



Emergency Response

Basic Plan

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BASIC PLAN

I. Lead Agency

The Knox County Health Department (KCHD), through the Knox County Mayor's Office, is the lead agency responsible for public health planning for public health emergency events in Knox County.

II. Support Agencies

Tennessee Emergency Management Agency (TEMA)
Knoxville Emergency Management Agency (KEMA)
City Mayor's Office
County Mayor's Office
Knox County School System
Knox County Sheriff's Department
Knoxville City Police Departments
Tennessee State Guard
Knox County School Bus Association
City/County Government – Agencies
Knox County Area Hospitals
Local Ham Radio Association (METERS)
American Red Cross (ARC)
East Tennessee Mental Health Association
City/County Law Enforcement Reserves

III. Introduction

A. Purpose

This plan contains the framework of the comprehensive Public Health Emergency Preparedness Plan for the Knox County Health Department. The Knox County Health Department (KCHD) Emergency Preparedness Program's (EP) purpose is to mitigate the potential effects of the various public health hazards that might impact the region, to prepare for the implementation of measures which will preserve life and minimize damage, to respond effectively to the needs of employees, citizens, and local jurisdictions during emergencies, and to assist in any recovery efforts to return the region and its communities to a normal status as soon as possible after such emergencies. This plan defines the roles and responsibilities associated with the mitigation, preparedness, response, and recovery efforts directed at natural disasters, technological accidents, enemy attacks, and other major events that might impact Knox County.

B. Scope

This plan addresses KCHD operational guidelines to ensure support for the 8-11 points of dispensing sites (PODs) and other potential situations that might be brought about as a result of all natural disasters. These guidelines are set forth by standard operation guidelines (SOG), which are included in a separate section of this document. The plan identifies various organizations including various departments and divisions of county government, city government, and the private sector.

This plan also addresses procedures for establishing a program for maintaining and updating this and supporting plans as needed, including evaluation of its adequacy for the intended purpose(s).

C. Response Framework

This plan would be implemented upon notification to KCHD Director and/or Public Health Officer and/or the Tennessee Commissioner of Public Health that an event has occurred. The implementation would be in consultation with the Governor, Tennessee Emergency Management Agency (TEMA), Tennessee Department of Health (TDH), and the Centers of Disease Control (CDC).

IV. Policies

The early identification and investigation of a possible biological/chemical event or disease outbreak is critical to a successful public health response. The identification would be made utilizing both epidemiological and laboratory methods. Syndromic surveillance systems monitored by KCHD will aid in early identification of a possible outbreak/event within the region.

A. Situation

Knox County is situated in the eastern portion of Tennessee. There are two cities in the county, Knoxville and Farragut. The 2010 census indicates a population of 432,226 for the county. Knox County hosts numerous mass gathering events throughout the year, including Neyland stadium seating for as many as 100,000 plus fans during football season. Also located within twenty-five minutes of Knox County is a Federal Department of Energy (Y-12 Plant), which manufactures/stores sensitive explosive weapons.

B. Planning Assumptions

Although the probability of a CBRNE event in Knox County appears to be moderate, it is critical that KCHD and other supporting agencies be prepared to implement rapid outbreak containment measures. Coordination and integration with county, regional, state and federal-level sources are critical to protect the life and health of Knox County residents. Such emergencies or events include:

- Natural or manmade disasters and public health/medical emergencies,
- Terrorist threats or events using Chemical, Biological, Radiological, Nuclear or Explosive devices (CBRNE), otherwise known as Weapons of Mass Destruction (WMD),

- Disease outbreaks and Pandemics (e.g. Influenza),
- Animal health emergencies (e.g. Foot and Mouth Disease, Bovine Spongiform Encephalopathy, etc.); or
- Any other circumstance that creates an actual or potential public health or medical emergency where local, state, or federal assistance may be necessary.

A significant public emergency may impair routine medical and healthcare services. Hospitals, nursing homes, ambulatory care centers, pharmacies and other facilities undamaged and in operation may become overwhelmed.

Critical and/or long-term healthcare patients in facilities that have been damaged will have to be moved to alternate locations.

Medical supplies and equipment may be in short supply due to damage or destruction of normal supply locations, general shortages, or disruption of transportation systems within the disaster area.

Facilities utilized for health care and/or special needs purposes may be either severely damaged or rendered partially or totally unusable due to lack of utilities, damage or disruption of communications and/or transportation systems, or to staff shortages resulting from personal injuries or inaccessibility of transportation/communication.

A major medical and environmental emergency resulting from WMD could produce a large concentration of specialized injuries and problems that could overwhelm local public health and medical care systems.

V. Concept of Operation (CONOPS)

A. General

1. The KCHD Director (KCHD-D) is the Agency Administrator with the authority to activate the Emergency Operations Plan and personnel. If the KCHD-D is unavailable, the KCHD Assistant Regional Director (KCHD-AD) or Dir. Clinical Services will assume command until the KCHD-D is available. For the purpose of this plan, it should be understood that the KCHD- AD or Dir, Clinical Services serves as the designee for the KCHD-D and can assume all responsibilities described herein as needed or required.
2. The KCHD-D may receive notification of actual or potential Public Health emergencies through local (i.e. KEMA, 911) or State channels. The KCHD-D will activate personnel based on the information received in the notification. The KCHD-D will report information received through local channels to appropriate personnel in the TDH Bureau of Health Services, if necessary.
3. The KCHD-D or designee will determine the personnel to be activated. These personnel will be activated by direct contact (i.e. telephone) or through the Tennessee Health Alert Network (T-HAN). Personnel will be given instructions regarding actions they should take. This could include community partners and emergency agencies

4. The KCHD-D may activate the Knox County Health Operations Center (K-ROC) located at KCHD. Personnel reporting to the K-ROC will be given work assignments by the KCHD-D or the Incident Commander (IC). All Public Health response activities will be coordinated through the K-ROC and will follow Incident Command System (ICS) guidelines.
5. If the response requires the distribution of medical countermeasures, a point of dispensing (POD) will be activated in the impacted area(s). (See Annex C.) POD management staff will be notified and other personnel will be assigned to specific PODs. Medical Reserve Corps (MRC) volunteers will be contacted through Volunteer Mobilizer.
6. Public Health personnel and Knox County (MRC) volunteers may be assigned to shelters, reception centers, or other venues as needed.

B. Natural Disaster

1. Following a natural disaster, KCHD may organize staff to respond as directed by the SHOC/TEMA/KEMA. Activities will be undertaken in support of the Knoxville/Knox Emergency Management Plan. Most likely, Public Health will lead or support TEMP Emergency Service Function (ESF) 8, Public Health and Medical Services, or support ESF 6, Human Services. Other ESFs may be supported with Public Health personnel.
2. The KCHD Emergency Response Coordinator (ERC) or designee (hereafter referred to only as ERC) will serve as liaison between ETRO, SHOC, TEMA, or KEMA in the early stages of response following a natural disaster. The KCHD Regional Hospital Coordinator (RHC) or designee (hereafter only referred to as RHC) will report to the Regional Medical Communications Center (RMCC) unless directed otherwise.
3. At the request of the SHOC, TEMA, or KEMA, Public Health personnel may be assigned by the KCHD-D to specific locations and will come under the local command system. KCHD command and control will be established by the KCHD-D as deemed appropriate.
4. Outbreaks of naturally-occurring diseases (i.e., pandemic influenza) are considered to be natural disasters and will be dealt with according to established response plans (i.e., Knox County Health Department Pandemic Influenza and Infectious Disease Response Plan).
5. Public Health personnel and response activities will be demobilized in consultation with Incident Command and the SHOC/TEMA/KEMA.

C. Technological Disaster

1. A technological disaster is defined as those occurring which cause damage or harm to humans, animals, vegetation, or infrastructure. Examples are a building collapse, failure of safety systems, airliner crash, or the release of radioactive material from a nuclear power plant or Department of Energy facility
2. Technological disasters will be considered criminal activity by KCHD. KCHD, in consultation with TDH, will cooperate with the requests of law enforcement.

3. The KCHD ERC will serve as liaison between emergency agencies in the early stages of response following a technological disaster. The KCHD RHC will report to the RMCC unless directed otherwise.
4. At the request of SHOC, TEMA, or KEMA, Public Health personnel may be assigned by the KCHD-D to specific locations and will come under the local command system. KCHD command and control will be established by the KCHD-D as deemed appropriate. Activities will be undertaken in support of the TEMP as mandated by the event.
5. Public Health personnel and response activities will be demobilized in consultation with Incident Command and the SHOC.
6. The KCHD ERC will serve as liaison between emergency agencies in the early stages of response following an accidental disaster. The KCHD RHC will report to the RMCC unless otherwise directed.
7. At the request of the SHOC, TEMA, or KEMA, Public Health personnel may be assigned by the KCHD-D to specific locations and will come under the local command system. KCHD command and control will be established by the KCHD-D as deemed appropriate. Activities will be undertaken in support of the Knoxville/Knox EMP as mandated by the event.
8. Public Health personnel and response activities will be demobilized in consultation with Incident Command, KEMA, SHOC.

VI. Activation of KCHD Resource Operations Center (K-ROC)

All Public Health response activities will be coordinated through the Knox County Resource Operations Center (K-ROC) and will follow Incident Command System (ICS) guidelines.

A. Personnel

All ROC position assignments are pre-appointed. If needed, the KCHD-D may appoint the IC at the time of activation. Other K-ROC personnel may be appointed at the time of activation if needed by the IC. The K-ROC positions activated will depend on the level of response. Personnel will be contacted directly or through T-HAN. (See Annex A.)

B. Communication

Upon activation of the K-ROC, telephone numbers will be conveyed to the appropriate EOCs and response personnel. Email accounts for the K-ROC will be monitored by appropriate personnel. If radio communication is necessary, equipment will be activated and deployed as needed in consultation with Middle East Tennessee Emergency Radio Services (METERS).

VII. Public information

A variety of communication methods will be needed to share information during a disaster or emergency. The information shared will depend on the event. Some of these methods and strategies are described below.

A. General public

1. Citizens seeking non-clinical information

Citizens calling KCHD may be provided with information as mandated by the event. In some cases, a phone bank or hotline phone number may be established to provide information. The information provided via this hotline will be non-clinical information already released to the public. The KCHD web-site will be utilized as well as the Health Alert notification.

2. Citizens seeking medical information/consultation

Citizens seeking medical information specific to their personal well being may be directed to contact their private medical care provider. Citizens could also be directed to general information hotlines as detailed above.

If Public Health is providing medical countermeasures through PODs, this information may be shared via media outlets and hotlines with information specific to who should or should not attend. The KCHD web-site and Health Alert site may also be utilized.

3. Citizens wanting to volunteer

KCHD-EP has a database of volunteers trained to respond to public health emergencies. These volunteers may be contacted to assist during a Public Health response. If volunteer recruitment is needed, the KCHD-MRC Coordinator or designee will coordinate these efforts.

4. Sharing information with the general public

KCHD will adhere to guidance provided by TDH and County Mayor's Office when sharing information with the general public. The public will be encouraged to gather this information from resources provided by designated media sources. The general public can view the KCHD web-site and are encouraged to sign up for Health Alerts.

B. KCHD Public Health Staff

Information may be shared with KCHD Public Health staff via telephone, email, voice mail, and in writing. Staff unable to work and that do not have access to email or voice mail outside of the office may receive pertinent information via telephone or the United States Postal Service (USPS).

Key KCHD Public Health staff will be contacted through T-HAN. T-HAN has the ability to contact staff 24-hours a day via land line telephone, mobile telephone, pager, and email. T-HAN provides messages in text format, text-to-voice format, and recorded message format. T-HAN can be used to share information and to activate staff to respond as directed. The KCHD ERC serves as primary T-HAN administrator in KCHD. The KCHD-RHOC and KCHD Network Technical Specialist serve as backups to the ERC for T-HAN activation.

Public Health staff not listed in the T-HAN that need to be activated will be contacted via Volunteer Mobilizer.

C. Tennessee Department of Health

KCHD will share information with TDH using current methods. KCHD can also communicate with TDH and Public Health agencies throughout Tennessee via T-HAN.

D. County and local governments & emergency management officials

Information will be disseminated from the K-ROC to KEMA or and other Knox County emergency agencies if necessary. KCHD through T-HAN has the capability of notifying emergency agencies and community partners of the event as well as requesting assistance. Ham radio is also available if needed. KEMA and 911 have the capability of notifying KCHD 24/7 by designated KCHD personnel.

E. Hospitals

The KCHD-RHC, through the RMCC, will serve as the primary point of contact (POC) for hospitals. Information will be shared via traditional methods and through the Hospital Resource Tracking System (HRTS). Ham radio is also available if needed. KCHD Epi Department maintains 24/7 coverage through a designated cell-phone as well as being to contact the KCHD-RHC 24/7.

F. Non-hospital health care facilities

The KCHD EP Nurse Consultant will serve as primary POC for non-hospital healthcare facilities and the KCHD-EP Epidemiologist will serve as the back-up. These include but are not limited to nursing homes, home healthcare agencies, outpatient care facilities, clinics; first responder agencies Federally-qualified health centers (FQHCs), rural health centers, and physician practices. The Nurse Consultant communicates with certain non-hospital healthcare facilities on a regular basis regarding disease outbreak and control. The same methods of communication will be utilized during a Public Health response. These facilities will also be encouraged to gather information through public channels.

G. Schools

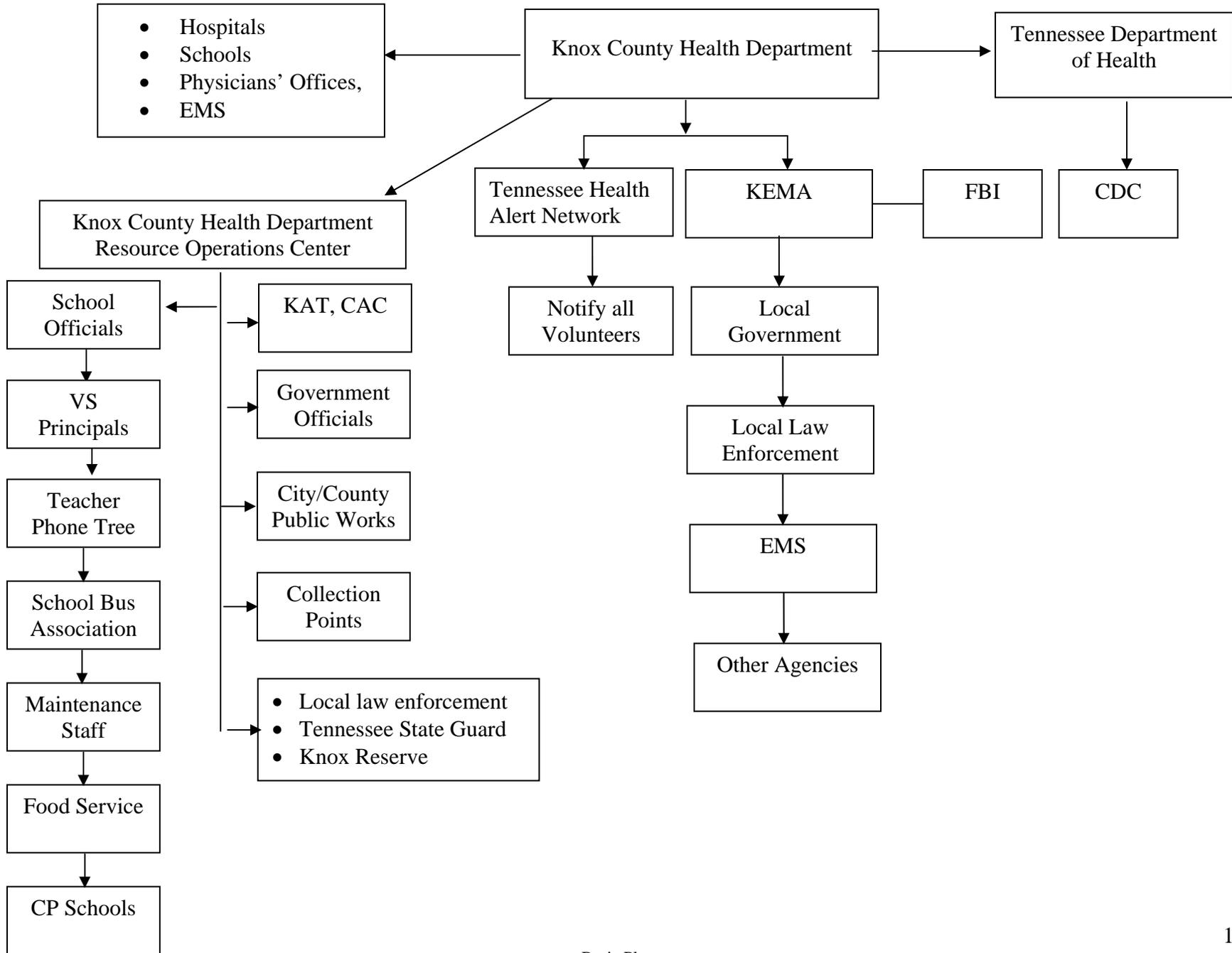
Schools will be contacted via the Knox County Schools POC who is on THAN. If indicated, notification of school closings will be communicated through the school systems PIO in consultation with the superintendent, KCHDD, county mayor, and Tennessee Department of Education

H. Media

Media contacts will be managed by the KCHD Public Information Officer (PIO) and the county mayor's office. The PIO will work in conjunction with other PIOs throughout Knox County through a joint information system (JIS). A joint information center (JIC) may be established through the JIS. The objective will be to provide accurate, current information and to limit the media time required of subject matter experts and response personnel.

NOTIFICATION LIST

Hospitals, schools, physician offices, or EMS should follow this notification list in the event of local outbreak of smallpox is detected by surveillance measures after the Knox County Health Department Public Health Investigation Team, along with state resources have clear assurance.



VIII. Operation Condition Levels

KCHD has adopted four operation condition levels to classify health department operations in relation to the estimated impact of an emergency event:

- Operation Condition Level Normal
- Operation Condition Level 1
- Operation Condition Level 2
- Operation Condition Level 3

As intelligence and information is gathered, a determination by KCHD Director or PHO is made regarding which Operation Condition Level will ensure necessary and appropriate response capability. As the situation is better understood, the level may be modified.

Operation Condition Normal

Normal operations consist of those daily functions that the Knox County Health Department must carry out in the absence of an emergency situation. Preparation for readiness to respond is essential. Plans and exercises should be developed and implemented to increase capabilities that effectively respond to a public emergency. Equipment should be regularly checked in order to ensure KCHD is functionally prepared to activate its ERP, should the need arise.

Operation Condition Level 1

Level 1 is a monitoring phase triggered by the potential for an event that could threaten life, property, or the environment. KEMA will alert agencies that would need to prepare to take action and continue everyday activities. Higher security measures may be implemented. The KCHD Director, or PHO, or designee, as deemed necessary, may maintain key personnel on duty in order to maintain response capability and augmentation to the KCHD KROC and KEMA-EOC, should they become operational.

Operation Condition Level 2

Level 2 indicates a partial activation (initial activation phase) of KCHD KROC. It is triggered by highly probable hazardous conditions and strong potential for loss of life or property damage. All community partners have been notified and advised of the situation, with the KEMA-EOC staffed with EMA personnel.

Operation Condition Level 3

Level 3 indicates a full activation of KCHD KROC. It is triggered by extremely hazardous conditions that are imminent or occurring. The KEMA-EOC is fully activated with all appropriate agencies present.

IX. Continuity of operations

A. Service delivery

Services may be suspended at KCHD and outlying clinics depending on the event. Personnel from any program may be required to carry out response activities in PODs, shelters, reception centers, or other venues. When possible, personnel will be reassigned based on preference of the employee and/or the supervisor.

However, the possibility exists that any employee may be reassigned as needed and where needed.

Personnel assignments and service suspension will be evaluated during the planning for each operational period. (See Annex D)

B. Essential services

Regardless of the event, certain services will only be suspended temporarily. At this time following services are considered essential and will be continued following protocol specific to each service. (COOP currently under revision)

- Administration/PHEP
- Disease Management/Surveillance Services
- HIV/AIDS/STD Services
- Tennessee Tuberculosis Elimination Program (TTBEP)
- Vital Records

None of the above services will be suspended for more than 72 hours unless directed otherwise by TDH or KCHD-HO

C. Staff assignments

Personnel will be assigned based on need and availability. If and when possible, personnel may be able to work dates and times they prefer, but this is not certain. Personnel will be required to document any time worked. Time will be billed to budget codes as directed by Personnel/KCHD Director or those personnel will work a revised work week. Personnel that self-deploy will not be able to recover time worked and may not be protected with worker compensation insurance.

D. Facility usage and hours of operation

During a disaster or emergency, outlying clinics may be utilized to provide services in accordance with the above guidance, but staff availability and the impact of the event will also be given consideration. Hours of operation will also remain flexible. Changes in hours of operation and the alteration of services being provided will be posted at the affected facility and, when deemed appropriate, shared through communication routes.

E. Alternate facility

An alternate facility for the health department may be necessary. The outlying clinics will serve this purpose. The intention is not to serve as a ROC, unless needed, but to have a facility in which to resume the business of the health department utilizing essential personnel. The East Tennessee Health Department could be utilized as a third redundancy.

X. Monitoring of adverse events

The Knox County Health Department Early Aberration Reporting System (EARS) Flag Investigation Protocol describes the process for monitoring adverse events.

1. Chief complaint logs from hospital emergency departments are compiled daily.
2. Early Aberrations Reporting System (EARS) analysis generates output that includes counts of each syndrome by day for the overall regional syndromic surveillance system and for each individual participating facility. If the count for a syndrome is greater than expected, a flag is generated.
3. EARS creates three flag types:
 - **C1 (Mild) flag** – occurs when the daily number of visits is more than three standard deviations greater than the baseline average of days -1 to -7.
 - **C2 (Medium) flag** – occurs when the daily number of visits is more than three standard deviations greater than the baseline average of days -3 to -9.
 - **C3 (Ultra) flag** – occurs when the average number of visits from the past three days is more than three standard deviations greater than the baseline average of days -3 to -9.
4. EARS output is reviewed for the presence of C1 flags, which are evaluated to determine if any of the following criteria are met.
 - The count of the flagged syndrome is greater than any daily count in the past 15 days.
 - The syndrome has generated C1 flags for 3 consecutive days.
 - Similar syndromes are flagged for other facilities.
5. If any of the criteria are true and data was not missing for any of the previous 10 days, drill-down tables are examined to identify the complaints that contributed to the flags. The complaints are evaluated to confirm that they are representative of symptoms included in the syndrome definition. Symptom selection codes are modified to prevent unrepresentative complaints from being counted as a syndrome.
6. Legitimate complaints listed in drill-down tables are examined by age group to determine if cases cluster demographically.
7. If an outbreak is suspected, contact data sources are contacted to request follow-up and enhanced data review. Data review will vary based upon the situation, but should focus on
 - confirming the current syndrome count by checking for data errors
 - determining an up-to-date count of the syndrome under review
 - checking for common exposures among cases if case history is available
 - a. Presenting symptoms
 - b. Diagnostic information
 - c. Exposure history
 - d. Contacts ill with similar symptoms
8. If cases appear to be correlated, the Regional Health Officer (RHO) or designee is notified. The RHO will determine whether an epidemiological investigation is warranted.
9. If the RHO decides that an epidemiological investigation is necessary, a member of the regional epidemiology team will alert infection control nurses at all local

hospitals and request enhanced surveillance of the syndrome. If an increase in cases with similar symptoms occurs in other hospitals, the Public Health Investigation Team (PHIT) and is necessary Extended PHIT will be notified through THAN to begin an epidemiologic investigation.

XI. Distribution of medical countermeasures

If the response to an emergency requires the distribution of medical countermeasures, PODs may be activated to dispense antibiotics, vaccine, or other countermeasures. PODs will be designed to meet the CRI goal to distribute the necessary countermeasure to the public within 48 hours, including setup time. The setup, flow, and hours of operation of PODs will be adjusted as necessary based on the medication being dispensed. (See Annex L.)

A. Policies

The following policies will be implemented if PODs are activated in Knox.

1. Affected residents within Knox County will be offered medication on a voluntary basis.
2. Medication will only be offered at predetermined or alternate PODs.
3. Personnel from KCHD will serve as management staff at all public PODs. Public health personnel, Medical Reserve Corps members, and spontaneous volunteers will serve as support staff.
4. In closed PODs, public health personnel will provide consultation to leadership of the closed PODs.
5. Command and control of POD operations will be provided by the K-ROC.
6. If approved by governing agencies (i.e., Tennessee Department of Health, Centers for Disease Control and Prevention), personnel which provide and support critical infrastructure and systems will receive priority for countermeasure distribution.
7. The general public will be told how to access PODs via public information and communication channels.

B. POD plans

Annex C to this plan contains standard operating procedures for PODs as well as the location of designated PODs.

C. Distribution of antiviral medication in response to pandemic influenza

The distribution of antiviral medication would be based on the guidelines laid out in the TDH anti-viral distribution guidance documents dated 9/24/2009 and 11/02/2009.

D. Receiving assets at PODs

Countermeasures to be dispensed at PODs will most likely come from the Strategic National Stockpile (SNS). The ETRO/KCHD SNS Plan describes the process and can be found in Annex P.

XII. Investigation and Preparedness Activities

A. Investigation

Investigation activities are those that would eliminate or reduce the probability of a destructive event from occurring, or lessen its damaging effects. This is accomplished with sufficient surveillance measures and/or prompts notification to initiate the Emergency Response Plan and will strengthen KCHD's ability to protect the public. See Annex N.

B. Preparedness

Preparedness activities serve to develop response capabilities that may be needed if an implementation of the ERP is requested. Planning and training are among the activities conducted for such events. Other examples include the development of warning and communication systems, conducting exercises, and the development of mutual-aid agreements.

XIII. Response and Recovery Actions

Response is the process of providing mass vaccination/dispensing to the citizens of Knox County. This response is designed to mitigate the potential detrimental health impact on Knox County citizens.

The central point of coordination for all local emergency operations will be the KEMA-EOC. This is to ensure harmonious response when an emergency arises that would involve more than one agency or political entity. In order to successfully manage the event, KEMA-EOC will open and follow the normal notification process: Depending on the event's magnitude, notification may include not only local, but also state and federal agencies, including the Tennessee Emergency Management Agency (TEMA). TEMA would coordinate all state agencies from Nashville and the Field Command Centers.

KCHD will be responsible for notifying key community partners from every agency involved in responding to the event. Although there may be dual notification, redundancy will assist in ensuring notification of key stakeholders. Pre-determined assignments have been established for KCHD personnel as well as identified Knox County government management staff.

A. Knoxville/Knox County Emergency Management Agency

1. Activation and operation of EOC.
2. Keep appropriate government officials updated of the situation.
3. Notify appropriate local, state, and federal agencies.
4. Maintain information flow between agencies represented.
5. Coordinate any assistance requested by KCHD with the overall operation.

B. Emergency Medical Services

1. Provide ambulance/medical personnel for the PODs or develop a response plan for sites or staging areas, if requested.
2. Provide ambulance/medical personnel for the SNS warehouse during operation hours.

C. Knox County School System

1. Provide concessions to volunteers at POD sites and identified staging areas.
2. Provide administrative staffing for POD sites, which could include principals, assistant principals, or other designated staff during operational hours.
3. Provide maintenance staff to assist with the cleanliness of the site, and initiate set-up of each site or staging areas, and assist with storage of biohazard waste.
4. Assist in the transporting of supplies from KCHD, and/or SNS warehouse to POD sites using school maintenance vans and personnel.
5. Provide, through already established contracts, school buses to assist in the transporting of the population from staging areas to POD sites.
6. Ensure school management is available for consultation during the event.
7. Designate school personnel to serve as team leaders and assistant team leaders for their schools, working with POD managers from KCHD.
8. Provide administrative offices as a command center, as well as the use of telephones, and fax machines.
9. Provide security for the PODs during non-operating hours.

D. City/County Attorney

Provide legal/technical advice to the County/City Mayors, County Health Department director, and/or PHOs during the event.

E. Medical Examiner

Arrange for removal/disposition of deceased, working with area funeral homes and respective directors.

F. County/City Mayor

Head the direction/control group in the KEMA-EOC for their respective governments during this event, to include the County Finance Director, or designee.

G. Knox County Sheriff's Department

1. Provide security at the POD sites.
2. Provide security at staging areas outside the city.
3. Provide transport of vaccine/medicine to and from POD sites, if requested.
4. Provide management personnel at the EOC.

H. City of Knoxville, Police Department

1. Provide security at POD sites within the city.
2. Provide security at staging areas within the city.
3. Provide the transport of vaccine/medicine to and from the POD sites, if requested.
4. Provide management personnel at the EOC.

I. County/City Maintenance Department

1. Provide traffic control devices for POD sites and staging areas, if requested.
2. Provide manpower and vehicles, if requested.
3. Assist in securing additional contacts for traffic control devices.

J. Tennessee State Guard

Assist with security at POD sites or staging areas.

K. County/City Reserve Law Enforcement

Provide security at POD sites, staging areas, SNS, and the Knox County Health Department.

L. County/City Parks & Recreation

Provide personnel and vehicles for POD sites and staging areas, if requested.

M. Knox Area Transit Authority

Provide transportation to POD sites and return to staging areas.

N. Knox County School Bus Association

Provide transportation to POD sites and return to staging areas.

O. Knox Area Hospitals

1. Coordinate vaccination/oral medication distribution with Knox County Regional Hospital Coordinator (RHC), and/or SDC Leader.
2. Coordinate additional supplies through KCHD RHC.
3. If requested, advise the KCHD RHC of bed availability.

P. Local Ham Radio Association (METERS)

Establish Ham Radio communications for PODS, collection points, KROC, SNS Warehouse.

Q. American Red Cross

1. Establish Screening and Training satellite centers throughout Knox County.
2. Determine volunteer eligibility via interview and screening forms. Verify driver's license and form file on volunteer.
3. Determine job assignment for volunteers: medical vs. non-medical; KCHD use or other appropriate volunteer service.
4. Deploy volunteer to Volunteer Coordination Center for POD assignment.
5. Coordinate mental health volunteers for POD sites.

R. Mental Health Association

1. Recruit mental health volunteers for POD sites.
2. If requested, provide/coordinate psychological support for health care workers and families.

XII. Maintenance and/or Training

In order to maintain up-to-date testing of resources and personnel, KHCD will update personnel, both volunteer and governmental, every year, as well as schedule and conduct required exercises through the Tennessee Department of Health. Other exercises will be scheduled in conjunction with KEMA and the State Office of Homeland Security.

The Knox County Health Department is committed to retraining County employees on a yearly basis to ensure personnel will be able to do their assigned tasks when called upon.