



Chatham County Disaster Recovery Plan

RECOVERY SUPPORT FUNCTION 3: HEALTH AND SOCIAL SERVICES

SEPTEMBER 2015

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INTRODUCTION

- A. *Recovery Support Function (RSF) 3: Health and Social Services Annex* (Annex) to the Chatham County Disaster Recovery Plan (DRP) serves to identify a range of actions specific to support and coordinate recovery from incidents that have a long-term human, and health and medical impact to Chatham County.
- B. This Annex provides human services and health and medical partners within Chatham County agencies, nongovernmental organizations, and community organizations with operational guidance necessary to support long-term recovery activities in the aftermath of a disaster or emergency that results in a long-term impact to the community.
- C. Consistent with the DRP, this Annex is a living document. Chatham County Emergency Management Agency (CEMA) acknowledges additional recovery issues will be identified in the future and will be included in revised editions of this document.

PURPOSE

The *Health and Social Services Annex RSF* is responsible for addressing the coordination of the county's public, private, and non-profit sector efforts to ensure adequate provision of public health, health care, social, and human services to affected individuals and communities. As disasters grow, the *Health and Social Services Annex RSF* agencies will coordinate efforts with those applicable state and federal agencies.

SCOPE AND APPLICABILITY

The *Health and Social Services Annex RSF* is broken down into two functional areas:

- a. Social and Human Services Recovery
- b. Health and Medical Recovery

Social and Human Services Recovery is focused on coordinating local efforts (and with state and federal recovery programs, as appropriate) designed to sustain the community's social and human services operations during disaster recovery. Such functions are inclusive of provision of mental health and spiritual counseling, as well as other social and human services. The Coordinating Agency will manage key social and human services stakeholders to pre-determine resource allocation from regional, state, and federal partners

to expedite the process of expanding, if necessary, the county’s social/human services capabilities.

Health and Medical Recovery is focused on coordinating local efforts (with state and federal recovery programs, as appropriate) designed to sustain the community’s health and medical services and functions. Such functions are inclusive of emergency and trauma care, other hospital services, community health clinics, and private physicians (especially general practitioners), public health services, and pharmacy services. Health and Medical Recovery will ensure public health issues are monitored and addressed as necessary. The Coordinating Agency will manage key health and medical stakeholders to pre-determine resource allocation from regional, state, and federal health and healthcare partners to expedite the process of expanding, if necessary, the county’s health service capabilities.

ASSUMPTIONS

- A. The planning assumptions identified in the base plan will also apply to this Recovery Support Function.
- B. Agencies and organizations will provide the services identified for this Recovery Support Function.
- C. The Coordinating Agency will actively engage the Supporting Agencies in planning, training, and exercises to ensure an effective operation upon activation.
- D. Typically Social and Human Services recovery will transition from Emergency Support Function (ESF) 6: Mass Care, Housing, and Human Services.
- E. Typically Health and Medical Recovery will transition from ESF 8: Public Health and Medical Services.

IMPLEMENTATION

- A. Consistent with the DRP, this Annex may be activated in whole, or in part, during disaster conditions as determined by the Chairman of the Chatham County Commission and the Director of CEMA, through the Command Policy Group (CPG).
- B. The CPG may determine to issue a Declaration of Local Recovery.
- C. In cases where there are long-term or ongoing needs from the public, local governments, or county agencies, *RSF 1: Disaster Recovery and Redevelopment Assistance Coordination and Planning Annex* may specifically be activated.

CONCEPT OF OPERATIONS

GENERAL

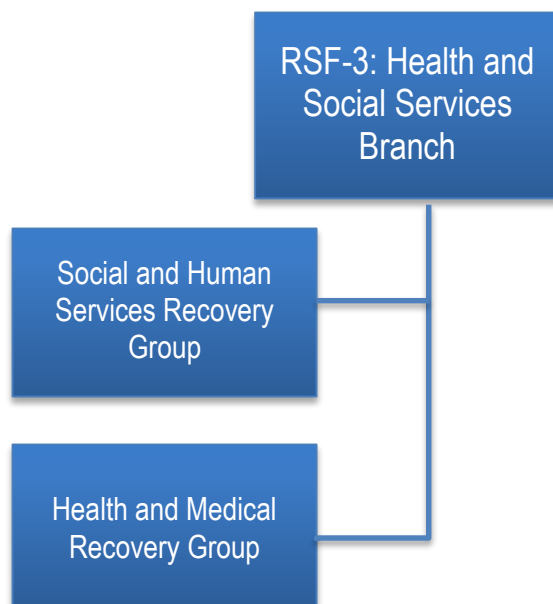
During recovery, CEMA will support the organizational structure to respond to the health and social service needs as a result of the disaster.

ORGANIZATION

During recovery, Health and Social Services will become a branch in recovery operations. See the Base Plan for overall recovery organization. The Health and Social Services Branch will have two groups: 1) Social and Human Services Recovery Group, and 2) Health and Medical Recovery Group.

Agencies engaged in health and social services recovery will provide support to the Social and Human Services Group and/or the Health and Medical Group as appropriate and will be led by the **Chatham County Health Department who will serve as the coordinating agency for RSF-3**. A suggested membership list for each group is proposed below.

Recovery Support Function 3 Organization Chart



SOCIAL AND HUMAN SERVICES RECOVERY GROUP

	Department / Entity
Coordinating Agency	Chatham County Division of Family and Children Services
Supporting Agencies and Cooperating Organizations	CEMA Chatham County Health Department Citizen Corps Faith-based Community Savannah-Chatham Animal Control Savannah-Chatham County Public School System/Board Savannah Georgia Salvation Army Southeast & Coastal Georgia American Red Cross Women, Infants and Children’s Nutrition Program (WIC)

HEALTH AND MEDICAL RECOVERY GROUP

	Department / Entity
Coordinating Agency	Chatham County Health Department
Supporting Agencies and Cooperating Organizations	CEMA Centers for Disease Control and Prevention Chatham County Hospitals and Medical Centers Chatham County Public Works Department Chatham County Water & Sewer Division of Family and Children Services Georgia Coastal Health District Georgia Department of Agriculture Georgia Department of Natural Resources Medical Facilities and Nursing Homes Medical Reserve Corps Pharmaceutical Savannah Fire & Emergency Services Savannah Georgia Salvation Army Southeast & Coastal Georgia American Red Cross Southside Emergency Medical Services U.S. Department of Agriculture

OPERATIONS

For recovery, health and social services are broken down into three main categories:

- Pre-Event and Preparedness – Objectives and actions to take place prior to a disaster.
- Short-term Recovery – Objectives/actions to be addressed as quickly as possible after the activation of the Recovery Committee, excluding immediate life-safety and property protection actions/objectives. Some of these objectives/actions may start during the response phase, but will transition into short-term recovery.
- Intermediate and Long-term Recovery – Objectives/actions characterized by operations that may provide sustained temporary measures to bridge the gap into permanent solutions, or return life to normal or an improved state.

The following pages break down operations in each of these three categories for the two Branches within Health and Social Services.

PRE-EVENT AND PREPAREDNESS OPERATIONS

Social and Human Services Recovery Group

- Plan for Service and Information Centers that will provide “one-stop-shop” to help streamline case management and identification and coordination of unmet needs. These centers will serve as central locations to apply for various types of social and human services, including: special needs assistance, case management, crisis counseling, family recovery assistance, child care services, and nutrition
- Facilitate development and maintenance of long-term disaster case management system
- Chatham County Division of Family and Children Services will serve as Coordinating Agency for Social and Human Services Recovery Group

Health and Medical Recovery Group

- Participate in the development and maintenance of long-term disaster case management
- Plan for Service and Information Centers, specifically the provision of resources and information related to health and medical needs
- Develop a plan to monitor animal disease outbreak and/or pest infestation

- Develop medical surge logistics plan to accommodate for surge needed for local health department, hospital, and medical facilities capabilities. The plan should be inclusive of staffing and supply capacity, as well as facility capacity (including triage)
- Enhance Medical Reserve Corps capabilities
- Chatham County Health Department will serve as Coordinating Agency for Health and Medical Recovery Group

SHORT-TERM RECOVERY

Social and Human Services Recovery Group

- Provide short-term sheltering and feeding
- Coordinate provision of all other non-medical mass-care services and commodities, to include emergency first-aid, bulk distribution of emergency relief items (e.g. potable water, gasoline, heating oil, diapers, milk/formula, etc.)
- Providing staffing, expertise, and program support to Service and Information Centers to perform needs assessments.
- Identify and bring into the system children who may newly be custodians of the Chatham County due to a disaster incident
- Provide family reunification services (see Emergency Operations Plan (EOP) Appendix 8-3 Family Assistance Center)
- Maintain and provide other essential social and human services, that include but are not limited to:
 - Crisis counseling (psychological and spiritual)
 - Management and distribution of emergency food stamps
 - Child protection and adoption
 - Care for the elderly
 - Job Assistance
 - Insurance Assistance (See Appendix 3-4)
 - Education
 - Nutrition services
 - Childcare services
 - Child services information hotline
 - Other basic human services as needed via Services and Information Centers or through other unmet needs
- Provide for safety, well-being, and as necessary, reunification of household pets and service animals

- Provide public information related to social and human services, including mental health and spiritual issues for distribution through the Recovery Public Information Officer (RPIO)
- Provide support to staff, contractors, and volunteers, to include mental health and spiritual services, as needed

Health and Medical Recovery Group

- Monitor health hazards, including:
 - Public health threats resulting from animal disease or food supply-chain contamination
 - Water system contamination
 - Potential failures of public utilities or services such as sewerage or waste removal
 - Assessing sanitation conditions to prevent contact with hazardous wastes that result from the consequences of the disaster
 - Disease transmission resulting from sheltering or other conditions in which populations are in close quarters
 - Other issues
- Support shelters, as necessary
- Work with the CDC to implement or maintain isolation quarantine in response to disease outbreaks resulting from or exacerbated by the disaster
- Provide staffing, expertise, and program support to service and information centers
- Ensure provision of basic health and medical services and supplies, to include, but not limited to:
 - Ensuring immediate and other health and medical services in coordination with the hospitals and other health care facilities in Chatham County
 - Monitoring and ensuring supplies of necessary pharmaceuticals and other medical supplies
 - Ensuring provision of emergency medical transportation services (not directly related to the disaster/incident)
 - Coordinating non-emergency medical transportation for functional medical needs populations
 - Protection of the water supply
 - Ensuring food safety
 - Providing emergency foods stamps
 - Ensuring provision of mortuary services
 - Active disease surveillance
 - Preventing and controlling disease outbreaks

- Health service delivery functions
- Provide health services, including mental health services, to staff, contractors, and volunteers
- Monitor the safety and security of health facilities, including pharmacies, clinics, and other facilities providing health services as resources
- Monitor status of Health Department regulated facilities, including restaurants, schools, and other facilities
- Provide public information related to health and medical services to the RPIOs
- Monitor private and non-profit sector healthcare funding issues
- Maintain ongoing healthcare professional recruitment and training

INTERMEDIATE AND LONG-TERM RECOVERY

Social and Human Services Recovery Group

- Manage transition back to normal provision of social and human services

Health and Medical Recovery Group

- Provision of ongoing health and medical unmet needs, and development of altered standards of care plan, as necessary, based on impact of disaster/incident
- Approve reopening of Health Department regulated facilities, including restaurants, schools, and other facilities
- Manage transition back to normal provision of health and medical services

COMMUNICATIONS

Social and Human Services Recovery Group members will communicate with each other using telephones, text, or email depending on which mode is functioning. To the greatest extent possible, Social and Human Services Recovery Group agencies will leverage established communication mechanisms, including listserv, email groups, and messaging boards to facilitate coordination.

Health and Medical Recovery Group members will communicate with each other using telephones, text, or email depending on which mode is functioning. To the greatest extent possible, the Health and Medical Recovery Group agencies will leverage established communication mechanisms, including listserv, email groups, and messaging boards to facilitate coordination.

Messaging to the public regarding Health and Social Services support will be coordinated through the Joint Information Center (JIC) established to support recovery. This might include coordination with CEMA, including social media and mass alerts.

RESPONSIBILITIES

CHATHAM COUNTY HEALTH DEPARTMENT

- Chatham County Health Department will serve as the coordinating agency for RSF-3
- Chatham County Health Department will serve as the Health and Medical Recovery Branch lead
- Notify support agencies when RSF-3 has been activated
- Lead, in coordination with Division of Family and Children Services and CEMA, development of the long-term disaster case management system
- Lead planning for Service and Information Centers in coordination with Division of Family and Children Services
- Develop Animal and Plant Disease or Pest Infestation Plan
- Monitor private and non-profit sector healthcare funding issues
- Develop a plan and communication materials, in coordination with CEMA, for voluntary medical-needs self-identification
- Plan for Service and Information Centers, in coordination with CEMA
- Develop medical surge logistics plan
- Enhance Medical Reserve Corps capabilities
- Maintain ongoing healthcare professional recruitment and training
- Monitor health hazards
- Support shelters, as necessary
- Ensure provision of basic health and medical services and supplies
- Provide health services to recovery staff, contractors, and volunteers
- Monitor the safety and security of health facilities
- Implement or maintain isolation and quarantine
- Provide staffing, expertise, and program support to Service and Information Centers
- Monitor status of Health Department regulated facilities
- Provide public information to RPIO related to health and medical services
- Provide support to ongoing health and medical unmet needs
- Approve re-opening of Health Department regulated facilities
- Manage transition back to normal provision of health and medical services

CHATHAM COUNTY DIVISION OF FAMILY AND CHILDREN SERVICES

- Division of Family and Children Services will serve as the Social and Human Services Recovery Group lead
- Will notify Social and Human Services agencies when activation of the RCC has occurred
- Will notify Social and Human Services agencies when RSF-3 has been activated
- Division of Child Support Services will coordinate the placement of unaffiliated minors
- Will coordinate with CEMA and Chatham County Health Department to develop the long-term disaster case management system
- Will coordinate the county's family reunification process in coordination with the American Red Cross
- Coordinate with Chatham County Health Department and CEMA to plan for Service and Information Centers
- Provide administrative support to the Health and Social Services recovery operations

CHATHAM COUNTY EMERGENCY MANAGEMENT AGENCY

- CEMA will notify the Chatham County Health Department when RSF-3 has been activated
- CEMA will notify the Chatham County Health Department when activation of the RCC has occurred
- CEMA will support notification of Health and Social Services agencies in the event of an emergency or disaster
- CEMA will provide guidance and support to the Social/Human Branch and the Health/Medical Branch, including staffing support
- Coordinate with the Chatham County Health Department and Division of Family and Children Services to develop the long-term disaster case management system
- Will be the primary support planning for Service and Information Centers, in coordination with Chatham County Health Department and Chatham County Division of Child Support Services
- Coordinate with the private sector to establish recovery services, as possible

SAVANNAH – CHATHAM COUNTY PUBLIC SCHOOL SYSTEM/BOARD

- May provide facilities for health and social services for recovery
- As possible, will provide recovery related community programs
- Will provide resources for student enrollment or transfers as a result of the disaster

- As possible, may provide childcare services

SAVANNAH/CHATHAM ANIMAL CONTROL

- Savannah/Chatham Animal Control will lead pet sheltering
- Savannah/Chatham Animal Control will coordinate pet reunification services

CITIZEN CORPS

- Citizen Corps will provide volunteers as needed for the community service and/or health and medical related recovery process

FAITH-BASED COMMUNITY

- The Chatham faith-based community will provide services to address unmet needs as identified through the recovery process

SOUTHSIDE FIRE AND EMS

- Monitor health hazards
- Support shelters, as necessary

HOSPITALS AND MEDICAL FACILITIES

- Monitor health hazards
- Implement or maintain isolation quarantine as per facility protocol, or as directed by county, state, or federal Health Departments
- Provide support to ongoing health and medical unmet needs

LONG-TERM MEDICAL FACILITIES AND NURSING HOMES

- Monitor health hazards
- Implement or maintain isolation and quarantine as per facility protocol, or as directed by county, state, or federal Health Departments

MEDICAL RESERVE CORPS

The Medical Reserve Corps will provide volunteers in the case of a natural disaster that causes an emergency regarding public health or a need for medical care services

DIRECTION, COORDINATION AND CONTROL

To ensure scalability and flexibility in the mobilization of recovery operations, the Human Services or Health and Medical Recovery Group may be activated (for Incident Command System (ICS)-purposes) as a branch, group, unit, or division, and may be functionally or geographically subdivided, at the discretion of the Operations Section Chief, as circumstances dictate and consistent with ICS.

ANNEX MANAGEMENT AND MAINTENANCE

CEMA is the executive agent for this Annex, including administration and maintenance. Supporting documents will be updated periodically to incorporate new direction and changes based on lessons learned, exercises, and actual events.

Changes will include additions, supplemental material, and deletions. No proposed change should contradict or override authorities or other plans contained in statute, order, or regulation. Any department or agency with assigned responsibilities within the Annex may propose a change. CEMA is responsible for coordinating proposed modifications to the Appendices with Coordinating Agencies, Support Agencies, and other stakeholders. CEMA will coordinate review and approval for proposed modifications as required.

After any coordination is conducted, including approval of final language, CEMA will issue an official Notice of Change. The notice will specify the date, number, subject, purpose, background, and action required, and provide the change language on one or more numbered and dated inserted pages replacing the modified pages in the Annex. Modifications will be considered part of the DRP for operational purposes pending the formal revision and re-issuance of the final Annex. Interim changes can be further modified or updated using the above process. CEMA will distribute the Notice of Change to participating agencies, specifically identified coordinating and support agencies.

CEMA is responsible for an annual review of the entire DRP and a complete revision every two years (or more frequently if the County Commission or GEMA deems necessary).

APPENDICES

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APPENDIX 3-1 HEALTH AND SOCIAL SERVICES POSITION CHECKLISTS

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RSF-3 – Health and Social Services Branch Coordinator Checklist

Preparedness Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Lead planning for Service and Information Centers in coordination with Chatham County Division of Child Support Services <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Recovery Center <input type="checkbox"/> Insurance Assistance Center <input type="checkbox"/> Disaster Unemployment <input type="checkbox"/> Disaster Job Fair <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Lead, in coordination with Chatham County Division of Family and Children Services and Chatham County Health Department to develop the long-term disaster case management system <input type="checkbox"/> Develop Animal and Plant Disease or Pest Infestation Plan in coordination with Chatham County Health Department 	

Recovery Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Notify the following Health and Social Services Group Leaders of RCC activation <ul style="list-style-type: none"> <input type="checkbox"/> Social and Human Services <input type="checkbox"/> Health and Medical 8 <input type="checkbox"/> Coordinate with Health and Social Services Group Leads to determine need to activate part / all of RSF 3 <input type="checkbox"/> Notify the following Health and Social Services Group Leads of RSF activation <ul style="list-style-type: none"> <input type="checkbox"/> Social and Human Services <input type="checkbox"/> Health and Medical <input type="checkbox"/> Determine conference call or in person meeting schedule with Health and Social Services Group Leads <input type="checkbox"/> With Health and Social Services Group Leads, coordinate need for, services provided within, and operations of Health and Social Services 'Service and Information Centers' <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Recovery Center 	

<ul style="list-style-type: none"><input type="checkbox"/> Insurance Assistance Center<input type="checkbox"/> Disaster Unemployment<input type="checkbox"/> Disaster Job Fair<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____<input type="checkbox"/> Provide guidance and support to the Social/Human Group and the Health/Medical Group, including staffing support, as necessary.<input type="checkbox"/> Coordinate Health and Social Services related public information gathering with Health and Social Services Group Leads<ul style="list-style-type: none"><input type="checkbox"/> Social and Human Services<input type="checkbox"/> Health and Medical	
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Social and Human Services Recovery Group Lead Checklist

Preparedness Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> At the direction of CEMA, participate in planning for Service and Information Centers <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Recovery Center <input type="checkbox"/> Insurance Assistance Center <input type="checkbox"/> Disaster Unemployment <input type="checkbox"/> Disaster Job Fair <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> At the direction of CEMA, participate in planning for the long-term disaster case management system <input type="checkbox"/> Establish Social and Human Services Recovery Group, which may include agencies/organizations that provide the following services: <ul style="list-style-type: none"> <input type="checkbox"/> Short-term sheltering and feeding <input type="checkbox"/> Family reunification <input type="checkbox"/> Child protection / adoption <input type="checkbox"/> Needs assessments <input type="checkbox"/> Long-term disaster case management <input type="checkbox"/> Household pet reunification <input type="checkbox"/> Crisis counseling (psychological and spiritual) <input type="checkbox"/> Management/Distribution of emergency food stamps <input type="checkbox"/> Job Assistance (disaster unemployment and/or job fairs) <input type="checkbox"/> Insurance assistance <input type="checkbox"/> Care for the elderly <input type="checkbox"/> Education <input type="checkbox"/> Nutrition services <input type="checkbox"/> Childcare services <input type="checkbox"/> Child information services 	

Recovery Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Notify Social and Human Services Group agencies of RSF-3 Activation and specific Service and Information Centers 	

<p>activation</p> <ul style="list-style-type: none"><input type="checkbox"/> Disaster Recovery Center<input type="checkbox"/> Insurance Assistance Center<input type="checkbox"/> Disaster Unemployment<input type="checkbox"/> Disaster Job Fair<input type="checkbox"/> Other _____<input type="checkbox"/> Other _____ <p><input type="checkbox"/> Determine conference call or in person meeting schedule with Social and Human Services Recovery Group agencies</p> <p><input type="checkbox"/> Facilitate coordination of Social and Human Services recovery operations, which may include:</p> <ul style="list-style-type: none"><input type="checkbox"/> Short-term sheltering and feeding<input type="checkbox"/> Family reunification<input type="checkbox"/> Child protection / adoption<input type="checkbox"/> Needs assessments<input type="checkbox"/> Long-term disaster case management<input type="checkbox"/> Household pet reunification<input type="checkbox"/> Crisis counseling (psychological and spiritual)<input type="checkbox"/> Management/Distribution of emergency food stamps<input type="checkbox"/> Job Assistance (disaster unemployment and/or job fairs)<input type="checkbox"/> Insurance assistance<input type="checkbox"/> Care for the elderly<input type="checkbox"/> Education<input type="checkbox"/> Nutrition services<input type="checkbox"/> Childcare services<input type="checkbox"/> Child Information services <p><input type="checkbox"/> Coordinate Social and Human Services related public information gathering with Social and Human Services Group agencies</p> <p><input type="checkbox"/> Staff Service and Information Centers as needed</p> <ul style="list-style-type: none"><input type="checkbox"/> Disaster Recovery Center<input type="checkbox"/> Insurance Assistance Center<input type="checkbox"/> Disaster Unemployment<input type="checkbox"/> Disaster Job Fair	
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CHATHAM COUNTY DISASTER RECOVERY PLAN – RSF-3

<input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	
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Health and Medical Recovery Group Lead Checklist

Preparedness Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> At the direction of CEMA, participate in planning for Service and Information Centers <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Recovery Center <input type="checkbox"/> Insurance Assistance Center <input type="checkbox"/> Disaster Unemployment <input type="checkbox"/> Disaster Job Fair <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> At the direction of CEMA, participate in planning for the long-term disaster case management system <input type="checkbox"/> In coordination with CEMA develop the Animal and Plant Disease or Pest Infestation Plan <input type="checkbox"/> Establish Health and Medical Recovery Group, which may include agencies/organizations that provide the following services: <ul style="list-style-type: none"> <input type="checkbox"/> Continuity of medical facility operations <input type="checkbox"/> Continuity of health services delivery functions <input type="checkbox"/> Continuity of pharmaceutical and other medical supply availability <input type="checkbox"/> Continuity of non-emergent medical transportation of access and functional needs populations <input type="checkbox"/> Provision of food stamps <input type="checkbox"/> Provision of disaster related mortuary services <input type="checkbox"/> Active disease surveillance <input type="checkbox"/> Prevention and controlling of disease outbreaks <input type="checkbox"/> Provision of health services to recovery staff, contractors, and volunteers <input type="checkbox"/> Monitoring safety of health facilities <input type="checkbox"/> Monitoring status of Health Department-regulated facilities 	

Recovery Phase	Notes
<ul style="list-style-type: none"> <input type="checkbox"/> Notify Health and Medical Group agencies of RSF-3 Activation and specific Service and Information Centers activation <ul style="list-style-type: none"> <input type="checkbox"/> Disaster Recovery Center <input type="checkbox"/> Insurance Assistance Center <input type="checkbox"/> Disaster Unemployment <input type="checkbox"/> Disaster Job Fair <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____ 	

CHATHAM COUNTY DISASTER RECOVERY PLAN – RSF-3

<ul style="list-style-type: none"><input type="checkbox"/> Determine conference call or in person meeting schedule with Health and Medical Group Recovery Group agencies<input type="checkbox"/> Facilitate coordination of Health and Medical recovery operations, which may include:<ul style="list-style-type: none"><input type="checkbox"/> Continuity of medical facility operations<input type="checkbox"/> Continuity of health services delivery functions<input type="checkbox"/> Continuity of pharmaceutical and other medical supply availability<input type="checkbox"/> Continuity of non-emergent medical transportation of access and functional needs populations<input type="checkbox"/> Provision of food stamps<input type="checkbox"/> Provision of disaster related mortuary services<input type="checkbox"/> Active disease surveillance<input type="checkbox"/> Prevention and controlling of disease outbreaks<input type="checkbox"/> Provision of health services to recovery staff, contractors, and volunteers<input type="checkbox"/> Monitoring safety of health facilities<input type="checkbox"/> Monitoring status of Health Department-regulated facilities<input type="checkbox"/> Determine, as necessary, alternate standards of care plan based on the disaster<input type="checkbox"/> Monitor private- and non-profit sector healthcare funding issues<input type="checkbox"/> Coordinate Health and Medical related public information gathering with Social and Human Services Group agencies<input type="checkbox"/> Maintain ongoing healthcare professional recruitment and training	
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APPENDIX 3-2 INSURANCE ASSISTANCE CENTER COORDINATION

Based on the impact of a disaster, an Insurance Assistance Center (IAC) may be deemed necessary to support recovery operations. The IAC will serve as a location where people who have questions or complaints about filing insurance claims in the wake of the disaster can meet in-person with insurance experts as provided by the county, non-profit, or state. Depending on the extent of the emergency, and IAC may operate within a larger DRC (see RSF-1).

Affected individuals can discuss the following with IAC representatives:

- Questions about insurance claims processes.
- Assistance with help seeking resolution with an insurer.
- Assistance with obtaining release of insurance money.
- Assistance with help to file official complaints against insurers.
- Information about city, state and federal relief programs (including FEMA's National Flood Insurance Program, if applicable).

The IAP would be initiated by CEMA and through MOU, activated and staffed by the State of Georgia's Insurance Commission. If a Disaster Recovery Center is activated, the IAC would be co-located within the DRC.

APPENDIX 3-3 HUMAN AND ANIMAL DISEASE SURVEILLANCE PROCEDURES

HUMAN DISEASE SURVEILLANCE

During and after a disaster, disease surveillance should be an integral and key component of government public health initiatives. For more information, refer to the Maritime Communicable Disease Management Plan, Pandemic Flu Management Plan, and the Epidemiological Investigation Plan.

ANIMAL DISEASE SURVEILLANCE

According to the Animal and Consumer Protection Department, disease surveillance should be an integral and key component of all government veterinary services (<http://www.fao.org/docrep/004/X2096E/X2096E05.htm>). This is important for early warning of diseases, planning and monitoring of disease control programs, provision of sound animal health advice to farmers, certification of export livestock and livestock products and international reporting and proof of freedom from diseases. It is particularly important for animal disease emergency preparedness.

It is beyond the scope of this manual to deal comprehensively with the requirements of disease surveillance. Reference should be made to the FAO animal disease surveillance handbook, which is in preparation. However, the approaches to be adopted for a comprehensive system of disease surveillance are summarized below. Reference should also be made to the Chatham Animal Control Rabies Plan.

ACTIVE DISEASE SURVEILLANCE

Active disease surveillance requires purposeful and comprehensive searching for evidence of disease in animal populations or for verification that such populations are free of specific diseases. Active disease surveillance programs may be of a catch-all nature to detect any significant disease occurrences, targeted against specific high-threat diseases or designed to monitor the progress of individual disease control or eradication campaigns.

The components of successful active disease surveillance programs are:

- close integration between the activities of field and laboratory veterinary services;
- regular visits to farming communities for farmer interviews about diseases, provision of animal health advice, clinical examination of livestock and, when appropriate, postmortem examinations and collection of diagnostic specimens including serum samples. Emphasis should be given to critical areas identified by disease risk analyses and other epidemiological assessments;
- participatory rural appraisal programs for epidemiological evaluation of specific diseases;
- utilization of disease information from all potential sources in the public and private sector, including veterinary inspections at abattoirs, private veterinary practitioners and veterinarians in commercial livestock industry positions;
- gathering of ancillary information to support prioritization and decision-making on animal health programs, e.g. livestock production and socio-economic data;
- periodic targeted serological surveys in animal populations. These may be used either to detect the spread of infection or to prove freedom from infection. They are also occasionally used to monitor the effectiveness of vaccination campaigns. Serological surveys should be carefully designed to yield statistically valid information on the disease status of animal populations. There is often an inherent difficulty in interpreting the results of serological surveys where both vaccination and

natural infection are occurring, but this may be overcome to some extent by selecting appropriate serological tests.

Epidemic livestock diseases are frequently spread by the movement of infected animals. In active disease surveillance of such diseases, emphasis must be given to situations where animals and people are on the move. This includes livestock markets, livestock trading routes, border areas and situations such as nomadism, transhumance and refugee movements from wars and civil strife.

PASSIVE DISEASE SURVEILLANCE

Passive disease surveillance is the routine gathering of information on disease incidents from sources such as requests for assistance from farmers, reports from field veterinary officers and livestock officers, submission of diagnostic specimens to laboratories and the results of laboratory investigations. Routine disease reports may also come from other sources such as abattoirs and livestock markets.

It is important that passive surveillance systems be strengthened and that the disease information they yield be effectively captured and analyzed. However, it should be recognized that complete reliance on passive surveillance usually leads to significant underreporting of diseases. It is essential that passive surveillance be supplemented by a strong system of active disease surveillance, particularly for emergency animal diseases.

EMERGENCY DISEASE REPORTING

Most if not all countries have evolved disease reporting mechanisms that are primarily designed for routine endemic disease occurrences. These mechanisms often suffer from one or more serious deficiencies, including overlong reporting chains from local to district to provincial and finally to national offices, with the consequent risk of inordinate delays and distortion of information at each level; and collection and transmission of information that is based on poor epidemiological surveillance or diagnostic methods or is inadequate for good disease control decision-making.

For these reasons, special emergency disease reporting mechanisms for potentially serious disease outbreaks or incidents must be put in place as an essential component of preparedness plans. These should allow critical epidemiological information to be transmitted to national veterinary headquarters rapidly and efficiently, preferably on the same day. This may be done by telephone, facsimile, e-mail, radio, or courier-whichever is the most appropriate for the circumstances and the location. Local and regional veterinary offices should in any case be provided with the necessary communications equipment and field and laboratory staff should have a list of contacts and alternatives so that emergency disease reports may be received and acted upon quickly at their destinations.

In the case of an emergency report on a disease outbreak or incident, the basic information that needs to be conveyed is:

- the disease or diseases suspected;
- the exact geographical location of the disease outbreak(s);

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- the names and addresses of affected farms or villages;
- livestock species affected;
- approximate numbers of sick and dead animals;
- brief description of clinical signs and lesions observed;
- date(s) when the disease was first noticed at the initial outbreak site and any subsequent sites;
- details of any recent movements of susceptible animals to or from the outbreak farm or village;
- any other key epidemiological information, such as disease in wild or feral animals and abnormal insect activity;
- initial disease control actions taken.

APPENDIX 3-4 MEDICAL FACILITY AND STAFFING ASSESSMENT

Hospital Disaster Preparedness Self-Assessment Tool

APPENDIX 3-5 RECONNECTING DISPLACED HUMAN/ANIMAL POPULATIONS

Emergencies and disasters may result in shelter-in-place and local shelter operations. Following these kinds of events, displaced populations, household pets, and other animals may be separated. This document provides an overview of how these animals and displaced populations can be reconnected following an emergency or disaster.

Response Operations

Tasks that are undertaken during the Recovery Phase is described under ESF-11, Agriculture and Natural Resources, Appendix 11-1, Animals in Disaster. Appendix 11-1, Animals in Disaster also outlines general concepts around Recovery specific to Animals.

Recovery Operations

Phase 1: During the first phase of reentry, first responders and personnel will be allowed to re-enter. No animals other than those used in search and rescue operations will be allowed into the area.

Phase 2: During the second phase of reentry staff will be designated for animal recovery once roads are cleared and will be available as requested to assist emergency crews.

Phase 3: During the third phase of reentry, rescued animals will be held for a minimum of ten days after the public can access shelters, at which time adoption eligibility occurs. Positive identification of owners seeking pets will be required.

Phase 4: During demobilization, animal recovery locations will close when local animal support agencies and organizations have reestablished operations and are capable of receiving and have adequate staff to support the return of animals to their shelters.

In addition to these tasks, specific tasks to support reconnecting displaced human and animal populations should be undertaken. These tasks for Preparedness and Recovery are identified below.

Preparedness Tasks

During preparedness operations, certain tasks can be undertaken to support reunification of displaced human and animal populations following disasters. In order to support reunification as well as long-term animal support, the following preparedness tasks should be taken.

- 1) Develop a tracking system to more effectively support the process of reunification of separated families with household pets. This tracking system may be incorporated into

other tracking systems developed to support evacuation and shelter operations.

Additional items that might be tracked include durable medical equipment and personal items such as luggage.

- 2) Develop a system for the replacement of lost or missing service animals in coordination with animal services, animal control, social services, nonprofit and for-profit organizations. This might include a list of nonprofit, for-profit and free-service providers that provide service animals and guide dogs.
- 3) Identify and map facilities that may have a large number of individuals with animals, such as congregate older housing complexes or licensed care facilities.
- 4) Provide information to the public on having a predetermined meeting place and out-of-state points of contact in case of separation. This might also include a neighbor or other trusted agent to check on or evacuate household pets in the event of an emergency or disaster.

Recovery Tasks

During recovery operations, the following tasks can be undertaken to support reunification of displaced human and animal populations. These tasks include:

- 1) Use a system for collecting information on displaced persons and pets for reunification such as:
 - a. Name
 - b. Date of birth
 - c. Pre-disaster address/point of origin
 - d. Access and functional needs information
 - e. Durable medical equipment and service animals
 - f. Children or dependent adults traveling with or separated from the evacuee
 - g. Household pet information

Additional data that may be collected if time permits, including:

- h. Cross-referenced names of family members, including minors
- i. Identifiers of personal items (e.g., luggage)
- j. Post-disaster contact phone number
- k. Emergency contact numbers
- l. Homeowner or renter
- m. Vehicle license plate

- n. Names of family members residing in the local host area

- 2) Leverage existing systems to track animals without owners, including microchips to aid in identification.
- 3) Collaborate with the RPIO, use social media, family and community networks to share information about found pets.

APPENDIX 3-6 FUNCTIONAL AND MEDICAL NEEDS COORDINATION

Assessment during a response and early recovery (when shelters are open) can assist with effective reintegration during the recovery from a disaster. This tool highlights two assessment methodologies used throughout the country to perform individual assessments on those with access and functional needs, 1) Functional Assessment Service Team (FAST) and 2) Communication, Medical, Independence, Supervision, and Transportation (C-MIST) framework for planning and response. This tool attempts to create standardization and understanding of the assessment methodology employed by those using each approach.

Functional Assessment Service Team

The purpose of the FAST program is to provide personnel to conduct functional assessments of persons with access and functional needs. This assessment will evaluate the needs that people with access and functional needs may have, and determine whether they can be supported within the general population shelter. Additionally, the information collected during through FAST may be used to assist individuals with reintegration into a community following a disaster.

FAST will work side by side with shelter personnel and other emergency response workers to assist in identifying and meeting essential functional needs so persons with access and functional needs can maintain their health, safety and independence during disasters.

The role of FAST is to conduct assessments of individuals and facilitate the process of getting essential resources needed by the residents that have access and functional needs. These may include durable medical equipment (DME), consumable medical supplies (CMS), prescribed medications, transportation or a person to assist with essential activities of daily living.

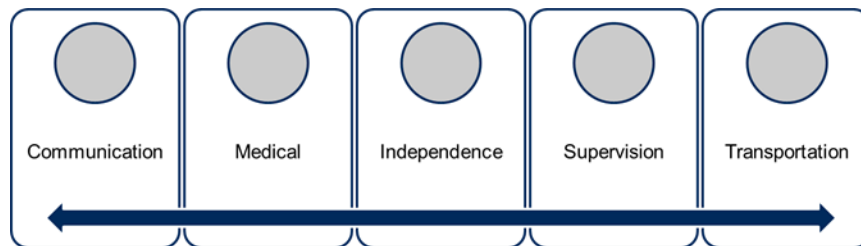
A FAST consists of trained government employees, medical reserve corps, non-governmental and community based organizations ready to respond and deploy to disaster areas to work in shelters. Resources within and around Chatham County for this recovery assessment include, but are not limited to:

- Savannah-Chatham Council on Disability Issues
- Chatham Council on Aging
- Coastal Center for Developmental Services
- Centralized Interpreter Referral Service (CIRS)
- Chatham County Association of the Deaf (CCAD)
- Coastal Empire Polio Survivors Association, Inc. (CEPSA)
- Department of Labor – Vocational Rehabilitation Program
- Living Independence for Everyone, Inc.

- Savannah Association for the Blind, Inc.
- Savannah-Chatham County Fair Housing Council (SCFHC)

Communication, Medical, Independence, Supervision, and Transportation framework

C-MIST attempts to identify individual needs based on standardized categorization. The categories of assessment are not intended to limit the scope of the assessment, only provide direction and a framework from which to operate. Populations are seen to have limitations of seeing, hearing, speaking, moving, breathing, understanding and learning. As part to the response process the many diverse needs are classified as follows:



Communication – This includes individuals with limited or no ability to speak, see, hear or understand. These communication barriers may be significantly exacerbated by the impact of a catastrophic incident where communication aids are unavailable or fail.

Medical – This includes individuals who require assistance managing daily activities such as eating, dressing, grooming, and going to the toilet. It also includes managing chronic, terminal, or contagious health conditions. Failure to identify these needs will likely be detrimental to the health of the individual. In some cases referral to more acute medical setting will be required.

Independence – This includes people who are able to function independently if they have their assistive devices and equipment. These needs can typically be met through durable medical equipment or access to power generation for device charging.

Supervision – People with supervision needs may include those who have psychiatric conditions, addiction problems, brain injury, or anxiousness. Pre-incident mental conditions can be exacerbated by the incident and lead to deterioration.

Transportation – Emergency response requires mobility and this category includes those unable to drive or without access to transportation. Accessible transportation options may need to be explored as part of these assessment criteria.

This framework can be used to identify functional needs and assist individuals to maintain independence through meeting the needs.

APPENDIX 3-7 ADULT SERVICES AND EMPLOYMENT SUPPORT

POST DISASTER JOB FAIRS

Following a disaster the public, private, and non-profit sectors may collaborate to host a post-disaster job fair to assist affected individuals find work. The idea behind such a fair is to create immediate employment opportunities by exposing qualified job seekers to employers with the intent to hire and stimulate the employment climate in Chatham County and create accelerated momentum in a recovering economy.

Jobs may be related to the rebuilding of the community (as was in the case of NYC following Superstorm Sandy with the 'Build it Back' program) or may be related to the provision of services not related to the disaster recovery.

If a job fair is initiated, employers should be encouraged to contact job fair organizers through a website dedicated to the job fair (i.e. [www.post\[disaster\]jobfair.org](http://www.post[disaster]jobfair.org)).

COMMUNITY BASED WORK ASSESSMENT

Chatham County will determine job readiness and target appropriate job matches as well as provide support to secure and maintain employment for job seekers in the community during the recovery process.

EMPLOYMENT COLLABORATORS

Chatham will identify public and private sector entities looking to hire in the wake of a disaster. Work centered around disaster recovery will become fruitful and community members will be able to help rebuild the community.

Community members will be able to find work in disaster recovery and contribute to the regrowth of their community. Employers will reach out to the county with available positions after a disaster.

DISASTER UNEMPLOYMENT ASSISTANCE (DUA)

The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1974, as amended, authorizes the President to provide benefit assistance to individuals unemployed as a direct result of a major disaster. The U.S. Department of Labor oversees the DUA program and coordinates with the FEMA, to provide the funds to the state Unemployment Insurance (UI) agencies for payment of DUA benefits and payment of state administration costs under agreements with the Secretary of Labor.

PURPOSE

DUA provides financial assistance to individuals whose employment or self-employment has been lost or interrupted as a direct result of a major disaster and who are not eligible for regular unemployment insurance benefits.

ELIGIBILITY

When a major disaster has been declared by the President, DUA is generally available to any unemployed worker or self-employed individual who lived, worked, or was scheduled to work in the disaster area at the time of the disaster; and due to the disaster:

- No longer has a job or a place to work; or
- Cannot reach the place of work; or
- Cannot work due to damage to the place of work; or
- Cannot work because of an injury caused by the disaster.

An individual who becomes the head of household and is seeking work because the former head of household died as a result of the disaster may also qualify for DUA benefits.

BENEFITS

DUA benefits are payable to individuals (whose unemployment continues to be a result of the major disaster) only for weeks of unemployment in the Disaster Assistance Period (DAP). The DAP begins with the first day of the week following the date the major disaster began and continues for up to 26 weeks after the date the disaster was declared by the President.

The maximum weekly benefit amount payable is determined under the provisions of the state law for unemployment compensation in the state where the disaster occurred. However, the minimum weekly benefit amount payable is half (50%) of the average benefit amount in the state.

FILING A CLAIM

In the event of a disaster, the affected state will publish announcements about the availability of DUA. To file a claim, Chatham County individuals who are unemployed as a direct result of the disaster should contact the Georgia Department of Labor: <http://www.dol.state.ga.us/>

Individuals can file for unemployment online with the Georgia Department of Labor here:

<https://www.dol.state.ga.us/WS4-MW5/cics.jsp?TRANSID=UCI1&FRMNAME=UCI1S>

Individuals who have moved or have been evacuated to another state should contact the affected state for claim filing instructions. Individuals can also contact the [State Unemployment Insurance agency](#) in the state where they are currently residing for claim filing assistance.

APPENDIX 3-8 UNIQUE POPULATIONS SUPPORT

In Chatham County, Unique Populations are defined as those with physical, mental or behavioral issues limited in resources or requiring special attention in the event of a disaster causing Chatham County to activate the Evacuation Coordination Plan.

Tab E of Chatham County's EOP provides a list of Unique Populations facilities in the county. If the Evacuation Coordination Plan is activated, during recovery, the coordination of the return of the impacted Unique Populations will be managed by CEMA.

CEMA will contact the impacted Unique Populations Point of Contact as identified in Tab E to initiate re-entry plans, or assist with other recovery support, as needed, and as possible by the county.