, other facilities, and any medical response personnel to ensure the following is accomplished:
 - a. Patients are transported to the appropriate medical facility
 - b. Patients are distributed to and among hospitals based on severity of illness, time and mode of transport, capability to treat, and bed capacity
 - c. Consider the use of clinics to treat less severe illnesses or to forward non-acute care patients
5. The Covington County Hospital will coordinate with EMS and the medical facilities to move patients between medical facilities, as needed
6. The Covington County Hospital will monitor medical resource availability and coordinate dissemination of medical resources
7. The Covington County Hospital will assist in patient tracking
8. Hospitals are responsible for the following activities once patients arrive at their facilities:
 - a. Final triage
 - b. Patient diagnosis
 - c. Patient treatment
 - d. Isolation of patients as needed
 - e. Maintaining full documentation of treatment/care of those provided services as listed above
9. Surge capacity (especially in regards to available hospital beds for decompression of larger facilities) may include smaller hospitals/clinics without emergency departments, specialty medical facilities, nursing homes, long-term care facilities, and hospitals in nearby jurisdictions.

[Additional guidance for Hospital specific Pandemic Planning can be found in the “Hospital Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/healthcare/hospitalchecklist.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.

Additional guidance is available from Occupational Safety and Health Administration in their document: Pandemic Influenza Preparedness and Response Guidance for Healthcare Workers and Healthcare Employees, available online at: http://www.osha.gov/Publications/OSHA_pandemic_health.pdf. (Accessed 07/28/2008).]

EMS

1. Covington County EMS resources include approximately 3 ambulances.
2. Covington County EMS will triage, stabilize, treat, and transport the ill as needed
3. Covington County EMS will coordinate with local and regional hospitals to ensure patients are transported to the appropriate facilities. Once activated, the Covington County Hospital will represent the hospitals in a disaster
4. Covington County EMS will direct the activities of private, volunteer, and other emergency medical units, as needed.

[Additional guidance for EMS specific Pandemic Planning can be found in the “Emergency Medical Services and Non-Emergent (Medical) Transport Organizations Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/healthcare/emgncymedical.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.]

Public Safety and Law Enforcement

1. Local LE will provide security for mass prophylaxis/vaccination activities
2. LE will enforce mandatory disease control measures
3. LE will conduct investigations of deaths if it is believed they are not due to natural causes
4. LE will locate and notify next of kin
5. LE will be responsible for maintaining full documentation of services provided as listed above
6. Local LE will *NOT* be responsible for hospital security unless this has been prearranged between healthcare facilities and LE.

[Additional guidance for Law Enforcement can be found in the “Law Enforcement Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/workplaceplanning/lawenforcement.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.]

Additional guidance for Correctional Facilities can be found in the “Correctional Facilities Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/workplaceplanning/correctionchecklist.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.]

School Districts

1. Provide potential facilities for use in conducting mass vaccinations
2. Provide school health surveillance data to EMA and MSDH upon request
3. School closures will be directed by the School Superintendent in conjunction with the EMA director at the local level and the Governor and State Superintendent of Schools at the state level.

For more planning guidance see the “School District (K-12) Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/schoolchecklist.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.

Additional guidance for Day Care Facilities can be found in the “Child Care and Preschool Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/school/preschool.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.

Additional guidance for Colleges and Universities and can be found in the “Colleges and Universities Pandemic Influenza Planning Checklist”, available online from <http://www.pandemicflu.gov/plan/school/collegeschecklist.html> (accessed 07/28/2008), and/or included in the Pandemic Influenza Planning Toolkit.]

Operational Activities by Agency

Table 5. Operational Activities by Lead and Supporting Agencies

OPERATIONAL ACTIVITIES	LEAD AGENCY	SUPPORT AGENCIES	REFERENCES
Pre-Hospital Care	Covington County Hospital EMS	AAA Ambulance Service	
On-Scene Patient Triage	Covington County Hospital EMS	AAA Ambulance Service	
On-Scene Patient Treatment	Covington County Hospital EMS	AAA Ambulance Service	
Patient Transport	Covington County Hospital EMS	AAA Ambulance Service	
Medical Care			
Final Triage	Covington County Hospital		
Emergency & Hospitalized Care	Covington County Hospital		
Non Hospital-Based Care	Covington County Hospital		
Post-Acute Medical Care	Covington County Hospital		
Patient Diagnostics	Covington County Hospital		
Medical Evac./Inter-Facility Transport	Covington County Hospital		
Mental Health			
Population Mental Health Interventions	Covington County Hospital	Mississippi State Department of Mental Health	
Victim Mental Health Interventions	Covington County Hospital	Mississippi State Department of Mental Health	
Victims' Family Assistance Services	Covington County Hospital	Mississippi State Department of Mental Health	
Hazard/Threat/Disease Containment			
Mass Prophylaxis/ Immunizations	Covington County Health Department	Mississippi State Department of Health	
Social Distancing Strategies	Covington County Health Department	Mississippi State Department of Health	
Public Warning/Alerts & Public Education	Covington County Health Department	Mississippi State Department of Health	
Food, Water, & Sanitary Inspection	Covington County Health Department	Mississippi State Department of Health	
Animal & Vector Control	Mississippi Department of Agriculture		
Waste Disposal			
Mass Fatality Care			

Body Recovery/Handling (pre-morgue)	Covington County Hospital	Mississippi State Department of Health	
Mortuary Services (ID/autopsy/forensics/etc.)	Covington County Coroner	Mississippi State Department of Health	
Post-Morgue Services	Covington County Coroner	Mississippi State Department of Health	
Decedents' Family Assistance	Covington County Coroner	Mississippi State Department of Health	
Animal Management			
Mass Carcass Disposal	Covington County Board of Supervisors		
Animal Rescue & Shelter	Covington County Animal Control		
Animal Control	Covington County Animal Control		
Animal Health	Covington County Ext. Service		

Human Services			
Special Needs: Pregnant Females	Covington County Health Department	Mississippi State Department of Health	
Special Needs: Chronic Disease (including HIV)	Covington County Health Department	Mississippi State Department of Health	
Special Needs: Jail Population	Collins Police Department	Mississippi State Department of Health	
Special Needs: Elderly			
Special Needs: Indigent			
Investigative Activities			
Animal Investigations/ Sample Collection			
Epidemiological Field Investigations			
Surveillance/Monitoring			
Reportable Disease Surveillance	Covington County Health Department	Mississippi State Department of Health	
Disaster Medical Resource Monitoring	Covington County Health Department	Mississippi State Department of Health	
Case & Contact Monitoring/Tracking	Covington County Health Department	Mississippi State Department of Health	
Animal Surveillance	Covington County Ext. Service	Mississippi State Department of Health	
Syndromic Surveillance	Covington County Ext. Service	Mississippi State Department of Health	
Surveillance Informatics Development/management	Covington County Ext. Service	Mississippi State Department of Health	
Rapid Assessment			
Needs Assessment	Covington County Health Department	Mississippi State Department of Health	
Risk Assessment	Covington County Health Department	Mississippi State Department of Health	
Health Impact Assessment	Covington County Health Department	Mississippi State Department of Health	
Medical Structure Assessment/inspection	Covington County Health Department	Mississippi State Department of Health	
Laboratory Services			

Virology Lab Diagnostics	Covington County Health Department	Mississippi State Department of Health	
Molecular Lab Diagnostics	Covington County Health Department	Mississippi State Department of Health	
Immunology Lab Diagnostics	Covington County Health Department	Mississippi State Department of Health	

VII. PLAN DEVELOPMENT & MAINTENANCE

1. Covington County Emergency Management Agency is responsible for developing and maintaining this plan. Recommended changes to this plan should be forwarded as needs become apparent.
2. This plan will be reviewed annually in September—prior to the expected flu season and immediately following the conclusion of the public health preparedness grant year. Lessons learned from disaster exercises in the given year will be incorporated into the plan at that time
3. Departments and agencies assigned responsibilities in this plan are responsible for developing and maintaining Standard Operating Procedures (SOPs) covering those responsibilities

VIII. REFERENCES

Document Name	Source Location
<i>CDC Community Strategy for Pandemic Influenza Mitigation</i>	http://www.pandemicflu.gov/plan/community/commitigation.html
<i>Covington County Comprehensive Emergency Management Plan</i> . Covington County	Covington County Emergency Management Agency Office, 101 South Dogwood Ave, Collins, MS 39428
<i>HHS Pandemic Influenza Plan</i> . U.S. Department of Health and Human Services (November 2005).	http://www.hhs.gov/pandemicflu/plan/
<i>Influenza (the Flu) Questions and Answers</i> . National Centers for Disease Control and Prevention (CDC) (October 2003).	http://www.cdc.gov/ncidod/diseases/flu/facts.htm
<i>National Institute of Allergies and Infectious Diseases Flu Fact Sheet</i> . National Institute of Allergies and Infectious Diseases (NIAID) (October 2006).	http://www.niaid.nih.gov/factsheets/flu.htm
<i>National Strategy for Pandemic Influenza</i> . U.S. Homeland Security Council (November 2005).	http://www.whitehouse.gov/homeland/pandemic-influenza.html
<i>Pandemic Influenza: A Planning Guide for State and Local Officials</i> (Draft 2.1). CDC National Vaccine Program Office (January 2003)	http://www.cdc.gov/od/nvpo/pubs/pandemicflu.htm
<i>Pandemic Influenza Overview</i> . National Centers for Disease Control and Prevention (CDC) (October 2006).	http://www.dhhs.gov/nvpo/pandemics/annotatedSlide.ppt
<i>Prevention and Control of Influenza: Recommendations of the Advisory Committee on Immunization Practices (ACIP)</i> . MMWR April 12, 2002 / 51(RR03);1-31.	http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5103a1.htm

IX. ACRONYMS

AAR	After Action Report
ASPR	Assistant Secretary for Preparedness and Response
AI	Avian Influenza
BSL-3	Bio-Safety Level 3
CDC	Centers for Disease Control and Prevention
CMS	Centers for Medicare and Medicaid Services
CHC	Community Health Center
CBC	Complete Blood Count
CEMP	Comprehensive Emergency Management Plan
CONOPS	Concept of Operations
COOP	Continuity of Operations
HHS	Department of Health and Human Services
DHS	Department of Homeland Security
DHA	District Health Administrator
DHP	Director of Health Protection
DMAT	Disaster Medical Assistance Team
DOC	Director of the Office of Communications
EARS	Early Aberration Reporting System
EAS	Emergency Alert System
EMAC	Emergency Management Assistance Compact
EMS	Emergency Medical Services
ERV	Emergency Response Vehicle
ESAR-VHP	Emergency System for Advance Registration of Volunteer Health Professionals
ESF	Emergency Support Function
EOC	Emergency Operations Center
EPA	Environmental Protection Agency
FBI	Federal Bureau of Investigation
FCC	Federal Communications Commission
FEMA	Federal Emergency Management Agency
HAN	Health Alert Network
HEDDS	HPAI Early Detection Data System
HSCT	Hematopoietic Stem Cell Transplants

HICS	Hospital Incident Command System
HRSA	Health Resources and Services Administration
HSPD	Homeland Security Presidential Directive
IAP	Incident Action Plan
ICU	Intensive Care Unit
ICS	Incident Command System
ILI	Influenza-Like Illness
IT	Information Technology
INRP	Homeland Security's Initial National Response Plan
ICP	Interagency Coordination Procedure
JIC	Joint Information Center
JTTF	Joint Terrorism Task Force
LHD	Local Health Department
LME	Local Management Entities
LTC	Long Term Care
MEMA	Mississippi Emergency Management Agency
MOU	Memorandum of Understanding
MHRT	Mississippi Health Response Team
MDAC	Mississippi Department of Agriculture and Commerce
MHP	Mississippi Highway Patrol
MSWIN	Mississippi Wireless Integrated Network
MSDH CONOPS	Mississippi State Department of Health Concept of Operations Plan for Public Health and Medical Emergencies
MSDH EOC	Mississippi State Department of Health Emergency Operations Center
MSDH	Mississippi State Department of Health
NPIP	National Poultry Improvement Plan
NPG	National Preparedness Goal
NIMS	National Incident Management System
NGO	Non-Governmental Organizations
NRP	National Response Plan
OEPR	Office of Emergency Planning and Response
OGT	Office of Grants and Training
PPE	Personal Protective Equipment
SAC	Senior Advisory Committee
PI	Pandemic Influenza
POC	Point of Contact
POD	Point of Dispensing

PEP	Post-Exposure Prophylaxis
PHEP	Public Health Emergency Preparedness
PIO	Public Information Officer
RAC	Regional Advisory Committee
RCA	Radio Coverage Area
RSS	Receiving, Staging, and Storage
RET	Reportable Events Table
RT-PCR	Reverse Transcriptase-Polymerase Chain Reaction
SC	Supporting Cells
SEOC	State Emergency Operations Center
SHO	State Health Officer
SMAT	State Medical Assistance Team
SNS	Strategic National Stockpile
SOG	Standard Operating Guide
SOP	Standard Operating Procedure
SAA	State Administrative Agency
SHO	State Health Officer
SMARTT	State Medical Asset / Resource Tracking Tool
SMAC	Statewide Mutual Aid Compact
TCL	Target Capabilities List
OEPR	Office of Emergency Planning and Response (MSDH)
UC	Unified Command
UTL	Universal Task List
USDA	United States Department of Agriculture
VAERS	Vaccine Adverse Event Reporting System
VRDL	Veterinary Research and Diagnostic Laboratory
WHO	World Health Organization

X. EXPLANATION OF TERMS

Antiviral medication: A medication that destroys or inhibits the growth and reproduction of viruses.

Accessibility: (a) physical accessibility - complying with the portions of Accessibility Standards pertaining to parking, path of travel, entrances, restrooms, and fire alarms, (b) social accessibility - the ability to obtain available, adequate, and appropriate services related to, among others, geographic isolation (including transportation), cultural appropriateness, ability to pay, and language and comprehension issues, and (c) communications accessibility - people with disabilities have the same level of access to information resources as those without disabilities.

Avian Flu: A common respiratory disease among wild birds. It can exist in two forms—low pathogenicity and high pathogenicity. High pathogenicity avian influenza (HPAI) is uncommon and often fatal. On rare occasions, avian flu may cross species and infect other animals such as pigs, cats, horses, and/or humans

Bird Flu: *See Avian Flu*

Confirmed case: Refers to a laboratory-confirmed influenza virus infection in a person with influenza-like illness. A diagnosis of influenza is usually made on a clinical basis, particularly if influenza has been reported in the community.

Common flu: *See Seasonal Flu*

Community containment measures: Refer to the separation of infected or exposed people from non-infected people by use of isolation, quarantine, or other restrictions on movement and activities.

Community health worker: A person, serving with or without compensation, who provides services within the cultural, linguistic, and value system of his or her community. The community health worker functions as a culture broker between traditional cultural healing practices and western allopathic medicine by applying his or her unique understanding of the experiences, language and culture of the communities he or she serves. Included in the title are **promoter (a)** (Hispanic communities) and **community health representatives** (American Indian tribal communities).

Contact: A person who has been exposed to an influenza case in some way during the infectious period. A **close contact** is a person who has had direct exposure to respiratory secretions or body fluids of a person with confirmed influenza, or has touched or talked to a person with confirmed influenza within 3 feet. For instance, a person who has cared for or lived with an influenza patient is considered a close contact. A **household contact** is a type of close contact where direct exposure occurs through such additional actions as kissing or hugging, sharing eating or drinking utensils. Working in the same building, walking by, or sitting across a room from a person with influenza is NOT considered a direct exposure and therefore is considered a contact only.

Control Measures: Standard emergency containment practices in public health that aim to control exposure to both infected and potentially infected people. Practices may be voluntarily (agreed to) or compelled (enforced) by public health authorities and can be applied on an individual or population level. Control measures are actions necessary to control and prevent communicable disease. They include, but are not limited to, immunization, detention, restriction, disinfection, decontamination, isolation, quarantine, disinfestation, chemoprophylaxis, preventive therapy, prevention, and education. However, the law does not limit control measures only to these measures.

- **Isolation:** Refers to the separation and restriction of movement of people with a specific communicable disease contain the spread of that illness to susceptible people. People in isolation may be cared for in their homes, in hospitals, at designated health care facilities, or other dedicated facility.
- **Quarantine:** The separation and restriction of movement of well people who may have been exposed to an infectious agent and may be infected but are not yet ill. Quarantine usually occurs in the home but can be in a dedicated facility or hospital. The term “quarantine” also can be applied to restrictions of movement into or out of buildings, other structures, and public conveyances. In addition, specific areas or communities may be quarantined. The Centers for Disease Control and Prevention (CDC) also is empowered to detain, medically examine, or conditionally release people suspected of carrying certain communicable diseases at points of arrival in and departure from the United States or across state lines.

Health care personnel: Any employee working in the health care field (inpatient, outpatient, public health) or temporarily assigned to patient-related activities (transport) who may have close contact, within 3 feet, of persons with influenza-like-illnesses. Contact may occur directly with persons, care items, waste, or specimens in locations such as patient rooms, procedure areas, physician offices, homes, clinics, workplaces, or laboratories.

Incubation period: The time from exposure to an infectious disease to symptom onset. The incubation period for influenza is usually 2 days but can vary from 1 to 5 days.

Infection control measures: Actions taken to decrease the risk for transmission of infectious agents. The key precautions are typed according to mode of transmission:

- **Standard precautions:** Practices required for the basic infection control practices of proper hand hygiene, appropriate handling of clinical waste, and use of personal protective equipment (PPE) to reduce the spread of infectious agents. Examples of PPE includes gloves, gowns, surgical masks, goggles or face shields. Note: May also require self contained breathing apparatus (SCBA) or air purified respirators.
- **Contact precautions:** Practices designed to reduce the risk of disease transmission by direct or indirect contact with an infectious person. Direct contact transmission involves a direct body surface-to-body surface contact and physical transfer of infectious agents from an infected person to a susceptible host. Indirect-contact transmission involves contact of a susceptible host with a contaminated intermediate object (e.g., instruments or dressings, unwashed hands, or gloves that are not changed between patients). Contact precautions also may include the use of PPE.
- **Droplet precautions:** Practices designed to reduce the risk of disease transmission that occurs when droplets containing infectious agents generated by an infectious person are propelled a short distance through the air (i.e., by coughing, sneezing, or talking) and deposited on the conjunctivae or mucous membranes of the mouth or nose of a susceptible person. Droplet precautions include the use of PPE.

Influenza: is an acute viral disease of the respiratory tract characterized by fever, headache, myalgia, prostration, coryza, sore throat, and cough. Otitis media, nausea, and vomiting are also commonly reported among children. It is highly contagious with epidemics of influenza affecting hundreds of thousands of people nearly every year. For surveillance purposes, *Influenza-Like Illness* (ILI) is defined as respiratory illness with temperature greater than 100.4°F plus either sore throat or cough.

A *Confirmed Case of Influenza A/H5 Infection* is an individual, alive or deceased, in whom laboratory testing demonstrates one or more of the following:

Positive viral culture for influenza A/H5;

Positive polymerase chain reaction (PCR) for influenza A/H5;

Positive immuno-fluorescence antibody (IFA) test for H5 antigen using H5 monoclonal antibodies;

4-fold rise in H5-specific antibody titer in paired serum samples.

Influenza-like illness: Describes a combination of symptoms that include 1) a fever $\geq 100^{\circ}\text{F}$ and 2) cough and/or sore throat in the absence of a known cause.

Influenza pandemic: A worldwide outbreak of a novel influenza virus causing sudden, pervasive illness that can severely affect even otherwise healthy individuals in all age groups. Influenza pandemics occur infrequently and at irregular intervals and have the potential for substantial impact resulting in increased morbidity and mortality, significant social disruption, and severe economic costs.

Limited English Proficiency: Refers to individuals who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English. They may be eligible to receive language assistance with respect to a particular type of service, benefit, or encounter, such as sign language interpreters.

Nonpharmaceutical Interventions: Those interventions to reduce transmission of disease at an individual or population level that are not pharmaceutically based.

Nosocomial Infections: Refer to infections obtained by patients in a health care setting, such as a hospital or clinic. Typically, nosocomial transmission refers to spread of an infectious disease from a patient in a health care setting or from health care personnel to another patient, worker, or visitor in the same setting.

Novel Virus: A virus that is new to a given population, and thus members of that population have no natural immunity to it.

Outbreak: A sudden increase in the number of cases of a specific disease or clinical symptom.

Pandemic Influenza (PI): *Pandemic Influenza* is an uncommon type of Influenza A that causes greater morbidity and mortality than seasonal influenza. An influenza pandemic occurs when a new Influenza A virus (a “pandemic influenza virus”) emerges in the human population, causes serious illness, and then spreads easily from person to person worldwide. Influenza pandemics occurred three times during the twentieth century—in 1918, 1957, and 1968.

Personal protective equipment: Barrier protection to be used by an individual to prevent disease transmission. PPE may include gowns, gloves, masks, goggles, or face shields. The type of mask (i.e., surgical, N-95, or powered, air-purified respirator) is disease-specific and defined in the type of precautions.

Prophylaxis: The prevention of or protective treatment for a disease.

- Chemoprophylaxis: The use of vaccines, antiviral medications or other chemical agents to prevent the spread of influenza disease).

Public Health Disaster: A declaration by the governor of a state of disaster; and a determination by the commissioner that there exists an immediate threat from a communicable disease that:

- Poses a high risk of death or serious long-term disability to a large number of people; and
- Creates a substantial risk of public exposure because of the disease's high level of contagion or the method by which the disease is transmitted.
- A declaration may not continue longer than 30 days and may be renewed once for an additional 30 days.

Recognized Community Health Providers: Refers to providers who practice in communities that are identified by various groups as healers within their cultural context.

Respiratory hygiene and cough etiquette: Individual public health activities that avert the transmission of influenza and/or other infectious diseases by using measures to contain respiratory secretions and hand washing or sanitizing.

Seasonal flu: Flu that is seen yearly in human populations, usually during the winter months. The actual seasonal flu virus may vary slightly from year to year, but illnesses associated with it are usually mild in hosts with healthy immune systems (due to the existence of antibodies that provide at least partial immunity).

Special Populations: Refers to individuals who are underserved in health care and disasters, including but not limited to, children, elderly, homeless, persons with disabilities, homebound, people with psychological or cognitive deficits, people who are geographically isolated, people with varying cultural backgrounds, persons with limited English proficiency, and people with very low income.

Stakeholders: Organizations or individuals, both public and private sectors that have a stake in or may be impacted by a given approach to managing an influenza pandemic in Mississippi.

Strategic National Stockpile (SNS): Refers to the United States' national repository of antibiotics, antivirals, vaccines, antitoxins, chemical antidotes, life-support medications, intravenous administration supplies, airway maintenance supplies and medical/surgical equipment items. The SNS is designed to supplement and re-supply state and local public health agencies in the event of a national emergency. The SNS Program is committed to have 12-hour Push Packages delivered anywhere in the U.S. or its territories within 12 hours of a federal decision to deploy.

Surge Capacity: Refers to the accommodation to transient sudden rises in demand for services following an incident. It is the ability of a health system to expand beyond normal operations to meet a sudden increased demand for service.

Surveillance: Refers to "information for action" in public health. By knowing the ongoing pattern of disease occurrence and disease potential, a health department can more effectively and efficiently investigate, prevent, and control disease in its community. An effective disease surveillance program systematically collects, analyzes, interprets, and disseminates health data on an ongoing basis.

Vendor Managed Inventory: Refers to a means of optimizing supply chain performance in which the pharmaceutical manufacturer is responsible for maintaining the distributor's inventory levels. The manufacturer has access to the distributor's inventory data and is responsible for generating purchase orders. Under this Private sector system, providers (physicians, clinics, etc.) order pharmaceuticals directly from distributors.

Volunteer: Describes any individual accepted to perform services by an agency and/or volunteer organization that has authority to accept volunteer services, when the individual performs services without promise, expectations, or receipt of compensation for services performed.

For additional terms, please refer to the Covington County Basic Plan.