

## **New Mexico Pandemic Influenza Operations Plan Modified for Novel H1N1 Influenza (September 15, 2009)**

This modified and shortened version of the NM Pandemic Operations Plan is targeted toward novel H1N1 influenza response. It will be modified as the approach to novel H1N1 influenza changes. This modified plan includes sections from Goal B. Protect Citizens, which is the most novel H1N1 influenza specific goal, and does not include sections from the other two goals.

### **Goal B: Protect Citizens**

#### **Objective B.1: Ensure Surveillance and Laboratory Capability During Each Phase of a Pandemic**

##### **Surveillance**

Following the spring 2009 outbreak of H1N1 in New Mexico and the subsequent World Health Organization declaration of a pandemic, The New Mexico Department of Health (NMDOH) formed an influenza surveillance workgroup that formulated the surveillance systems and activities described here.

The purpose of pandemic influenza surveillance is to monitor disease trends for overall burden of disease, illness severity and for the identification of factors that place people at high-risk for complications. This surveillance data should be used to target prevention resources and guide policies to reduce morbidity and mortality and minimize social and economic disruption.

<b>Activity</b>	<b>Details</b>	<b>Implementation</b>	<b>Objective</b>
<b>Lab testing at SLD</b>	<ul style="list-style-type: none"> <li>▪ Hospitalized patients with ILI approved by ID EPI</li> <li>▪ Hospitalized patients with positive rapid influenza test</li> <li>▪ Sample of outpatients with ILI seen at sentinel provider sites (limit of 3 specimens per provider site per week)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Testing guidance actively enforced through communication with lab directors</li> <li>▪ Clinicians requested to report hospitalized patients with ILI to ID EPI to assure test approval</li> </ul>	<ul style="list-style-type: none"> <li>▪ Confirm H1N1 influenza infection in severely ill persons for epidemiologic purposes</li> <li>▪ Maintain established influenza virologic surveillance in both inpatient and outpatient settings</li> </ul>
<b>Case investigations</b>	<ul style="list-style-type: none"> <li>▪ Hospitalized patients with lab-confirmed H1N1 influenza infection</li> <li>▪ Deaths attributed to H1N1 influenza infection</li> </ul>	<ul style="list-style-type: none"> <li>▪ Data gathered through patient interview and medical record review using standardized case report forms</li> </ul>	<ul style="list-style-type: none"> <li>▪ Characterize severity of H1N1 influenza infection</li> </ul>
<b>Hospitalization surveillance</b>	<ul style="list-style-type: none"> <li>▪ Passive - Health care providers instructed via HAN to submit sample to SLD and report to on-call epidemiologist</li> <li>▪ Active - Continue existing six-county EIP surveillance system in Bernalillo, Chaves, Dona Ana, Grant, Luna and Santa Fe counties for hospitalized patients with</li> </ul>	<ul style="list-style-type: none"> <li>▪ All hospitalized patients with lab-confirmed H1N1 influenza infection will have complete case investigation, including patient interview by local or regional investigator and chart review by EIP staff</li> </ul>	<ul style="list-style-type: none"> <li>▪ Characterize patients hospitalized with H1N1 influenza infection</li> </ul>

Activity	Details	Implementation	Objective
	<ul style="list-style-type: none"> <li>positive rapid influenza test</li> <li>▪ Active – hospitals statewide will report likely influenza hospitalizations twice weekly and DOH will assure this happens and that these cases are tested for H1N1 by PCR at SLD</li> </ul>		
<b>Aggregate ILI reporting</b>	<ul style="list-style-type: none"> <li>▪ Sentinel provider sites report weekly on % of total visits due to ILI</li> </ul>	<ul style="list-style-type: none"> <li>▪ Utilize existing sentinel provider site network and reporting practices</li> </ul>	<ul style="list-style-type: none"> <li>▪ Characterize outpatient ILI activity</li> <li>▪ Maintain established influenza sentinel provider surveillance</li> </ul>
<b>Institutional outbreaks</b>	<ul style="list-style-type: none"> <li>▪ Schools, correctional facilities, long term care facilities and other similar institutional settings requested to report clusters of ILI to ID EPI</li> </ul>	<ul style="list-style-type: none"> <li>▪ Clusters reported to ID EPI and investigated per established protocols</li> </ul>	<ul style="list-style-type: none"> <li>▪ Identify suspected outbreaks of H1N1 influenza infection in institutional settings</li> <li>▪ Assure appropriate prevention and control measures implemented</li> </ul>
<b>Public education</b>	<ul style="list-style-type: none"> <li>▪ Disseminate appropriate information on influenza activity to the public</li> </ul>	<ul style="list-style-type: none"> <li>▪ Weekly report modeled on seasonal influenza report</li> <li>▪ Aggregate reporting only</li> <li>▪ Maintain and update H1N1 influenza page on NMDOH web site</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to inform public about influenza activity in the state using established and well-tested reporting procedures</li> </ul>
<b>Provider education</b>	<ul style="list-style-type: none"> <li>▪ Disseminate appropriate information on diagnosis and treatment of patients with suspected H1N1 influenza infection</li> </ul>	<ul style="list-style-type: none"> <li>▪ Updated resources available on NMDOH web site and distributed via HAN when appropriate</li> </ul>	<ul style="list-style-type: none"> <li>▪ Continue to inform providers about appropriate diagnosis and treatment practices</li> </ul>

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### **New Mexico's Unique Pandemic Influenza Planning Conditions**

New Mexico is known for its cultural and geographic diversity. However, many of the conditions within the state that make it unique also create additional challenges for pandemic influenza planning. These conditions include the following:

1. New Mexico is the 5<sup>th</sup> largest state geographically but has a population of only 2 million people.
2. 50% of New Mexico's population resides in rural or frontier areas where services are scarce and the distances from homes to medical care, hospitals and even shopping exceed 50 miles.
3. Residents depend on vehicles in order to access services. Poor residents will continue to be disproportionately affected by the ongoing increases in gas prices. This situation further limits the ability of many residents to access services, particularly in rural and frontier areas.
4. Access to health care is a serious problem. According the United Health Foundation, New Mexico ranks 49<sup>th</sup> in the nation for access to health insurance coverage (see <http://www.unitedhealthfoundation.org/ahr2007/states/NewMexico.html>).

5. Poverty is an acute problem. New Mexico ranks 43<sup>rd</sup> in the nation for per capita income (see <http://www.infoplease.com/ipa/A0104652.html>).
6. Food insecurity, especially among children, is a serious issue. According to the latest food insecurity and hunger rankings, New Mexico ranks 3<sup>rd</sup> in the nation in food insecurity (see <http://www.centeronhunger.org/whatsnew.html>). This problem disproportionately affects children across New Mexico, many of whom depend on subsidized school lunch and WIC programs for adequate daily nutrition.
7. All of New Mexico's 33 counties are partial or full Health Professional Shortage Areas (HPSAs) according to the Bureau of Primary Health Care (BPHC) at the Health Resources Services Administration (HRSA) (see [hsc.unm.edu/som/outreach/documents/1.HealthProfessionsShortageAreas.pdf](http://hsc.unm.edu/som/outreach/documents/1.HealthProfessionsShortageAreas.pdf))
8. As a border state, New Mexico experiences a relatively high level of legal and illegal immigration across the international border with Mexico. People travel back and forth across the border on a daily basis for purposes of employment, being with family, medical care and other services.
9. Trade with Mexico accounts for as much as 60% of imports into the United States for certain sectors, especially the agriculture sector. Much of this trade comes through New Mexico.
10. New Mexico is home to 26 tribes and pueblos, each with their own sovereign governments and varying health care systems. The majority of Native American residents of the tribes and pueblos reside in rural or frontier areas of the state in conditions of extreme poverty.

#### **ASSUMPTIONS:**

1. An influenza pandemic differs from seasonal influenza in frequency, scope and severity.
2. An influenza pandemic has the potential to result in large numbers of sick individuals and deaths, potentially overwhelming the current medical and mortuary services in New Mexico.
3. Initially the influenza pandemic may last 8 – 17 weeks followed by a series of waves each lasting weeks to months for up to two years after the initial outbreak.
4. Vaccine will not be available for at least six months after the beginning of a pandemic and likely will come in batches to New Mexico.
5. Isolation of ill people will be required.
6. Quarantine of people exposed to ill people may be implemented until it can be determined that they have not been infected.
7. Critical goods and services provided by contractors, consultants and vendors may be erratic or interrupted.
8. NMDOH will need to enhance influenza surveillance to detect the entry of the virus into the state, track its spread and characterize the epidemiology of the virus and its impact in order to optimize New Mexico's response.
9. NMDOH may need to modify its surveillance and response as warranted by circumstances throughout the world and in New Mexico as pandemic events unfold.
10. More than one strain of influenza can circulate in the population during an influenza pandemic.
11. During an influenza pandemic, CDC will use data from the U.S. collaborating laboratories of the WHO Global Influenza Surveillance Network and the NREVSS to detect the introduction and early cases of a pandemic influenza virus in the United States, and to monitor changes in the pandemic virus, including development of antiviral resistance.

#### **Enhanced surveillance**

NMDOH will start enhanced surveillance once a novel influenza virus is identified somewhere in the world or if there is a highly suspicious cluster of respiratory illness in NM or another part of the world with sustained human-to-human transmission. Otherwise, NM will start enhanced surveillance during the Investigation, Recognition or Initiation intervals as determined by the CDC

and WHO. Initiation of enhanced surveillance will occur regardless of the pandemic severity index. This enhanced surveillance will entail healthcare provider education, education of the general public and private partners, and identification of sentinel clinical and laboratory sites throughout New Mexico (NM) to look for influenza-like illness and to perform laboratory testing for confirmation. Furthermore, NMDOH will ensure its ability to track influenza hospitalizations and influenza mortality through the mechanisms described below.

1. NMDOH coordinates influenza surveillance statewide in New Mexico. During a pandemic, NMDOH will:
  - a. Distribute to stakeholders the current recommendations for enhanced surveillance for the detection of the first cases of the pandemic virus in their jurisdictions.
  - b. Facilitate the collection and testing of appropriate specimens as recommended for early detection of pandemic virus.
  - c. Increase testing and the frequency of reporting of virologic data. The most intense testing will be necessary during the early stages of a pandemic, when detecting the introduction of the virus into the state, region, or new community is the primary goal.
  - d. Once the virus has been identified throughout the state, the level of testing can be decreased to a level similar to that of a non-pandemic influenza season.
  - e. As part of the effort to monitor antigenic and genetic changes and changes in antiviral resistance patterns in the pandemic virus, SLD will forward a subset of virus isolates to CDC. CDC will advise NMDOH on the number of and clinical criteria for these isolates.
2. During an influenza pandemic, NMDOH will use data from (Influenza-like Illness) ILI surveillance, hospital surveillance, mortality surveillance and laboratory virologic surveillance, both rapid testing and viral culture data to:
  - a. Monitor the pandemic's impact on health in NM.
  - b. Track trends in influenza disease activity and identify populations that are severely affected.
  - c. Serve as an early warning system to detect increases in ILI in the community.
3. NMDOH will:
  - a. Communicate to all partners the heightened need for timely and complete surveillance data.
  - b. Ensure that all sentinel provider surveillance sites are reporting weekly, regardless of the time of year.
  - c. Ensure that active hospital-surveillance is ongoing.
  - d. Report state influenza activity level in a timely manner through the Health Alert Network, the media, the NMDOH Influenza Webpage, NM Poison and Drug Information Center, Nurse Advice New Mexico and the NMDOH Epidemiology and Response Division 24/7/365 on-call service.
  - e. Assure timely reporting of 122 Cities Mortality Reports and pediatric deaths to CDC through the NEDSS Base System, the Emerging Infection Program or the NM Influenza Surveillance Coordinator.
  - f. Collect state and local influenza-associated mortality data through the E-Vitals (Electronic Vital Records Registration System or the NM Influenza Surveillance Coordinator).

- g. Report statewide mortality data to CDC, following CDC guidelines for uniform data collection and reporting.

### **Year-round surveillance for influenza**

The New Mexico Department of Health Influenza Sentinel Surveillance System is conducting year-round surveillance with its seasonal surveillance provider sites reporting. Weekly contact with sentinel provider sites is ongoing to ensure that reporting of ILI and viral culture submissions is consistent. Instructions emphasize the immediate reporting of unusual clinical flu-like cases especially when accompanied by a history of recent international travel.

The NMDOH Influenza Laboratory Surveillance Network consists of 31 laboratories. Throughout the year, these laboratories will continue to report all rapid influenza test results and continue to submit viral cultures to the state public health laboratory.

### **Influenza guidelines**

Each year NMDOH issues guidelines concerning various influenza topics including but not limited to surveillance, laboratory testing, influenza treatment and infection control practices. The guidelines are posted on the NMDOH website @ <http://www.health.state.nm.us/flu/>.

H1 N1 specific guidelines can be found at:

New Mexico

<http://www.health.state.nm.us/H1N1/index.shtml>

National

<http://www.cdc.gov/h1n1flu/guidance/>

### **Methods for Notification of Healthcare Providers of Enhanced Surveillance Testing Recommendations**

NMDOH currently shares information and notifies a variety of stakeholders during public health emergencies in the following fashion:

1. NMDOH maintains a HAN that is coordinated with CDC's HAN. The purpose of the New Mexico HAN is to enable public health practitioners to prepare for and respond to public health threats such as pandemic influenza by providing secure and redundant methods to rapidly communicate critical situation information to the appropriate key providers in the public health arena; therefore, its underlying design principle is to allow survivability and continuous operations in the face of those extreme circumstances. To that end, the NM HAN operates independently of the state network and computing infrastructure. Though connected to the state network for administrative purposes, HAN operations do not require nor rely on the state network information technology for its operations or functionality. To help ensure the existence of its continuous operations capabilities, the NM HAN utilizes redundant instances of the CityWatch application hardware and software from Avtex, Inc., redundant network firewalls, intrusion detection and prevention technology, and multiple network paths with redundant switching, and multiple digital voice circuits and independent Internet providers with fail-over capabilities. In addition, the NM HAN is physically located outside of state computer facilities. The site has excellent physical security, including pass-card and biometric security scanning, and multiple sources for electricity and back-up power (e.g. separate electrical feeders, facility back-up battery power and extensive power generation capabilities). When fully implemented, CityWatch will provide the systems and technologies to perform multi-

path alerting via email, multiple voice paths, pager and fax, and a 24/7/365 flow of emergency information and health alerts among public officials, hospitals, state and local healthcare officials and providers, health care organizations, law enforcement, emergency managers, fire departments, physicians, 911 centers and other key participants.

2. NMDOH has a formal contractual and professional working relationship with the New Mexico Poison and Drug Information Center (NMPDIC) that has developed surge capacity to help inform telephone callers seeking information on issues of public health significance. NMDOH has collaborated with the NMPDIC in the past during several influenza outbreaks (seasonal or regional) to inform the public about influenza vaccine supply, vaccine clinic locations and other issues. The New Mexico Poison and Drug Information Center provides their public service 24/7/365: it is a program of the University of New Mexico Health Sciences Center and is affiliated with the College of Pharmacy and, as such, has pharmaceutical expertise participating routinely in their work. The Center is certified as a Regional Poison Center by the American Association of Poison Control Centers, signifying national recognition of its status as an outstanding poison center and is also recognized by the New Mexico Legislature who funds the Center as a 'Special Project'.
3. The Nurse Advice New Mexico Hotline (NANM) is housed at the Community Access Program of the University of New Mexico. It provides 24/7/365 public access to nurses for advice regarding illnesses and possible referrals to local health resources. NMDOH has been working with NANM to assess the value of syndromic influenza surveillance data. A pilot during the 2007-2008 influenza season proved that NANM call data was reliable and consistent with the NM Sentinel Surveillance System data in tracking influenza activity throughout the state. NANM will likely play a role in helping to monitor influenza-like illness activity in the state during a pandemic and could be used to provide information regarding pandemic influenza to the public and to healthcare providers.
4. SLD currently sends weekly influenza summary reports to IDEB, Epidemiology and Response Division (ERD). NMDOH also reports influenza data to CDC via the Public Health Laboratory Information System (PHLIS). Implementation of a new Laboratory Information Management System (LIMS) by SLD will further enhance their ability to report electronically to their clients. Through this process, SLD is working closely with ERD and other stakeholders to ensure that as the NM Public Health Information Network (PHIN) and the SLD LIMS are implemented, the data are easily transmissible and that all systems are PHIN compliant.

#### **Method for healthcare providers to contact the State health department to report cases.**

The New Mexico Administrative Code mandates that healthcare providers contact the NMDOH Epidemiology and Response Division at 1-505-827-0006 for any suspect cases of avian or novel influenza strains.

#### **NM- Electronic Disease Surveillance System (NM-EDSS)**

NMDOH will use its web-enabled NM-EDSS to track influenza related hospitalizations statewide during all phases and intervals of a pandemic. The system has been tested to allow hospital personnel to enter infectious disease related data directly into the system from their home hospital via the internet. Secure access with limited rights has been granted to infection control practitioners to enter and view data specific to their associated hospital, including influenza hospitalizations. NMDOH keeps and tracks the data centrally.

#### **Influenza-related hospitalization surveillance**

Hospitals statewide will report likely influenza hospitalizations twice weekly and DOH will assure this happens and that these cases are tested for H1N1 by PCR at SLD.

### **Estimating Influenza Hospitalizations**

A fallback plan for NMDOH is to use the CDC's FluSurge Model to estimate the influenza pandemic hospitalizations. FluSurge is a spreadsheet-based model which provides hospital administrators and public health officials estimates of the surge in demand for hospital-based services during the next influenza pandemic. FluSurge estimates the number of hospitalizations and deaths of an influenza pandemic (whose length and virulence are determined by the user) and compares the number of persons hospitalized, the number of persons requiring ICU care, and the number of persons requiring ventilator support during a pandemic with existing hospital capacity.

FluSurge 2.0 is a new version of FluSurge 1.0, which was originally released in July, 2004. With FluSurge 2.0, users can now change variables that impact estimates of the number and duration of influenza-related hospitalizations. Variables that can be altered by the user include the assumed average length of hospital stay for an influenza-related illness, and the percentage of influenza-related hospital admits that will require a bed in an Intensive Care Unit (ICU). The user can also change the total number of persons requiring hospitalization

NMDOH would compare the hospitalization rates to hospitalization trends collected by the New Mexico Health Policy Commission since 1991.

### **Influenza-related death surveillance**

#### **Vital Records & Health Statistics - Statewide electronic death reporting system**

Following the 1918-19 Spanish influenza pandemic and World War I a State board of Health was created, and the first unit created was the for Vital Records and Health Statistics to govern the reporting of births and deaths. The unit has been in continuous operation since then.

The data that the New Mexico Vital Records and Health Statistics receive comes from hospitals, physicians, midwives, funeral directors, the Office of the Medical Investigator, tribes, pueblos and individuals. Over the last two years NM has instituted statewide an E- Vitals system to electronically transfer and record death certificates to better track deaths and the causes of those deaths in NM, including pneumonia and influenza deaths. The E-Vitals initiative has automated and streamlined the previous paper-bound processes used to collect, process, analyze and disseminate death records information among government agencies and others that require access to vital records data. E-Vitals is an Electronic Death Registration (EDR) system that automates the transfer of death certificate information using the Internet, resulting in more accurate and timely death information.

### **OFFICE OF THE MEDICAL INVESTIGATOR (OMI)**

The Office of the Medical Investigator directs all investigative **activities statewide**. Every county in New Mexico has specially trained and certified Field Deputy Medical Investigators (FDMI) who conduct field investigations at the scene of death to collect information. All autopsy services are conducted in the central office and are performed by forensic pathologists with the assistance of morphology services.

OMI and NMDOH share information regularly through the death syndromic surveillance system at the OMI. Information is shared by emergent telephone protocols, email, monthly meetings tracking infectious disease related deaths, remote access at NMDOH to the OMI database and electronic transfer of death certificate data to the NMDOH E-Vitals System.

## **Animal and human health surveillance systems.**

### **Linkage of Animal and Human Health Surveillance Systems**

#### **1. Laboratory Surveillance:**

New Mexico actively participates in the Laboratory Response Network (LRN) and the National Animal Health Laboratory Network (NAHLN). NMDOH Scientific Laboratory Division (SLD) performs LRN assays and Veterinary Diagnostic Services (VDS) of the New Mexico Department of Agriculture (NMDA) performs NAHLN assays. Two molecular biologists from SLD and two from VDS have cross-trained on all of the assays, including proficiency testing, and they share a molecular facility. Therefore, four laboratory scientists are proficient in all of the above-mentioned assays, including human and animal influenza testing. Both the co-location and cross-training approach that SLD and VDS have taken for this and a number of other public health initiatives represent a significant advantage to the state of New Mexico with respect to pandemic influenza preparedness. Pulse field gel electrophoresis (PFGE) patterns have allowed for comparison of patterns for bacterial isolates from both animals and people and have been essential in identifying an animal source for human disease outbreaks.

#### **2. Animal disease surveillance:**

##### **A. United States:**

- a. National Animal Health Surveillance System - Animal surveillance, including wild birds and domestic poultry, for avian influenza is conducted by states, the poultry industry, and the U.S. Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS).
- b. Diagnostic testing is performed by state and industry laboratories, with confirmatory testing by USDA/APHIS Veterinary Services at the National Veterinary Services Laboratories in Ames, Iowa.

##### **B. New Mexico:**

- a. Avian influenza in domestic poultry is required to be reported to the New Mexico Livestock Board (NMAC 21.30.4.9).
- b. The Livestock Board works in coordination with USDA, APHIS veterinarians to investigate outbreaks of avian influenza in domestic poultry. NMDOH will be part of the investigation around potential human exposures, antiviral prophylaxis, and quarantine/isolation of individuals.
- c. Diagnostic testing is performed by the New Mexico Department of Agriculture's Veterinary Diagnostic Services laboratory (VDS) with confirmatory testing performed at the National Veterinary Services Laboratories (NVSL) in Ames, Iowa.
- d. The New Mexico State Game Commission has statutory authority to adopt rules to control, eradicate or prevent the spread of a contagious disease to or among game animals, including game birds.
- e. Conservation officers with the New Mexico Department of Game and Fish carry out the rules and regulations promulgated by the NM State Game Commission.
- f. Disease surveillance of wild/game birds is carried out by conservation officers at hunter check stations, following wild bird die-offs, or from live bird trapping. Diagnostic specimens are sent to VDS for initial testing and to NVSL for confirmatory testing.
- g. Information on any positive results are shared between the various state and federal agriculture and public health agencies listed in B.1.3.c below.

**Operating Sub-Objective B.1.5 (supporting activities B.1.5.a): Implementation steps for augmenting the capacity of public health and clinical laboratories**

**AGENCY SPECIFIC ASSUMPTIONS:**

An influenza pandemic differs from seasonal influenza in frequency, scope and severity. An influenza pandemic has the potential to result in large numbers of sick individuals and deaths, potentially overwhelming the current medical and mortuary services in New Mexico.

Initially the influenza pandemic may last 8 – 17 weeks followed by a series of waves each lasting weeks to months for up to two years after the initial outbreak. NMDOH will need to enhance influenza surveillance in order to detect the entry of the virus into the state, track its spread and characterize the epidemiology of the virus and its impact in order to optimize New Mexico's response.

**RESPOND AND RECOVER:**

**B.1.5.a Describe the state's plan to augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic. Capacity includes but is not limited to:**

- **The ability to test for influenza viruses year-round**
- **Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses**
- **Protocols for safe specimen collection and testing**
- **How and to whom a potential case of novel influenza should be reported**
- **Mechanism for submitting specimens to referral laboratories**
- **Protocols for proper handling and shipment of specimens**
- **Protocols for notifying and reporting any novel specimen findings.**

SLD currently maintains the capacity for year round influenza testing using PCR, culture methods (includes IF confirmation and sub typing). Any out of season specimens or in season unusual, or novel cases would include notification to IDEB and then the specimen would be forwarded to CDC. Routine forwarding of specimens to CDC will continue as usual.

Shipping and handling of specimens would be through IDEB and SLD. A statewide courier is in place for shipping of specimens to the SLD. Pan flu funds were requested to augment this capacity. Pandemic flu funds will be used to purchase more cell culture tubes to further increase capacity. In 2007, the SLD Virology began reporting to PHLIS throughout the year. As part of the effort to monitor antigenic and genetic changes and antiviral resistance pattern changes in the pandemic virus, SLD will forward a subset of virus isolates to CDC. SLD will continue to follow the most current CDC guidelines for flu testing protocols.

New Mexico actively participates in the Laboratory Response Network (LRN) and the National Animal Health Laboratory Network (NAHLN). NMDOH SLD performs LRN assays and the Veterinary Diagnostic Services (VDS) of the New Mexico Department of Agriculture performs NAHLN assays. Both share the same molecular facility but different areas for processing raw samples.

SLD has protocols for safe handling of specimens. SLD routinely reposts positive lab findings to IDEB. Other clinical laboratories in the state, also routinely report positive laboratory findings.

Five Molecular Biologists from SLD and two from VDS are trained in all LRN methods. Two Molecular Biologists from SLD are trained in all NAHLN assays, this includes proficiency testing. Two more SLD molecular biologists will be trained by the end of the year in LRN methods.

Both the co-location and cross-training approach that SLD and VDS have taken for this and a number of other public health initiatives represent a significant advantage to the state of New Mexico with respect to pandemic influenza preparedness.

**Operating Sub-Objective B.1.6 (supporting activities B.1.6.a): Systems and procedures that will be used to exchange specimen-level data electronically among laboratories**

**B.1.6.a Describe the state's systems and procedures that will be used to exchange specimen-level data electronically among laboratories within the following:**

- **Healthcare facilities**
- **Other clinical laboratories**
- **State public health laboratories**
- **CDC.**

Currently the SLD is in the process of implementing a new Laboratory Information Management System (LIMS). As part of the LIMS requirements the system will be PHLIS and LRN results messenger compliant and operational with the NM PHIN. In addition, all flu testing will be entered into PHLIS and any CDC successors of PHLIS and reportables can be transmitted to NM IDEB. Protocols are in place between the Scientific Lab and IDEB for the reporting of unusual isolations, novel strains and any other notifiable diseases with public health implication. SLD reports all notifiable information to the IDEB.

We are now working on PHINMS to replace PHLIS.

**Other clinical laboratories**

SLD reports all influenza testing results to submitters via telephone messaging or fax. Paper copies of reports are also sent through the mail (USPS). All novel influenza reports will first go to NMDOH IDEB for investigation.

**State public health laboratories**

New Mexico has only one state public health laboratory.

**New Mexico Department of Health**

The NMDOH is in the process of developing a electronic reporting system that is envisioned to allow for electronic reporting from clinical laboratories and hospital emergency rooms. This system will allow for the electronic tracking of specimen-level data.

**CDC**

During a pandemic, IDEB will use the New Mexico Electronic Disease Surveillance System to send CDC all results electronically. Notifications to CDC will occur in 'real-time' as the cases investigations are completed. First in US or first in state laboratory-confirmed pandemic influenza results will be phoned to the CDC EOC. See B1.1. SLD will use its long-standing system of specimen delivery to send to CDC any first in US or first in state pandemic influenza specimens for confirmation.

**Operating Sub-Objective B.1.7 (supporting activities B.1.7.a): Call-down procedures**

**B.1.7.a Describe the state's surveillance and laboratory staff's call-down procedures and provide staff contact information.**

Four Virology staff are on call (outside of normal business hours) to respond to emergency situations and outbreaks; Additionally staff are on call in our Molecular Biology section to perform molecular testing. If pan flu testing was requested, Virology would contact the Epidemiology and

Response Division for approval of testing specimen. If pan flu testing was requested, Virology would contact the Epidemiology and Response Division for approval of testing specimen.

On condition of approval, LRN influenza test protocols would be used for testing. If positive, the specimen would be sent to CDC for confirmation and a call would be placed to IDEB. If LRN pandemic influenza strain, the CDC FDA-approved assay would be used to test the specimen for flu A/B, H1, H3 or H5. If specimen is determined to be seasonal influenza (H1, H3), then it may be set up in culture. If specimen is influenza A positive, but is unable to be sub-typed or H5 positive, then the specimen would be sent to CDC for further investigation. An algorithm plan for call down is in place within the SLD and for the SLD integration into the IDEB and BHEM. This plan is also used for BT/CT response and has been proven to work very effectively. Updated on call lists with contact information are shared on a regular basis between IDEB and SLD staff. IDEB and SLD staff are available 24/7/365.

SLD staff can be contacted at 841-2500 during normal work hours and on call staff can be contacted at 260-7295 outside of normal working hours.

**Operating Sub-Objective B.1.8 (supporting activities B.1.8.a): Locations of additional laboratory facilities**

**B.1.8.a Describe and provide the locations of and accompanying Memoranda of Agreement with additional laboratory and personnel facilities to enhance current laboratory capacity for a response of pandemic proportions.**

The SLD is building a new laboratory facility on the UNM Health Sciences Medical School Campus (completion estimated January 2010). The facility will provide for enhanced BSL3 and BSL3 Ag capability. Influenza testing will be performed in the Virology Serology lab and the Molecular Biology laboratory. Staff from Veterinary and Diagnostic Services have also been trained on molecular procedures for influenza. These staff and their facilities can also be recruited to perform testing to enhance the capacity of SLD. Informal agreements also exist with a large private laboratory for additional flu testing capacity in NM.

**Operating Sub-Objective B.1.9 (supporting activities B.1.9.a): Implementation steps for augmenting the capacity of public health and clinical laboratories**

**B.1.9.a Describe the state's plan to augment the capacity of public health and clinical laboratories to meet the needs of their jurisdiction during an influenza pandemic. Capacity includes but is not limited to:**

- **The ability to test for influenza viruses year-round**
- **Performing PCR or IF Testing for rapid detection and subtyping of influenza viruses**
- **Protocols for safe specimen collection and testing**
- **How and to whom a potential case of novel influenza should be reported**
- **Mechanism for submitting specimens to referral laboratories**
- **Protocols for proper handling and shipment of specimens**
- **Protocols for notifying and reporting any novel specimen findings.**

SLD currently maintains the capacity for year round influenza testing using PCR, culture methods (includes IF confirmation and sub typing). Any out of season specimens or in season unusual, or novel cases would include notification to NM IDEB and then the specimen would be forwarded to CDC. Routine forwarding of specimens to CDC will continue as usual.

Shipping and handling of specimens would be through IDEB and SLD. Protocols for safe specimen collection and handling is in place. Positive laboratory findings are routinely reported to IDEB. A state-wide courier is in place for shipping of specimens to the SLD. Pan flu funds were requested to augment this capacity. Pandemic flu funds will be used to purchase more cell culture

tubes to further increase capacity. In 2007, the SLD Virology section began reporting to PHLIS throughout the year. As part of the effort to monitor antigenic and genetic changes and antiviral resistance pattern changes in the pandemic virus, SLD will forward a subset of virus isolates to CDC. SLD will continue to follow the most current CDC guidelines for flu testing protocols.

New Mexico actively participates in the Laboratory Response Network (LRN) and the National Animal Health Laboratory Network (NAHLN). NMDOH SLD performs LRN assays and the Veterinary Diagnostic Services (VDS) of the New Mexico Department of Agriculture performs NAHLN assays. Both share the same molecular facility but different areas for processing raw samples.

Five Molecular Biologists from SLD and two from VDS are trained in all LRN methods. Three Molecular Biologists from SLD are trained in all NAHLN assays, this includes proficiency testing. Therefore, SLD scientists are proficient in human and animal influenza testing and backup personnel are available from VDS.

Both the co-location and cross-training approach that SLD and VDS have taken for this and a number of other public health initiatives represent a significant advantage to the state of New Mexico with respect to pandemic influenza preparedness.

The SLD has acquired two additional instruments for extracting specimens for influenza testing. This will quadruple the daily extraction capacity, allowing SLD to increase the number of influenza specimens tested daily.

## **REFERENCES:**

### **National Standardized Laboratory Protocols/Procedures References**

1. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) Laboratory Response Network (LRN) <http://www.bt.cdc.gov/lrn/>
2. United States Department of Health AND Human Services Centers for Medicare & Medicaid Services (CMS) Clinical Laboratory Improvement Amendments (CLIA) <http://www.cms.hhs.gov/clia/>
3. United States Department of Agriculture National Veterinary Services Laboratories [http://www.aphis.usda.gov/animal\\_health/lab\\_info\\_services/about\\_nvsl.shtml](http://www.aphis.usda.gov/animal_health/lab_info_services/about_nvsl.shtml)

### **State Level References**

1. New Mexico Administrative Code TITLE 7 HEALTH CHAPTER 4 DISEASE CONTROL (EPIDEMIOLOGY) PART 3 CONTROL OF DISEASE AND CONDITIONS OF PUBLIC HEALTH SIGNIFICANCE at <http://www.nmcpr.state.nm.us/NMAC/parts/title07/07.004.0003.htm>
2. [State of New Mexico All-Hazard Emergency Operations Plan found at http://www.nmdhsem.org/](http://www.nmdhsem.org/) under Emergency Operations Plan. Annex 5 pertains to Public Health, Medical and Mortuary.
3. Pandemic and avian influenza. <http://www.pandemicflu.gov/>
4. Influenza information and surveillance. <http://www.cdc.gov/flu/>
5. Previous Pandemic planning document on surveillance. <http://www.health.state.nm.us/ohem/documents/Supplement%201%20Pandemic%20Influenza%20Surveillance.pdf>
6. STATE OF NEW MEXICO ALL-HAZARD EMERGENCY OPERATIONS PLAN

7. New Mexico Vital Records and Health Statistics  
<http://dohewbs2.health.state.nm.us/VitalRec/Vital%20Records.htm>
8. NMDOH influenza pandemic website. <http://www.health.state.nm.us/flu/pandemic.html>
9. NMDOH influenza website. <http://www.health.state.nm.us/flu/>

## **Objective B.2: Assist with Controls at U.S. Ports of Entry**

### **Operating Sub-Objective B.2.1 (supporting activities B.2.1.a through B.2.1.k): Plan strategies for controls at ports of entry**

#### **PREPARE:**

**B.2.1.a Develop a port of entry (POE) communicable disease response plan -- for locations with a Quarantine Station -- which includes triggers (that follow CDC guidance) for its implementation.**

NMDOH Epidemiology and Response Division worked closely with the CDC El Paso Quarantine Station to finalize the *Albuquerque Sunport Communicable Disease Emergency Response Plan: Guidelines for Preventing the Introduction, Transmission, and Spread of Communicable Diseases from Foreign Countries into the United States* (hereafter referred to as the "ABQ Plan"). The ABQ Plan is specific to the Albuquerque Sunport that supports a small number of international flights from Mexico.

**B.2.1.b Ensure the port of entry (POE) communicable disease response plan includes the incident command and control structure.**

See ABQ Plan: Page 12

**B.2.1.c Ensure the port of entry (POE) communicable disease response plan addresses ill passenger assessment and isolation procedures.**

See ABQ Plan: Page 12

**B.2.1.d Ensure the port of entry (POE) communicable disease response plan addresses issuance of legal order for detention, isolation, quarantine, and conditional release of passengers or crew members at POEs.**

See ABQ Plan: Page 12

**B.2.1.e Ensure the port of entry (POE) communicable disease response plan addresses arrangements for separate quarantine facilities for detaining multiple cohorts of potentially exposed passengers, either on- or off-port or both, including (but not limited to):**

- a. Evaluation of exposed cases, periodic fever checks, prophylaxis, therapeutics, and needed laboratory services
- b. Passenger transportation and security
- c. Passenger processing at quarantine facility
- d. Crowd control and law enforcement
- e. Situation updates and communication with detained persons
- f. Interpretation
- g. Mental health services
- h. Food, water, toilet and hand washing facilities, chairs, PA system, bedding, and other comfort measures.

See ABQ Plan: Pages 15, 16, 17

**B.2.1.f Ensure the port of entry (POE) communicable disease response plan addresses the plans and procedures for managing the conditional release of those passengers not deemed as high risk contacts of the index case(s) (i.e., allowing them to continue their travel plans due to the decreased risk of in-flight disease transmission). These procedures include but are not limited to collection of passenger locator information, distribution of health information, administration of antiviral drugs or other prophylactic interventions, and tracking of conditionally released persons.**

See ABQ Plan, Page 12

**B.2.1.g Ensure the port of entry (POE) communicable disease response plan addresses public and media communication.**

See ABQ Plan, Page 13

**B.2.1.h Ensure the port of entry (POE) communicable disease response plan includes protocols that address conveyance reuse/decontamination issues.**

See ABQ Plan, Page 13, and Appendices 7 & 8, pp. 31 and 34, respectively.

**B.2.1.j Provide an outline of past/upcoming POE trainings and exercises with Quarantine Station in the “Operational Readiness Appendix” for this section.**

CDC-sponsored Pandemic Tabletop in El Paso with representatives from NM, Chihuahua, and Texas in Spring, 2006

EP Quarantine Station staff presentation relating to roles and responsibilities of the quarantine station and implementation of statewide pandemic influenza community mitigation measures to NMDOH emergency preparedness staff, Spring, 2007

Exercise to test the ABQ Plan, tentatively scheduled for 2008.

Pandemic-based exercise with the Deming Public Schools on school closure that will include the El Paso Quarantine Station staff and address cross-border issues relating to students from Mexico who attend school in Deming.

**B.2.1.k Describe the number of hospitals under a memorandum of agreement (MOA) with Quarantine Station, and plans for collaboration with Quarantine Station in obtaining additional MOA hospitals.**

Currently, the Quarantine Station has MOAs with University Hospital at the University of New Mexico in Albuquerque and Memorial Hospital in Las Cruces, New Mexico.

**Operating Sub-Objective B.2.2 (supporting activities B.2.2.a): Implement strategies for port of entry control of pandemic disease**

**RESPOND AND RECOVER:**

**B.2.2.a Create plans to address surge capacity needs at POEs. Define roles and responsibilities for the following functions that must include, but are not limited to:**

- Establishing and staffing passenger public health screening
- Distributing health alert notices to passengers and crew members
- Providing laboratory support
- Following up on suspect and isolated cases
- Responding to the needs of quarantined persons,

NMDOH Epidemiology and Response Division worked closely with the CDC El Paso Quarantine Station to finalize the *Albuquerque Sunport Communicable Disease Emergency Response Plan: Guidelines for Preventing the Introduction, Transmission, and Spread of Communicable Diseases from Foreign Countries into the United States* (hereafter referred to as the “ABQ Plan”).

Surge capacity planning at the POE in El Paso is being undertaken collaboratively with NMDOH, the CDC Quarantine Station and El Paso (City and County). Medical surge response plans should be consistent in the two States, and capable of being integrated with Cd. Juarez and the Mexican State of Chihuahua. NM’s recommended framework for medical surge response is the New Mexico Modular Emergency Medical System (NM MEMS) at: [www.nmmems.org](http://www.nmmems.org)

The cornerstones of NM MEMS are the Alternative Inpatient Care Areas (AICA) and Alternate Outpatient Care Areas. (AOCA)

AICAs are temporary inpatient care areas to handle a surge in patient volume arising from an incident, acknowledging that due to limited resources and infrastructure, the most reasonable location is within existing healthcare facilities or in temporary structures near existing facilities. AICAs can increase the efficiency of the delivery of inpatient care during an incident by cohorting patients with similar clinical syndromes. Such patients can be treated through protocol driven care in a single location.

AOCAs are temporary ambulatory care areas to handle excess patient volumes arising from an incident, acknowledging that due to limited resources and infrastructure, the most reasonable location is within existing healthcare facilities or in temporary structures near existing facilities. AOCAs can increase the efficiency of the delivery of acute care during an incident by handling the less severely injured and ill patients, thus reserving hospital emergency departments for the higher acuity patients. The mission of the AOCA is to direct patients affected by the incident, especially those who are non-critical patients, away from hospitals and emergency departments; render basic medical screening and provision of medical care; provide limited treatment; and to provide distribution of prophylaxis, medication, self-help information, psychosocial support and instruction.

In an incident that causes a surge of patients at the POE, AICAs and AOCAs could be implemented in close proximity to the El Paso Airport and/or the Albuquerque Sunport to assist the Quarantine Station with screening or treatment of symptomatic passengers. Planning of alternate care centers has just begun. In the areas where the Quarantine Station would have jurisdictional responsibility, there will be efforts to include the CDC personnel into NM MEMS implementation planning activities.

#### **REFERENCES:**

Albuquerque International Sunport, Communicable Disease Emergency Response Plan: Guidelines for Preventing the Introduction, Transmission and Spread of Communicable Diseases from Foreign Countries into the United States. Draft, May 2008.

### **Objective B.3: Implement Community Mitigation Interventions**

#### **AGENCY SPECIFIC ASSUMPTIONS:**

1. The evidence surrounding community mitigation effectiveness is largely based on analysis of historical data and disease transmission modeling; and the actual

effectiveness of community mitigation strategies during an influenza pandemic are unproven.

2. New Mexico will be able to implement community mitigation measures before there is significant disease spread in the state and that these measures will be effective
3. The Governor will need to aggressively exert his or her Executive authority in order to achieve widespread compliance in the public and private sectors if the measures are to be implemented as planned.
4. Information, Internet and telephone technology will experience minimal interruption during a pandemic.
5. All hospitals in New Mexico will have developed pandemic influenza operational plans, including provisions for the appropriate receipt, triage and transfer of patients with presumptive pandemic influenza.
6. The stockpile of antiviral medications and other medical countermeasures in New Mexico will increase over the next several years.

New Mexico Department of Health (NMDOH) has adopted the Centers for Disease Control and Prevention (CDC) Pandemic Influenza Severity Index and the Pandemic Influenza Planning Intervals to guide decisions about when community mitigation strategies will be implemented. During an influenza pandemic, early implementation of both community mitigation and New Mexico Government continuity of operations strategies will be critical in delaying and reducing the impact of the pandemic.

**CDC Pandemic Severity**

Interventions* by Setting	Pandemic Severity Index		
	1	2 and 3	4 and 5
<b>Home</b>			
<b>Voluntary isolation</b> of ill at home (adults and children), combine with use of antiviral treatment as available and indicated	Recommend †§	Recommend †§	Recommend †§
<b>Voluntary quarantine</b> of household members in homes with ill persons †¶ (adults and children); consider combining with antiviral prophylaxis if effective, feasible, and quantities sufficient	Generally not recommended	Consider **	Recommend **
<b>School</b>			
<b>Child social distancing</b>			
-dismissal of students from schools and school based activities, and closure of child care programs	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
-reduce out-of school social contacts and community mixing	Generally not recommended	Consider: ≤4 weeks ††	Recommend: ≤12 weeks §§
<b>Workplace / Community</b>			
<b>Adult social distancing</b>			
-decrease number of social contacts (e.g., encourage teleconferences, alternatives to face-to-face meetings)	Generally not recommended	Consider	Recommend
-increase distance between persons (e.g., reduce density in public transit, workplace)	Generally not recommended	Consider	Recommend
-modify, postpone, or cancel selected public gatherings to promote social distance (e.g., stadium events, theater performances)	Generally not recommended	Consider	Recommend
-modify work place schedules and practices (e.g., telework, staggered shifts)	Generally not recommended	Consider	Recommend

Index.

**CDC Estimated Case Fatality Ratios by Severity Category.**

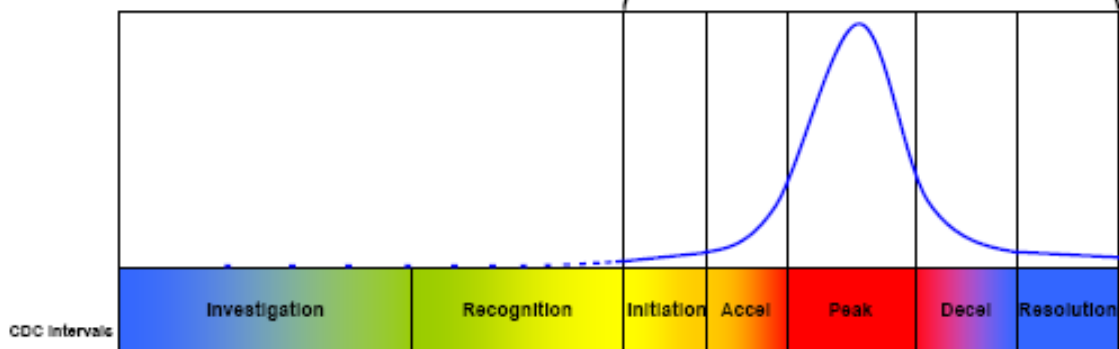


\*Assumes 30% illness rate and unmitigated pandemic without interventions

**CDC Pandemic Planning Intervals:**

WHO Phase	Inter		Pandemic Alert Period			Pandemic Period		
	1	2	3	4	5	6	6	
	New Domestic Animal Outbreak in At-Risk Country		Suspected Human Outbreak Overseas	Confirmed Human Outbreak Overseas	Widespread Outbreaks Overseas	First Human Case in N.A.	Spread Throughout United States	Recovery
USG Stage	0		1	2	3	4	5	6

For planning, intervals provide additional specificity for implementing state and community level interventions during stages 4, 5 and 6.



Pre-Pandemic Intervals

- Investigation
- Recognition

Pandemic Intervals

- Initiation
- Acceleration
- Peak Transmission
- Deceleration
- Resolution

The New Mexico Department of Health is the lead agency in determining when the state pandemic operational plan and all of its policies and procedures to mitigate the impact of an influenza pandemic are implemented. This will occur during the **'Recognition'** interval as described by the Centers for Disease Control and Prevention (CDC). See above.

In New Mexico, during a declared public health emergency, the Office of the Governor will have responsibility for final decisions. Responsibility for recommending initiation and discontinuing each intervention rests with the Secretary of the Department of Health. The Epidemiology and Response Division Director and State Epidemiologist in the Department of Health will be responsible for analyzing and reporting out available intelligence and epidemiologic data to the Secretary of Health.

The following guidance for implementation of community mitigation is intended to provide communities and local public health offices with an overview of the types of strategies and measures that will be considered by the Secretary of Health

### **Mitigation Strategies:**

#### **Voluntary Isolation (Isolation is for people who are sick)**

Voluntary Isolation means isolation and treatment (as appropriate) with influenza antiviral medications of all persons with confirmed or probable pandemic influenza. Isolation may occur in the home or healthcare setting, depending on the severity of an individual's illness and/or the current capacity of the local healthcare system. The Department of Health and its partners will make population based appeals and undertake community support activities encouraging voluntary isolation as part of a response to every pandemic, regardless of severity.

The goal of this intervention is to reduce transmission by reducing contact between persons who are ill and those who are not. Ill individuals not requiring hospitalization would be requested to remain at home voluntarily for the infectious period, which would be until they were afebrile for 24 hours. This would usually be in their homes, but could be in a home of a friend or relative.

Voluntary isolation of ill children and adults at home is predicated on the assumption that many ill individuals who are not critically ill can and will need to be cared for in the home. In addition, this intervention may be combined with the use of influenza antiviral medications for treatment (as appropriate), as long as such medications are effective and sufficient in quantity and that feasible plans and protocols for distribution are in place.

Requirements for success include prompt recognition of illness, appropriate use of hygiene and infection control practices in the home setting (specific guidance is available on [www.pandemicflu.gov](http://www.pandemicflu.gov)); measures to promote voluntary compliance (e.g., timely and effective risk communications); commitment of employers to support the recommendation that ill employees stay home; and support for the financial, social, physical, and mental health needs of patients and caregivers. In addition, ill individuals and their household members need clear, concise information about how to care for an ill individual in the home and when and where to seek medical care. Special consideration should be made for persons who live alone, as many of these individuals may be unable to care for themselves if ill.

As part of implementation of New Mexico Modular Emergency Medical System (NM MEMS), the States recommended framework for responding to incidents that cause patient and medical surge (See: <http://www.nmmems.org>), Local Public Health Offices and emergency managers in counties, municipalities, and Tribes shall undertake the following:

Set up local communication and education mechanisms for the general public on access to hotlines, when and where to seek medical care, how to care for ill persons at home, how to protect family members if there is a sick person at home, and when to stay home.

Coordinate with and develop strategies with local hospitals and other treatment facilities to recommend patients with influenza-like illness (ILI) to stay at home.

1. Conduct outreach to community Emergency Medical Services (EMS) and 911 services regarding development of protocols and algorithms for pandemic response.
2. Outline a process to work with community organizations to distribute subsistence (e.g., food, water) items to households in isolation if necessary.
3. Distribute medical countermeasures consistent with the State's Strategic National Stockpile plan, and the State's plan for distribution of vaccine.

4. Identify vulnerable populations and make plans for support and outreach to these populations during a pandemic.
5. Conduct outreach to community and faith-based organizations to develop plans that will be coordinated with those organizations for meeting the needs of vulnerable households who may be isolated during a pandemic.

**Voluntary Quarantine (Quarantine is for people who may soon get sick because they had been exposed to someone who had been sick)**

Voluntary home quarantine of members of households with confirmed or probable influenza case(s) and consideration of combining this intervention with the prophylactic use of antiviral medications, providing sufficient quantities of effective medications exist and that a feasible means of distributing them is in place.

Members of households in which there is an ill person are at increased risk of becoming infected with a pandemic influenza virus; a significant proportion of these persons may shed virus and present a risk of infecting others in the community despite having asymptomatic or only minimally symptomatic illness that is not recognized as pandemic influenza disease. Thus, members of households with ill individuals may be recommended to stay home for an incubation period, 7 days (voluntary quarantine) following the time of symptom onset in the household member. If other family members become ill during this period, the recommendation is to extend the time of voluntary home quarantine for another incubation period, 7 days from the time that the last family member becomes ill.

Local Public Health Offices and emergency managers are shall undertake the following:

1. Set up local communication and education mechanisms for the general public on access to hotlines, when and where to seek medical care, how to care for ill persons at home, how to protect family members if there is a sick person at home, and when to stay home.
2. Coordinate with and develop strategies with local hospitals and other treatment facilities to recommend patients with Influenza-Like- Illness (ILI) to stay at home.
3. Conduct outreach to community Emergency Medical Services (EMS) and 911 services regarding development of protocols and algorithms for pandemic response.
4. Outline a process to distribute subsistence (e.g., food, water) items to households in isolation.
5. Distribute medical countermeasures consistent with the State's Strategic National Stockpile plan, and the State's plan for distribution of vaccine.
6. Identify vulnerable populations and make plans for support and outreach to these populations during a pandemic.
7. Conduct outreach to community and faith-based organizations to develop plans that will be coordinated with those organizations for meeting the needs of vulnerable households who may be isolated during a pandemic.

**School Closure/Child Social Distancing**

School closure means dismissal of students from school (including public and private schools as well as colleges and universities) and school-based activities and closure of childcare programs, coupled with protecting children and teenagers through social distancing in the community to achieve reductions of out-of-school social contacts and community mixing.

Biological, social, and maturational factors make children especially important in the transmission of influenza. Children usually shed more influenza virus and are more susceptible than adults to infection and, compared with adults, are responsible for more secondary transmission within households. Schools, in particular, serve as amplification

points of seasonal community influenza epidemics, and children are thought to play a significant role in introducing and transmitting influenza virus within their households.

The State of New Mexico will use a three-tiered strategy for planning with respect to the duration of dismissal of children from schools, colleges and universities, and childcare programs (Table 2):

1. No dismissal of students from schools or closure of childcare facilities in a Category 1 pandemic
2. Short-term (up to 4 weeks) dismissal of students and closure of childcare facilities during a Category 2 or Category 3 pandemic
3. Prolonged (up to 12 weeks) dismissal of students and closure of childcare facilities during a severe influenza pandemic (Category 4 or Category 5 pandemic).

The Public Education Department, local school districts, Local public health offices and emergency managers shall undertake the following:

1. Consider development of locally-based measures that through social distancing in the community achieve reductions of out-of-school social contacts and community mixing among school aged children; especially, teens.
2. A public education campaign can protect their children by reducing their social contacts as much as possible.
3. Working with local school administration to coordinate food safety-net programs for children and families served by these nutritional programs.

### **Community & Workplace/Adult Social Distancing**

Adult Social Distancing means social distancing measures to reduce contact among adults in the community and workplace, this includes, for example, cancellation of large public gatherings and alteration of workplace environments and schedules to decrease social density and preserve a healthy workplace to the greatest extent possible without disrupting essential services.

In a severe pandemic (categories 2,3,4,5), through the powers conferred to the governor by the New Mexico Public Health Act and the 2006 New Mexico Public Health Emergency Response Act the Governor of New Mexico may cancel public gatherings including, among other things, sporting events, theater and church services. The State of New Mexico recognizes the significant challenges and social economic costs that will be imposed by the prolonged closure of business and other places of employment. This being the case, employers are encouraged to develop Continuity of Operations Plans for Pandemics. These plans should emphasize identifying potential for telecommuting among their staff, implementation of staggered shifts, curtailment of face to face meetings, and the sustained practice of cough hygiene and infection control in the workplace.

Local Public Health Offices and emergency managers shall undertake the following:

1. Inform and consult with local political officials about the timing and considerations for initiation of school distancing interventions.
2. Encourage local employers to develop Continuity of Operations Plans for their businesses that include Pandemic Influenza specific planning.

All community-based strategies described above will be used in combination with individual infection control measures, such as hand washing and cough etiquette.

Decisions about what interventions will be used during a pandemic will be based on the observed severity of the event, its impact on specific subpopulations, the expected benefit of the interventions, the feasibility of success in modern society, the direct and indirect costs, and the consequences on critical infrastructure, healthcare delivery, and society. The most controversial elements (e.g., prolonged dismissal of students from schools and closure of childcare programs) are not likely to be needed in less severe pandemics, but these steps may save lives during severe pandemics.

### **How This Information Will be Communicated to Local Public Health Offices and Communities**

In addition, information will be distributed during a pandemic through the NMDOH Public Information Officer to statewide media for wide dissemination.

The New Mexico Health Alert Network (HAN) will also be used to target the information to health care providers and facilities, school nurses and administrators, EMS service providers and academic institutions statewide at the '**Initiation, Unaffected**' interval of an influenza pandemic. The HAN is a health alert system that provides information and updates on health threats or outbreaks throughout the State to the health professionals, emergency managers, public safety, and other responders across the state.

Activation of the New Mexico Poison and Drug Information Center (PDIC). ERD has a standing with PDIC to provide overflow call support in the event of a public health emergency. ERD and PDIC have successfully activated this system on multiple occasions in the recent past, including during the investigation of a measles case imported from India that exposed thousands of people during an international science fair in Albuquerque; during a recent hepatitis A outbreak associated with a national restaurant chain; and most recently during the Salmonella Saintpaul outbreak associated with tomatoes. PDIC has the ability to expand to several multiple lines that roll over to open operators during heavy call periods.

Coordination with the Nurse Advice New Mexico (NANM). The NANM is a statewide system that was instituted in 2006. ERD is already supporting and working with NANM to collect and analyze call data to evaluate the hotlines potential for augmenting existing influenza surveillance strategies. ERD has also coordinated messages and information during health-related events and outbreaks to ensure that consistent information and messages are being disseminated to the public.

### **Objective B.4: Enhance State Plans to Enable Community Mitigation through Student Dismissal and School Closure**

**Operating Sub-Objective B.4.1 (supporting activities B.4.1.a through B.4.1.e): Review legal authorities and delegations of authority for closing schools and/or dismissing students**

#### **PREPARE:**

**B.4.1.a Identify the legal authority to close schools during a pandemic prior to declaration of state of emergency. (For example, does this authority rest with the Governor? State Educational Agency? Local authorities?). Provide citation.\***

Current law does not provide explicit authority to close schools prior to a declaration of state of emergency.

The New Mexico Public Health Act that was enacted in 1973 deleted the explicit authority of the Secretary of the Department of Health to close schools during a pandemic prior to a declaration of state of emergency. This authority had been explicit since 1919. However, this act DOES

provide authority to the Department of Health to “close any public place and forbid gatherings of people when necessary for the protection of the public health”

<http://www.conwaygreene.com/nmsu/lpext.dll?f=templates&fn=main-h.htm&2.0>

The Public Health Emergency Response Act (PHERA), enacted in 2003, provides authority to the Governor to issue prior to an event an “enhanced public health advisory if the Governor has reasonable cause to believe that a public health emergency may occur.” In addition, the Secretary of Health may use powers and duties conferred under the Public Health Act (see above) to investigate conditions to the issuance of the enhanced public health advisory.

**B.4.1.b Identify the legal authority to close schools during an emergency (declared state of emergency) (For example, does this authority rest with the Governor? State Educational Agency? Local authorities?). Provide citation.**

Under the PHERA enacted in 2003, the Governor may declare a state of public health emergency “upon the occurrence of a public health emergency” and with consultation from the Secretary of Health.

<http://legis.state.nm.us/Sessions/03%20Regular/FinalVersions/house/HB0231.pdf>

While not explicitly referencing school closure, under the PHERA, the Governor can issue a public health emergency executive order including ways to respond to the emergency which can include school closure.

**B.4.1.c If there are no existing authorities, identify the state’s plans for establishing this authority.**

N/A – see above.

**B.4.1.d Identify the state’s legal authority to dismiss students from state-funded post-secondary schools (PSSs). Provide citation, if available. If not, describe state’s legal role in and/or obligations to PSSs, if applicable. (For example, do PSSs function under a Board of Regents? If so, does this body have legal authority to dismiss students?)**

Legal authority for all post-secondary institutions is the institution’s board of regents (statute: Chapter 21 NMSA 1978). The Regents have delegated authority to manage the daily operation of the institution (to include management of emergencies). However, school closure can be authorized/directed from the President of the institution or the Chief Executive Officer of the branch campuses.

For satellite facilities or campuses, the person in charge of such facility has full authority to take those actions necessary to preserve life during an emergency, to include evacuation of buildings and requesting assistance from local public safety agencies without need to first obtain authorization; however, the President must be notified immediately. Formal declarations of emergency must still come from the President or his/her designee.

In the event of a public health emergency that would require post secondary schools to be closed, the HED shall consult and coordinate with the Governor, NMDOH and NMPED on the most efficient and effective way to close public schools

**B.4.1.e Identify the state’s legal authority to close day care centers, if applicable.**

Under the New Mexico Public Health Act, the Department of Health has the legal authority “to close any public place and forbid gatherings of people when necessary for the protection of the public health.” In the event of a public health emergency which would require daycare centers to be closed, the DOH shall consult and coordinate with the Children Youth and Families Department on the most efficient and effective way to close daycare centers.

**Operating Sub-Objective B.4.2 (supporting activities B.4.2.a through B.4.2.e):  
Develop and/or enhance planning and coordination efforts for school closure/student dismissal and reopening**

**B.4.2.a Delineate process for coordinating the response efforts for the state educational agency (SEA). Identify the positions designated in lines of authority. (For example, describe who within the State Educational Agency (SEA) the Governor would contact if a state of emergency was declared, as well as who would be designated next if the person in that position was not available.)**

The Governor has the authority to declare a state of public health emergency (the Lieutenant Governor in his absence). The Governor contacts:

- Secretary of Health, (2<sup>nd</sup> Deputy Secretary)
  - Secretary of Education (2<sup>nd</sup> Deputy Secretary for Finance and Operations, 3<sup>rd</sup> Assistant Secretary for Program Support and Student Transportation)
  - School Superintendents/Director of Charters (2<sup>nd</sup> Asst Superintendents)

**B.4.2.b Identify the position within the governing entity for PSSs that serves on the state-level pandemic planning team.**

Council of University Presidents Executive Director & New Mexico Association of Community Colleges Executive Director.

**B.4.2.c Designate representative to the state's Pandemic Flu coordinating team for state educational agency.**

For the Public Education Department:

- Director, Administrative Services
- Director, School and Family Support Bureau
- Assistant Director, School and Family Support Bureau
- School Based Medicaid/Health Services Coordinator

For the Higher Education Department:

- Public Information Officer
- Human Resources Director

**B.4.2.d Describe relationships between SEA, public health, and other entities, such as mental health. Describe the other partners involved in planning the educational response to a pandemic and their specific roles. (For example, do these entities collaborate on issues related to pandemic influenza? Are there formal Interagency Agreements or Memoranda of Understanding?)**

Currently, the Department of Health and Public Education Department have an MOU that states the two Departments will work together during a pandemic.

The Higher Education Department and Department of Health are expected to sign a similar MOU.

**B.4.2.e Describe if state has disease surveillance system in which schools or PSSs participate or plans for developing such a system (If applicable.) (Refer to Appendix B.1 if applicable)**

For the 2009-2010 school year, NM will be participating in the CDC-led School Dismissal Monitoring System and PED will report data to the system..

**Operating Sub-Objective B.4.3 (supporting activities B.4.3.a through B.4.3.e): Develop and/or enhance communications planning for school closure/student dismissal and reopening**

**B.4.3.a Describe the SEA's mechanism in place for communicating with LEAs in the event of an emergency (e.g. reverse 911, email groups, phone tree, etc) and key audiences for messaging (For example, will private schools also be included in communications or will this audience receive messages from LEAs?)**

- The PED will coordinate with the joint information system at EOC to ensure state wide communication during an emergency.
- PED will utilize existing email list serves to distribute information to all school administrators
- Press releases will be utilized for emergency broadcast announcements
- Phone trees have been established per/ PED school district liaisons. These will be utilized
- Established phone trees for transmutation to critical contractors (i.e. transportation contractors) will be utilized.

**B.4.3.b Describe if and how the communications systems are redundant and if not, plans for ensuring redundancy.**

For PED:

The following communication systems target the same audiences: School Administrators:

- The PED in conjunction with DOH will coordinate with the joint information system at EOC to ensure state wide communication during an emergency.
- PED will utilize existing email list serves to distribute information to all school administrators
- Press releases will be utilized for emergency broadcast announcements
- Phone trees have been established per/ PED school district liaisons.

For HED:

If there is a closure or dismissal, communication will distributed by email and information/instruction will be posted on the Higher Education Department website.

If internet is down, information will be communicated via phone/text. The Human Resources Director and the Public Information Officer will call division directors and all directors will be responsible for informing their staff.

The Higher Education Department is a very small Department which makes this process possible.

**B.4.3.c Designate the state-level education spokesperson (spokespeople, if applicable) for both media relations and communicating with LEAs. (For example, is this the SEA's Public Information Officer? Who will back up this position?)**

PED Public Information Officer (there are 2 PIOs in PED)

Higher Education Department Public Information Officer or Legislative Liaison

**B.4.3.d Identify the position designated to communicate with PSSs.**

Higher Education Department Public Information Officer

**B.4.3.e Identify the position designated to communicate with day care centers.**

CYFD Public Information Officer

**Operating Sub-Objective B.4.4 (supporting activities B.4.4.a through B.4.4.d): Establish expectations and procedures for providing continuity of education for students**

**B.4.4.a Describe the SEA’s expectations for continuity of education (for example, does the state or do communities plan to offer educational content that allows for students to remain connected to “normalcy” vs. expectation for advancement).**

For students/parents with internet access:

Innovative Digital Education and Learning New Mexico (IDEAL-NM) is a Joint program of New Mexico Public Education Department and the New Mexico Higher Education Department and supported by the New Mexico Learning Network and the Department of Information Technology. IDEAL-NM provides on-line learning experiences for district K-12 students and higher education students. College students can access an online catalog of online courses offered by New Mexico's colleges and universities, course schedules, and links to the colleges and universities providing these courses.

IDEAL-NM staff could provide technical assistance to school districts using the state’s Learning Management System (LMS) to provide on-line learning experiences for district K-12 students. This assistance includes web portal announcements, help desk support working through the network of school site coordinators already facilitated by IDEAL-NM staff, and general assistance with distance learning.

- The main web portal would be [www.ideal-nm.org](http://www.ideal-nm.org). The PED web portal would be used to provide general announcements and point toward the IDEAL-NM site. IDEAL-NM web conferencing tools would also be available to, among other things, help school staffs know how to post announcements, including class assignments, on the district portals of the statewide LMS.
- The Help Desk function of IDEAL-NM would act as a central coordinating point for queries related to technical assistance. Due to the anticipated volume of calls, IDEAL-NM would also work through the Regional Education Cooperative (REC) support system for online learning. Each REC would be responsible for Level 1 support to its member districts and schools.
- Web conferencing tools would serve another vital role by providing virtual locations for administrator, teacher and other stakeholder meetings, plus as a venue for virtual learning discussions between teachers and students. Podcasting can also be an excellent communication and instructional delivery tool, especially for students feeling isolated from traditional social milieus. Podcasts could be housed on district LMS portals and referenced on the IDEAL-NM and PED web portals.

IDEAL-NM staff would work with district and school technology coordinators in facilitating the above, and working through the technological and organizational tasks. Since there are fewer online courses for elementary students, districts would have to be more creative in developing ongoing learning experiences for these students and would rely more heavily on parents as teachers utilizing home resources. National vendors have elementary-based online curricula that could be implemented during a Pandemic crisis.

For students/parents without internet access:

Telephone communication would be needed.

Public television—Since almost every home has television access, public television would become an important assistive vehicle for communications and curriculum enrichment.

**B.4.4.b Identify who will have the primary responsibility for development and/or delivery of educational content. (For example, is this the SEA or LEAs?)**

For Public Education: Local Educational Authorities would have this responsibility.  
 For Higher Education: Institutions of Higher Education

**B.4.4.c Describe the existing technological resources at the state level for continuing education. (For example, does the SEA have a website, access to public cable, etc.? Will these resources be available to K-12 or to PSSs also?)**

Public Education Department	Higher Education Department
Websites: ( <a href="http://www.ped.state.nm.us">www.ped.state.nm.us</a> )	Websites: ( <a href="http://www.hed.state.nm.us">www.hed.state.nm.us</a> )
E-list for all school administrators	E-list for Institution contacts
IDEAL-NM (see above)	IDEAL-NM (see above)

**B.4.4.d Describe how the state will address the needs of special education students or students with special needs, if applicable. (For example, will the SEA provide technical assistance to districts in assessing IEPs or developing content for these students to be delivered remotely?)**

Because the IEP is coordinated by a select team, all IEP tasks will be resumed once the school district reopens. An individual system may be developed by the local district(s) to coordinate the assessment and completion of the IEPs requiring attention.

**Operating Sub-Objective B.4.5 (supporting activities B.4.5.a through B.4.5.b): Establish policies and procedures for use of school facilities and resources during a pandemic**

**B.4.5.a Describe the SEA’s policies or guidance about alternative uses of K-12 school facilities or resources. (For example, are there assets that are owned by the SEA or whose contracts are negotiated by the SEA, such as buses?)**

The Public Health Emergency Response Act (PHERA) gives the Governor the authority to commandeer any public facility or public transportation during a public health emergency. This would include public schools and public school buses.

**B.4.5.b Describe the state’s policies or guidance about the use of state-funded PSS property or assets. (For example, could the state use PSS’s facilities, such as a stadium as vaccination sites? If so, has the state developed appropriate Memoranda of Understanding with the relevant PSS?)**

The Public Health Emergency Response Act (PHERA) gives the Governor the authority to commandeer any public facility or public transportation during a public health emergency. This would include public schools and public school buses.

**Operating Sub-Objective B.4.6 (supporting activities B.4.6.a through B.4.6.b): Ensure that continuity of operations and business continuity plans include considerations for pandemic for that state educational agency**

**B.4.6.a Provide a hyperlink or reference to the Labor section of the pandemic plan (Appendix A.1), ensuring that the SEA has included considerations for the implications on staffing levels of a pandemic in their COOP or BCPs and if SEA staff will be covered in the state’s overall plan for paying state staff.**

**B.4.6.b Describe the state responsibility, if any, for paying staff/faculty at state-funded PSSs.**

The Institutional Finance Division and Administrative Services Division at the Higher Education Department will maintain payments to the institutions.

**Operating Sub-Objective B.4.7 (supporting activities B.4.7.a through B.4.7.d): Implement policies and procedures for closing schools and dismissing students**

**RESPOND AND RECOVER PHASES:**

**B.4.7.a List steps for closing schools/dismissing students (if applicable).**

Decisions to dismiss students or close public schools will be made by the Department of Health and the Public Education Department in collaboration with local school superintendents/Charter School Administrators.

**B.4.7.b List process for closing day care centers (if applicable).**

Decisions to dismiss students or close daycares will be made by local authorities in consultation with the Children Youth and Families Department and Department of Health.

**B.4.7.c List process for closing state PSSs (if applicable).**

Decisions to dismiss students or close schools will be made by local school authorities in consultation with the Higher Education Department and Department of Health.

**B.4.7.d List steps for working with health officials to assess/coordinate closures in regions of state that border other states.**

See answers to B.4.7.c and B.4.7.d.

**Operating Sub-Objective B.4.8 (supporting activities B.4.8.a through B.4.8.c): Implement policies and procedures for continuing education during prolonged school closure/student dismissal**

**B.4.8.a List steps for activating continuity of education plans. (*For example, would these plans only be activated as a result of a formal declaration of emergency?*)**

For PED:

Activation of continuity of education plans would only occur as a result of a formal declaration of an emergency that resulted in more than 4 weeks of school closure.

For HED:

Institutions could provide education continuity through the internet or through the local broadcasting systems mentioned above.

**B.4.8.b List how the state would assist in delivering educational content to students across the age spectrum (*For example, would educational content be coordinated for K-12 students? PSS?*).**

See B.4.4.a and B.4.4.c above.

**B.4.8.c Describe how the state will participate in helping provide nutrition assistance to children who normally would receive free meals through USDA's school/child care feeding programs (National School Lunch Program, School Breakfast Program, Child and Adult Care Food Program), if applicable.**

Based on current CDC guidance, we anticipate that most schools will remain open during the 2009-2010 school year. However, discussions are ongoing within the Department of Health

about alternate approaches to nutrition assistance in the unlikely event of large scale prolonged school closures. For example, the DOH-administered CFSP has a tailgating distribution of goods to individuals and families. Working with PED we may be able identify eligible families whose children were being fed at school and alert them to an alternative food distribution system.

**Operating Sub-Objective B.4.9 (supporting activities B.4.9.a through B.4.9.d): Clearly communicate policies and procedures about school closures/dismissal of students and other important information**

**B.4.9.a List steps that SEA will take to provide ongoing communications about key health information to specific audiences, including LEAs and stakeholders. Designate key positions and lines of authority for receipt of and responsibility for dissemination of health information. (For example, if CDC or state health authority provides information about thresholds for dismissing students, reconvening students, etc., who at the SEA will be the recipient of this information and how will this person disseminate information?)**

For PED:

- The PED in conjunction with DOH will coordinate with the Joint Information Center at the New Mexico EOC to ensure state wide communication during an emergency
- PED will utilize existing email list serves to distribute information to all school administrators
- Press releases will be utilized for emergency broadcast announcements
- Phone trees have been established per/ PED school district liaisons. These will be utilized
- Established phone trees for transmutation to critical contractors (i.e. transportation contractors) will be utilized.

For HED:

The Public Information Officer at the Higher Education Department will disseminate all information to the institutions of higher education. The information will be disseminated via email. If internet is down, the information will be delivered via fax.

**B.4.9.b List process for how the State will provide ongoing communication about education-related issues (such as declarations of emergency which would trigger school closures) and whether or not this will be the same person as above. Designate key positions and lines of authority for receipt of and responsibility for dissemination of education information (if different than above).**

For PED:

- The PED in conjunction with DOH will coordinate with the joint information system at EEOC to ensure state wide communication
- PED will utilize existing email list serves to distribute information to all school administrators
- Press releases will be utilized for emergency broadcast announcements
- Phone trees have been established per/ PED school district liaisons. These will be utilized
- Established phone trees for transmutation to critical contractors (i.e. transportation contractors) will be utilized.

For HED:

The Public Information Officer will be responsible for disseminating information on all education related issues. Institution presidents and public information officers will receive all information disseminated by the public information officer.

**B.4.9.c List steps the education spokesperson will take to coordinate messages with other state entities. (If appropriate, link to communications section of pandemic plan.)**

For PED:

- The PED in conjunction with DOH will coordinate with the joint information system at EEOC to ensure state wide communication during an emergency.
- PED will utilize existing email list serves to distribute information to all school administrators.
- Press releases will be utilized for emergency broadcast announcements.
- Phone trees have been established and will be utilized per/ PED school district liaisons.
- Established phone trees for critical contractors (i.e. transportation contractors) will be utilized.

**B.4.9.d If applicable, describe process by which LEAs and/or state PSSs will report to SEA on closures.**

Each institution’s public information officer will report back to the Higher Education Department’s public information officer.

**Operating Sub-Objective B.4.10 (supporting activities B.4.10.a through B.4.10.b): Protect state assets (school facilities and resources) during a pandemic**

**B.4.10.a List SEA’s steps to protect state-owned assets related to schools or PSSs (if applicable).**

N/A

**B.4.10.b List steps state will undertake if the state will use state-owned educational facilities for alternate uses (if applicable). Describe the steps necessary to ensure that sites are prepared to function in desired capacity (for example, if a university stadium is being used for a vaccination delivery site, are there sufficient refrigeration units available and easily accessible? How will these sites be cleaned and maintained?)**

The Public Health Emergency Response Act (PHERA) gives the Governor the authority to commandeer any public facility or public transportation during a public health emergency. This would include public schools and public school buses.

**Operating Sub-Objective B.4.11, B.4.12, B.4.13**

**RECOVER:**

DESCRIPTION OF SUPPORTING ACTIVITY	CITATION TO SUPPORTING DOCUMENT	IF NOT APPLICABLE, PLEASE EXPLAIN
<b>Sub-objective B.4.11 - <i>Implement steps to reopen schools/reconvene students.</i></b>		
<p><b>List SEA’s steps for reopening schools/reconvening students (if this is a state function).</b></p> <p>Local authorities will re-open schools/reconvene students as per the directions from PED and DOH in collaboration with the local superintendents/Charter School Administrators.</p>		N/A; these documents have not been developed but this is the understanding at the Secretary level.
<p><b>List steps the state will take to facilitate reopening/reconvening day care centers and children.</b></p> <p>Local authorities will re-open daycares/reconvene</p>		N/A; these documents have not been developed but this is the

students in consultation with CYFD and DOH.		understanding at the Secretary level.
<p><b>List steps the state will take to facilitate reopening/reconvening PSSs and students.</b></p> <p>Local authorities will re-open schools/reconvene students in consultation with HED and DOH.</p>		N/A; these documents have not been developed but this is the understanding at the Secretary level.
<b>Sub-objective B.4.12 - Communicate policies for reopening schools/reconvening students.</b>		
<p><b>Describe the communication plan for reopening schools/reconvening students (if this is a state function). (For example, will the state provide messaging for the LEAs to use uniformly about state policy? Will these messages be delivered in daily press conferences? Letters to LEA staff? Email?)</b></p> <p>Based on current CDC guidance, we anticipate that most schools will remain open during the 2009-2010 school year. School dismissal and reopening of schools is anticipated as a local decision, in consultation with the DOH and PED.</p> <p>Schools will likely communicate directly with families via telephone contact lists and via local media.</p>		N/A
<p><b>Identify the state spokesperson who will provide messages during the recovery stage, as well as the second person in the line of succession for this function (if different than during response).</b></p> <p>PED Public Information Officer (there are 2 PIOs in PED)</p>		N/A
<b>Sub-objective B.4.13 - Restore the learning environment.</b>		
<p><b>Describe process State will recommend that LEAs use to assess student's levels with respect to state academic standards.</b></p> <p>Local school district will be encouraged to continue use of short-cycle, formative assessments, if statewide assessments cannot be safely administered.</p> <p>The Secretary may invoke section 9401 of ESEA if</p>	<p>The Secretary of Education has authority under NMAC 6.30.2.10-K to waive standardized test requirement for high school graduation, if approved by local board of education</p>	

<p>the CDC declares a severe pandemic during any statewide assessment window and seek a waiver for federally required assessments and request a delay in accountability requirements.</p> <p>State-wide assessments will not be disrupted if at least two weeks of the testing window remains unaffected by the pandemic.</p>	<p>and request by the district superintendent.</p>	
<p><b>List steps that SEA will take to support LEAs in screening and referring students for mental health services, if applicable. (For example, does the state support efforts for linkages between schools and mental health systems?)</b></p> <p>The School-Level Safe Schools Plans contain a section on Recovery (see attached)</p>		
<p><b>Describe if/how the state will provide additional mental health staff or funding for services to students and staff.</b></p> <p>This area needs to be pursued between NMDOH and the NM Human Services Department.</p>		<p>N/A</p>
<p><b>List steps that the SEA will take to support LEAs in assessing students with special needs in reviewing, revising, or creating Individualized Education Plans (IEPs).</b></p> <p>Because the Individual Education Program is coordinated by a select team, all IEPs will need to be resumed at the time the school district reopens. When school resumes, all IEPs that need to be developed, implemented, revised, or reviewed will be addressed in the order of the earliest to the most recent IEP date. All initial evaluations will also resume when school reopens, and will be initiated according to the parental consent date. An individual system may be developed by the local district(s) to coordinate the initiation, assessment and completion of the IEPs. The Special Education Bureau (SEB) will be available to provide technical assistance to districts in order to facilitate the assessment, revision, and implementation of IEPs. SEB will also notify the state's governing agency (OSEP), why IEP timeline requirements could not be met for the time period, and school districts affected, and request a waiver for the missed timeline and SPP indicators.</p> <p>Students may be eligible to receive Compensatory Education if FAPE was denied to them during the school closure. The compensatory education can</p>	<p>Per NMAC 6.31.2.11 (B) - Each public agency shall develop, implement, review and revise Individual Education Programs (IEPs) for each child with a disability (within it's educational jurisdiction).</p> <p>Per NMAC 6.31.2.9 (A) - Public Agency</p>	

<p>come in several forms. If a student is age 21 during the time of the school closure, the compensatory education could mean extending the student's full educational services for a specific amount of time beyond his/her 22<sup>nd</sup> birthday. For students under age 21, compensatory education may include current compensatory education or future compensatory education. These could include extended day programs, extended year services, summer school, or tutoring, or providing education beyond the student's 22<sup>nd</sup> birthday. The length of time to provide compensatory education will be determined by the length of time FAPE was denied, and this can be measured in weeks, months, or even years, depending on how long school was closed.</p> <p>Therefore, instruction will resume when the school district(s) reopen. IEP teams will need to reconvene to determine which students receiving special education supports and services will need Extended School Year (ESY) services due to the break/time lost in the school year. ESY services will be determined based on the regression (loss) and recoupment (regain) factors. (ESY) will be made available to students with disabilities to provide the missed education, instruction, and services entitled to students with disabilities for a free appropriate public education (FAPE).</p> <p>The State Education Agency will notify governing Federal Agencies (OSEP) why IEP timelines were not met.</p>	<p>Responsibilities - Compliance with applicable laws and regulations. Each New Mexico public agency, within the scope of its authority, shall develop and implement appropriate policies, procedures, programs and services to ensure that all children with disabilities who reside within the agency's educational jurisdiction, including children who are enrolled in private schools or facilities such as residential treatment centers, day treatment centers, hospitals, mental health institutions, or are schooled at home, are identified and evaluated and have access to a free appropriate public education (FAPE) in compliance with all applicable requirements of state and federal laws and regulations.</p> <p>Per NMAC 6.31.2.10(D) -</p>	
<p><b>If the state used state-owned school facilities for alternate uses, identify the process and/or funding stream that the state will use to support any necessary remediation.</b></p> <p>This process has not yet been identified. NMDOH and NM Dept. of Homeland Security and Emergency Management will explore this in the coming year.</p>		N/A

**Objective B.5: Acquire and Distribute Medical Countermeasures**

## **Operating Sub-Objective B.5.1: Receive and Store Antiviral drugs, Personal Protective Equipment and Medical Supplies from SNS**

### **PREPARE:**

B.5.1.a The State has established 3 Receipt/Store/Stage (RSS) sites. The Bravo Site has been established as the central site for receipt and distribution of antiviral drugs, personal protective equipment and other related supplies from state stockpiles and the SNS.

B.5.1.b Memoranda of Agreement (on file at BHEM) are in place for the 3 RSS sites.

B.5.1.c The RSS management team and back-up personnel have been identified. The central site has been extensively exercised.

B.5.1.d The RSS management team and back-up personnel have job action sheets for their specific functions.

B.5.1.e The RSS staff/volunteers and back-up personnel have been identified. Two sites have permanent staff. The NM National Guard will staff the 3rd site.

B.5.1.f Call down rosters for 24/7 operations are maintained current and tested quarterly.

B.5.1.g See B.5.1.d

B.5.1.h The "NM Strategic National Stockpile Inventory and Storage Locations" documents lists the inventory deployed and if activated to be deployed at each RSS site.

B.5.1.g Inventory levels are managed by a partnership of the CDC Resource Inventory Tracking System (RITS), the NM State Immunization Inventory System (NM SIIS) and the Bravo Site system.

B.5.1.k Inventory management is conducted by the Bravo Site under agreement with NM DOH.

## **Operating Sub-Objective B.5.2: Allocate and Distribute Drugs within the State**

### **RESPOND:**

B.5.2.a The allocation methodology for antivirals is found in the "New Mexico Antiviral Distribution Plan ---- Fall 2009" dated September 8, 2009. State and federal stockpiles will be distributed in accordance with NM DOH guidelines and priorities.

B.5.2.b Recipient locations include all acute care hospitals and a geographically representative set of primary care centers statewide. See list.

B.5.2.c Bravo site staff are fully trained and exercised and the plan is in place to train the other RSS Sites.

B.5.2.e An SNS distribution manager has been identified with backups. All have been trained.

B.5.2.f Chain of custody will be monitored by use of the aforementioned inventory systems, manifests of delivery and signed acknowledgments of receipt.

B.5.2.g The "New Mexico Antiviral Distribution Plan ---- Fall 2009" dated September 8, 2009 includes:

- Receipt of Inventory
- Tracking of Inventory

- Approved Dispensing Sites
- Priority Populations
- Ordering
- Questions
- Distribution
- Dispensing to Patients

B.5.2.h The NM DOH Bureau of Health Emergency Management is the primary agency assigned to distribute antivirals, protective equipment and other ancillary medical supplies. Contracts and/or MOA's exist between NM DOH and other related agencies.

B.5.2.i Same as "h"

B.5.2.j Just in time training materials have been applied to the distribution functions.

**Operating Sub-Objective B.5.3: Ensure a safe and secure environment**

B.5.3.a The NM State Police have been identified to coordinate security, and have done so in the past.

B.5.3.b The NM National Guard has been identified and oriented to provide additional security.

B.5.3.c Security plans are in place for the RSS Sites

B.5.3.d Security plans are in place for escort of the delivery trucks by the NM State Police

B.5.3.e Extensive security provisions are in place with the Bravo Site and under development with the other RSS Sites. Health care providers are responsible for providing their own security.

B.5.3.f Staff badging/credentialing system is in place for all response personnel. See NM SNS Annex 5 - Security

**Operating Sub-Objective B.5.4 Administer drugs in a legal and ethical manner**

B.5.4.a Plans are in place to administer antiviral drugs in accordance with applicable federal and state requirements, including in compliance with Emergency Use Orders from the Federal Food and Drug Administration.

B.5.4.b Plans do not currently exist for antiviral drugs that might need to be administered under Investigational New Drug protocols. Plans do exist for administration under Emergency Use Authorizations.

**Operating Sub-Objective B.5.5: Monitor for adverse reactions to drugs**

**RECOVER:**

B.5.5.a Steps for tracking adverse events are in place. NM DOH will use CDC's Outbreak Management System (OMS) to track outcomes and adverse events.

B.5.5.b Information systems are available that support monitoring of adverse reactions that comply with the Public Health Information Network (see B.5.5.a)

**Objective B.6: Ensure Mass Vaccination Capability**

**Operating Objective B.6 (and all supporting activities related to B.6): Ensure Mass Vaccination Capability during Each Phase of a Pandemic**

## **ASSUMPTIONS**

Vaccine will not be available for at least six months after the beginning of a pandemic.

As production will be limited and demand high, vaccine doses will come in batches of varying size to New Mexico.

Vaccination in the context of an influenza pandemic will take place over many months and involve vaccinating an unprecedented number of persons.

Priority groups for pandemic vaccination will be determined at the national level. At this time, priority groups are:

- Pregnant women
- People who live with or care for children <6 months of age
- Health care and emergency medical services personnel
- Persons between the ages of 6 months through 24 years of age; and
- People from ages 25 through 64 years who are at higher risk for complications of novel H1N1 because of chronic health disorders or compromised immune systems

If vaccine is initially limited in quantity, the following groups have been identified as most vulnerable or critical to maintain essential services, and will therefore receive vaccine before others:

- Pregnant women
- People who live with or care for infants <6 months of age
- Health care and emergency medical services personnel with direct patient care,
- Children 6 months through 4 years of age; and
- Children 5 through 18 years of age who have chronic medical conditions.

Priority groups may change based on epidemiologic information as the pandemic progresses.

Priority groups may change based on the need to maintain State and local jurisdictional critical infrastructure and key resources.

Although states will be asked to vaccinate according to the national priority group ranking, states will have some flexibility in defining the state priority groups and sub-prioritizing within them.

If vaccine is available in sufficient quantities, priority groups will be vaccinated simultaneously.

The U.S. government will purchase all pandemic vaccine through the first year.

Pandemic vaccine will be allocated to states in proportion to their total population and New Mexico accounts for 0.6% of the population of the United States of America.

There may be a need to rapidly train individuals and/or increase the scope of practice for certain healthcare providers in order to administer large quantities of vaccine to New Mexico's population.

Adequate antibody production to confer immunity may require two-doses of vaccine given at least 3 weeks apart.

## **PREPARE:**

**B.6.a Describe if and how the plan provides guidance for priority groups on whether they will be vaccinated by public health, or by institutions or agencies to whom responsibility has been delegated, or a combination.**

**Priority group: Healthcare workers and emergency medical services personnel**

*Estimated population:* 30,374

*Assumptions:* Most health care facilities/provider groups will vaccinate their own staff.

*Primary venues:* Occupational setting, provider's offices.

*Groups to include:*

- Hospitals
- Private providers
- Clinics
- Home health providers
- Hospice
- Blood bank
- Long term care facilities
- EMS/Fire

*Strategies*

- Assess the ability of each group to vaccinate their own staff
- Assess the ability of each group to provide vaccination to groups unable to vaccinate their own staff.
- Health care workers and EMT's will receive flu vaccination through their employer

**Priority group: Pregnant women, people who live with or care for children <6 months of age, children 6 to 59 months of age**

*Estimated population:* 204,740

*Assumptions:*

- Public health will be a major resource in vaccinating this group.
- Many providers that provide OB and prenatal services are not part of the VFC system to receive vaccine and may not have facilities and pharmacy licenses to receive and handle vaccine.

*Primary venues:* WIC clinics, OB and FP provider offices, community clinics

*Strategies*

- DOH will invite OB providers to register to receive pandemic vaccine and train staff from participating OB clinics on vaccine storage and handling.
- Region 4 and 5 will provide flu vaccination for prenatal clients (These are the only two regions that provide PNC in health offices.)
- Public Health offices (PHO) will establish shot nurse for providing flu vaccination to all WIC and CMS clients on demand
- All PHO Health Services staff offer vaccination at positive pregnancy test visits
- DOH will encourage pediatricians and family practitioners to immunize new parents and household contacts of children less than 6 months of age. Must take into consideration the demand on providers during flu season (caring for ill children).
- DOH will encourage hospitals to make H1N1 flu vaccine available to all women who deliver as well as the household contacts of the new infant.
- Hospital discharges of children, pregnant women, new parents before and during the influenza season will be offered vaccination

**Priority group: Persons between the ages of 5 and 24 years of age**

*Estimated population:* 488,938

*Assumptions:*

- Public health will be a major resource in vaccinating this group.
- DOH will need to coordinate with PED and CYFD to work with schools and day care providers

- School systems will be a major resource in vaccinating this group
- Student health services at community colleges and universities will be a major resource in vaccinating young adults.

*Primary venues:* Schools and child care centers, colleges and universities, provider offices to a limited extent.

*Strategies--Schools*

- Public Health Staff will work with schools to plan and implement mass vaccination clinics in the schools
- Strategic sites in each school district will be designated for these vaccination clinics
- School nurses will participate in administering flu immunizations
- VFC schools may be requested to enter immunizations for their schools in NMSIIS
- School nurses will send VIS and consent home for parent/guardian signature
- School nurses will organize "groups" for vaccination and will have the signed consent available for each group prior to outreach dates
- PHD along with school nurses will enlist help from other approved resources
- Public Health will coordinate and staff immunization outreach at community based events along with other recruited providers
- Private providers will administer flu vaccine through their clinics
- Children with special health care needs will be referred to their private providers or to the local PHO by CMS staff within the PHO

*Strategies—Child care*

- Public Health staff will assist Child Care Center staff to organize "groups" for vaccination
- Child Care Centers will obtain signed parental consents and give parents VIS prior to outreach dates
- PHD will consider holding "after hours" vaccination clinics at PHO for Day Care Centers. VIS handouts and consents would be handled at the site
- PHD will consider "after hours" outreach at Day Care Centers
- WIC will provide client referrals to Health Services for on-demand flu immunization
- PHO will accept walk-ins
- Primary care givers may participate, but must consider number of ill children that they need to care for if flu season is in full swing
- Schools & community providers will alert child care centers when the school vaccination is happening and have them come to same site.

*Strategies—Colleges and Universities*

- Public Health staff will work with student health centers at local colleges and universities to plan for vaccinating students at their institutions.

**Priority group: People from ages 25 through 64 years who are at higher risk for complications of novel H1N1 because of chronic health disorders or compromised immune systems**

*Estimated population:* 189,817

*Assumptions:*

- Public health will have a role but will not be the main source of vaccination for this target group.
- Many adult providers are not part of the current VFC system and may not have facilities and pharmacy licenses to receive and handle vaccine.
- Hospitals, clinics and pharmacies will be the main source of vaccination for this group

*Primary venues:* Occupational settings, community clinics, pharmacies, providers' offices

*Strategies*

- PHO walk-ins
- PHO scheduled clinics
- Private providers

- Vaccination clinics by other large providers--Pres, Lovelace, UNMH clinics similar to seasonal flu vaccination
- Pharmacies—Maxim, Walgreens, CVS, etc.
- Vaccinate high-risk adults before discharge from a hospital

B.6.a, b, and c are included in the State's current revision and update of countermeasure distribution policies and procedures. It is anticipated that these decisions will be finalized shortly.

The current status of this information can be located in the NM Medical countermeasures Planning Guide.

**B.6.1.a Does the plan designate a vaccine safety coordinator position? What is this position and is it '3-deep?'**

The Chief Pharmacist of the State Pharmacy is the designated vaccine safety coordinator. The Manager of the State Immunization Program will be one back-up. The Medical Director for the Public Health Division will be the second back-up. When receipt of the vaccine is anticipated, one of these individuals will report to the receipt site to perform their responsibilities.

**B.6.b Does the plan include developing memoranda of agreements or other formal agreements with institutions and agencies to which vaccination will be delegated, where applicable.**

Provider agreements with those entities that will receive and administer H1N1 vaccine will be established before pandemic vaccine is provided to those entities.

**B.6.c Does the plan develop protocols for verification of priority group membership**

The New Mexico Statewide Immunization Information System (NMSIIS) will be used to track vaccine inventory and administration. All providers who administer pandemic vaccine will be required to record doses administered in NMSIIS. NMSIIS can track vaccine recipients by priority groups and provide regular reports on the doses administered by priority group. New Mexico will follow CDC guidelines for reporting of pandemic vaccine doses administered.

**B.6.1.b Describe the plan to ensure timely reporting of adverse events.**

All providers who receive pandemic vaccine will be provided information and training on the Vaccine Adverse Events Reporting System.

**RESPOND AND RECOVER:**

**B.6.1.c Describe the state's plan of designated recipient's ship-to sites for pandemic vaccine. Include descriptions in the plan for the following:**

DOH has a pharmacy with two locations established centrally. Both facilities are managed by the State Pharmacist.

**• Inventory Accountability.**

All pandemic vaccine received in New Mexico will be tracked using NMSIIS. NMSIIS will complete upgrades in August 2009 that will improve inventory tracking, ease of use for providers and will provide reports to the Countermeasure Response Administration as requested by CDC.

**• Personnel and backups identified for receipt of vaccines**

The DOH pharmacy has available an adequate number of personnel who are properly trained to receive vaccines.

- **Detailed written Operating Procedures (SOPS) in place**

The DOH pharmacy has SOPs in place and on file.

- **Temperature Monitoring (audible/manual or both) management system in place,**

All refrigerators used for storage of pandemic vaccine have continuous temperature monitoring and alarms that notify security and Public Health Division (PHD) personnel when the temperature is outside of the acceptable range for the vaccine.

DOH has contracted with a federal facility that is centrally located within the State and has extensive experience with receipt, management, packing, inventory management, and testing distribution of pharmaceuticals. This facility is unique in the United States and assists with federal clinical drug studies, being responsible for drug-related activities such as developing the drug handling protocol, negotiating with pharmaceutical companies, and packaging, distributing and accounting of drugs.

This facility will provide storage and inventory management services for the State-owned stockpile of pharmaceuticals, and serve as an RSS site for the federal Strategic National Stockpile and the designated ship-to site for pandemic influenza vaccine. The MOA is on file in the Bureau of Health Emergency Management at the Department of Health.

- **Personnel and backups identified for receipt of vaccines**

The ship-to site, by virtue of its signage of the MOA, will have available an adequate number of personnel who are properly trained to receive vaccines.

- **Detailed written Operating Procedures (SOPS) in place**

The designated recipient has SOPs in place and on file.

- **Temperature Monitoring (audible/manual or both) management system in place,**

The MOA requires the ship-to site to deliver a protocol to DOH that includes a description of environmental monitoring for temperature and relative humidity.

- **Inventory Accountability.**

The MOA requires the ship-to-site to deliver a protocol to DOH that includes a description of procedures for performing inventory management by manufacturer's lot number and expiration dating. The site retains a high security status due to its involvement in federal drug trials.

An assessment of other facilities throughout the state that are able to receive, store and possibly distribute vaccine is underway. We will establish additional capacity within PHD regional offices to store vaccine to decrease the distance needed for transport of vaccine to administration sites. Each additional site in PHD regional offices will have a refrigerator that is secured with limited access, has continuous temperature monitoring and alarms to alert personnel when the temperature is outside of the acceptable range for the vaccine.

Additional sites will be identified that can meet the criteria for a secure, temperature-monitored and alarmed facility. Each facility will be required to sign a provider agreement in order to receive pandemic vaccine.

#### **B.6.1.d Identify and describe the planned method for determining what proportion of vaccine will be allocated to each ship-to site.**

Allocation will depend on the quantity of vaccine to be shipped and the priority groups targeted for receipt of vaccine. Detailed population estimates are available for each of the priority groups by county in New Mexico. We will determine the proportion of vaccine allocated to each site based on the number of established sites, the area of the state that they will serve and the priority groups identified by CDC at the time that the vaccine is shipped.

**B.6.1.e Describe the process at the ship-to sites process for determining what proportion of pandemic vaccine will be allocated to further points of distribution, if applicable. Identify the Distribution Manager(s).**

DOH will determine the proportion of vaccine to be allocated to further points of distribution dependent upon the nature and scope of the incident, and the amount of vaccine available. It will be based upon the identified priority groups and the strategies to be used to reach each of those groups.

**B.6.1.f Describe the operational steps for ensuring the availability of sufficient storage at all relevant locations to maintain the cold chain.**

Cold chain recommendations will be required of all facilities participating in receipt and distribution of vaccine.

**B.6.1.g Describe how vaccine will be transported to vaccinating sites.**

DOH is developing a Professional Services Contract with a commercial trucking company that has facilities statewide. This company will be responsible for transporting the vaccine from the ship-to site to regional distribution nodes, if available, and to individual points of dispensing sites, if necessary. Escort of vehicles will be provided by State and local law enforcement if required at the time of transport.

**B.6.1.h Describe the state's vaccine security plan to include identifying the State-level Security coordinator, State security support agencies, vulnerability assessment, and badging/credentialing system.**

The State's vaccine security plan is consistent with the security plan described in the SNS Plan. Transport of the vaccine from the receipt site to regional distribution nodes and to local PODs, if necessary, will be escorted by the State Police, if necessary. When vaccine has arrived and has been accepted at local sites, security will be provided, if necessary, by local law enforcement as coordinated by the local emergency manager. The need for security during transport will be determined at the time of transport in consultation with State Police and will be dependent upon the current public demand for vaccine and the perceived risk.

**B.6.1.i Describe the number and location of vaccination clinics based on planning assumptions.**

The number of vaccination clinics will be determined by the nature and scope of the incident and dependent upon the availability of pandemic vaccine. Currently, DOH has 150 signed MOAs with sites that will serve as Points of Dispensing. The MOAs were developed by the DOH Regional Emergency Preparedness Specialists in the five Public Health Regions. Since these sites were identified over a several year period, an analysis of each site is planned for the coming year to identify geographic and population gaps, and assess site capability according to current POD standards included in *Proposed Minimal POD Infrastructure Standards for the Cities Readiness Initiative, RAND Corporation, Draft, 2007*. One goal of this assessment is to determine if the number, type and distribution of sites is appropriate to the State's population. Thus the number of POD sites is likely to change in the future.

**Include:**

- **MOAs** (or other appropriate documentation) A POD MOA template is appended but is currently under revision pending completion of the State's revision of countermeasure distribution.
- **Points of contact identified.** Each POD MOA includes the contact information of the site's owner and other staff who would be responsible for making available the site for vaccine distribution.

Schools will likely serve as vaccination sites for school-aged children, school staff and possibly family and community members. Influenza vaccination was provided at approximately 70 school districts in the 2008-2009 influenza season. In the current year, over 100 school districts, representing over 25% of school-aged children in New Mexico are participating in influenza vaccination. These school sites will administer pandemic vaccine at the same time as seasonal influenza vaccine if the pandemic vaccine is available. The experience of providing influenza vaccination in this setting is valuable in being able to reproduce the same in other school districts.

**B.6.1.j Determine the estimated number of doses to be administered per shift, based on assumed vaccine availability and relative allocation within project areas.**

This information is available on page 10 of the NM Medical Countermeasures Guide. For planning purposes, it is assumed that each POD can serve 500 persons (doses) per hour, 6,000 per 12 hour shift, and 24,000 persons in 48 hours.

**B.6.1.k Identify sources of staffing and develop memoranda of agreement with the following:**

Sources of staffing will include DOH staff, and health emergency workers recruited via the ESAR VHP-based volunteer registry for the State, called NMservices. NMservices will be able to recruit teams of volunteers according to several categories of criteria and need. The registry can create lists of unduplicated individuals who have indicated their primary affiliations during the registration process. Every individual who is available via NMservices will be appropriately licensed and credentialed for the assigned task.

Additional vaccination resources will come from schools of nursing, pharmacy and medicine. Professional students will not be able to register as a licensed vaccinator in NMServices, but will be able to provide vaccinations under the supervision of an instructor.

One of the functions of the New Mexico Medical Response System (NM MEMS) is Resource Management. (see: [www.nmmems.org](http://www.nmmems.org)) Since Resource Management includes human resources as well as physical supplies, local planners will be encouraged to use NMServices to develop POD and response teams specific to the needs of their communities.

Provider agreements will be established with agencies able to provide vaccinating staff. Outreach to such agencies is underway. All those that are interested in contracting with DOH to provide vaccinators are asked to complete a substitute W9 to be enrolled in the state vendor system. Draft agreements are shared for their review prior to establishing the agreement. The provider agreement can be executed within 1-2 days.

Brief job descriptions for Points of Dispensing sites are included in the NM Medical Countermeasures Guide, on page 52, and described in fuller detail in an Appendix to the Guide that includes job action sheets for each position.

Planning for POD staffing needs includes the requirement of back-ups, but is dependent upon actual availability of personnel and the scope of the incident.

**B.6.1.l Describe the state's incident response plan for security situations.**

New Mexico uses the Incident Command System (ICS) to manage response to all incidents. If needed security will be provided at all levels of the mass vaccination process, from receipt of the vaccine into the State, transport of the vaccine from the point of receipt to regional locations (if applicable), and, then to the Point of Dispensing. Escort of the vaccine during transport will be provided by the New Mexico State Police upon request from DOH to the State EOC. Security at local points of dispensing will be provided by local law enforcement personnel who will be

provided via requests from PODs to the Local Emergency Managers in the jurisdictions of the PODs.

In a recent exercise in receipt, storage, and staging the SNS, the State received high grades from the CDC for the high level of preparedness of local and State law enforcement that was demonstrated.

**B.6.1.m Describe the state's plan and instructions about a second dose.**

Individuals receiving vaccine will be provided just-in-time education about the regimen, including information about adverse events that could occur. All recipients of pandemic vaccine will receive a vaccination card identifying the date that the first dose was administered and the date when the second dose is due, if necessary. In addition, all doses of pandemic vaccine administered will be entered into NMSIIS. NMSIIS will be able to generate reminder/recall letters and lists by location or provider. This can be used to recall patients for the second dose.

For pandemic vaccine provided at schools, a second clinic will be scheduled to provide second doses to all school children and staff that received a first dose at the first clinic. Those students and staff that did not get vaccinated at the first clinic will be offered vaccination at the time of the second clinic. Records of pandemic vaccination will be verified in NMSIIS prior to administration of vaccine for those that did not receive vaccine at the first clinic to assure appropriate timing of second doses.

**B.6.1.n Describe how data will be collected at the vaccine administration sites.**

All doses of pandemic vaccine administered will be entered into NMSIIS. Ideally, this will be done on-site at the vaccination clinic site. For clinic sites without access to NMSIIS, vaccination forms will be completed and sent to the Immunization Program where data entry staff will enter them into NMSIIS.

**REFERENCES:**

New Mexico Mass Vaccination Plan, rev. June 2008  
New Mexico Medical Countermeasures Planning Guide, June 2008

**Objective B. 7: Provide Healthcare**

**ASSUMPTIONS:**

The best place (economy of personnel and availability of specialty resources and infrastructure) for sick or injured patients to be treated is within the existing health care infrastructure.

The vast majority of incidents **will not** produce overwhelming patient surge, deplete routinely available resources or damage the healthcare infrastructure.

Overwhelming medical surge or infrastructure incapacity may lead to the activation of alternative patient flow and patient care techniques.

During a response to overwhelming patient surge, the need for resources will outweigh their availability.

**PREPARE:**

Much of the information in this guidance is extrapolated from the Department of Health and Human Services (HHS) Pandemic Influenza Plan Supplement 3 Healthcare Planning. This

supplement can be found at: [www.hhs.gov/pandemicflu/plan/sup3.html#s3-11](http://www.hhs.gov/pandemicflu/plan/sup3.html#s3-11). Additional planning resources are available at: [www.panflu.gov](http://www.panflu.gov), <http://www.ahrq.gov/prep/#tools>, [http://www.cna.org/documents/mscc\\_aug2004.pdf](http://www.cna.org/documents/mscc_aug2004.pdf) and [www.usfa.dhs.gov/downloads/pdf/PI\\_Best\\_Practices\\_Model.pdf](http://www.usfa.dhs.gov/downloads/pdf/PI_Best_Practices_Model.pdf).

To accommodate incidents resulting in a surge of patients that exceeds the capability of existing local resources, the New Mexico Department of Health (NMDOH) and its health system and emergency management partners have developed the *New Mexico Modular Emergency Medical System Framework* (NM MEMS Framework). NM MEMS is the medical or patient surge response construct, recommended by NMDOH, for New Mexico local communities to use when developing community-wide coordinated medical surge capabilities and response plans. The *NM MEMS Framework* presents what the Department of Health and its system partners view to be the plan development model for medical response during an emergency or incident that creates overwhelming patient surge that existing and available resources and routine delivery systems are unable or inadequate to accommodate. (See: <http://www.nmmems.org> for information on the NM MEMS framework). NM DOH has provided support to hospitals to develop alternative care sites in the event of overwhelming medical surge.

### ***Additional considerations for the Department of Veterans Affairs (VA) and the Indian Health Service (IHS)***

#### **Are VA and IHS beneficiaries included in the State numbers for PPE, antiviral drugs? vaccine, etc.?**

The populations of the 22 Native American tribes and pueblos are included in the State numbers for allocation of countermeasures distribution. There are conflicting directions from the federal government about the States' responsibility for federal employees and their "beneficiaries." When this decision is made and the information clarified, New Mexico will comply with the directive. The Veterans Administration Hospital and IHS facilities are included in the USDHHS, Assistant Secretary for Preparedness and Response, Hospital Preparedness Program as "participating" entities and are invited to enter into agreements with the New Mexico Hospital Association on behalf of NMDOH. Agreements ensure availability of technical assistance and support, limited financial support, and inclusion in survey based gap remediation strategies. This includes stockpile program availability.

#### **Have States encouraged local planners to establish a communication network with local VA and IHS facilities?**

IHS facilities that are Tier I Acute Care Hospitals have been recipients of funding from the ASPR and HRSA programs. This has enabled purchase of telecommunications equipment that is interoperable and compatible with that used by local and State emergency management staff. In addition, the HavBED system has been installed in all of the Tier 1 facilities and training provided in its use. Lastly, EMSCOM is in place all hospitals and EMS agencies statewide.

#### **Have State planners included IHS and federal VA partners in their planning process?**

The Indian Health Service and the VA have been strong planning partners since the inception of the State's health emergency preparedness programs. Both participate in the quarterly meetings of the Public Health Emergency Preparedness Advisory Committee, a statewide group of representatives who advise the State on the CDC and ASPR programs, as required by both cooperative agreements.

The VA is partnering with NMDOH to assist with distribution of in-state and federal pharmaceutical caches, and has participated in the hospital preparedness program for several years.

In New Mexico, many IHS hospital facilities are classified as Tier I Acute Care Hospitals and have been the beneficiaries of funding from the ASPR Hospital Preparedness Program and its predecessor, the HRSA Bioterrorism Hospital Preparedness Program since 2002. Facilities that are managed by individual tribes are included in local planning activities within their counties. In addition, IHS is a member of the State's Unified Command for Pandemic Influenza, with the Dept. of Homeland Security and Emergency Management, the NMDOH, and the New Mexico Emergency Managers Association.

### **Do State planners understand the VA and IHS roles in the National Response Framework?**

State planners are well versed in the VA and IHS roles in the federal response system, and understand how they are integrated into State's emergency response infrastructure, consistent with the New Mexico All Hazard Emergency Operations Plan.

### **Do State planners understand the process for requesting VA and IHS assistance?**

NMDOH has long standing working relationships with the VA and IHS facilities in New Mexico and have included personnel from each agency into ongoing planning since the inception of the health emergency preparedness programs. Because they are both federal agencies, requests to the VA and IHS for assistance during a response would be processed via the NMDOH Department Operation Center to the DOH EOC Representative stationed at the State EOC, where the request would be generated through the State EOC Operations Section.

## **RESPOND AND RECOVER:**

### **B.7.a Interoperable communications network in place between State, public health, health care community, and other sectors.**

The Emergency Medical Systems Communication (EMSCOM) system is in place in hospitals and EMS agencies to enable communication statewide. Local Emergency Managers are in the process of acquiring access to EMSCOM in their jurisdictions to enable communication with their health care partners. It is not anticipated that other public safety agencies will use EMSCOM. However existing systems will be able to communicate with all responders, including those from the health sector, during an incident.

Amateur (HAM) Radio communications has been a strategy of NMDOH to develop redundant capability statewide. The Interoperable Communications Program training has provided six courses to EMS, fire, law enforcement, local and state public health staff and hospitals.

NMDOH is working with the New Mexico Primary Care Association (NMPCA) to develop interoperability and redundant communications, COOP planning, NIMS compliance, and regionalization of service in the State's primary care provider facilities. NMPCA has subcontracted with the New Mexico Home Health & Hospice Association (NMHH&HA) and New Mexico Healthcare Association (NMHCA) to extend development of these capabilities to home health, hospice, and long term health care providers.

As part of its cooperative agreement with ASPR Health Preparedness Program, NMDOH has provided 31 of 46 acute care hospitals with emergency portable communications equipment for access to and coordination of resources during emergencies. The transportable nature of this equipment allows for its use at remote sites, such as emergency triage areas and medical evacuation sites.

Most hospital, public health and other health care providers have access to the New Mexico Health Alert Network system, a health advisory, risk information and alert notification system.

**B.7.b Mechanism in place to address the concerns and needs of at-risk individuals and populations.**

New Mexico has incorporated the needs of at-risk populations throughout its public health and hospital preparedness programs since their inception. The State's goal is a community-based and statewide level of preparedness that promotes resiliency and inclusion of all residents of New Mexico. NMDOH has collaborated with county-based Community Health Councils (CHCs) statewide to provide an multi-year training initiative known as "The Prepared Community" to CHC members, other local health care partners and emergency responders.

Each county has received training in health emergency preparedness, including pandemic planning, community outreach, produced socio-economic profiles, identified providers of services to at-risk populations, and developed data on numbers and types of at-risk groups in their areas. The CHCs are considered the links to these populations and NMDOH's mechanism for ensuring that they will have access to services in an emergency. While the "Prepared Community" has emphasized persons with physical and cognitive disabilities, and their caregivers, the CHCs also recognize and have included the needs of non-English speaking populations, including undocumented persons, the homeless, and other groups consistent with the particular demographics of their areas.

Last year, the New Mexico HPP focused on ensuring that persons with medical and physical disabilities who are hospitalized, evacuated or sheltered, or must access alternate patient care areas during an emergency would be provided with services and trained personnel that consider their particular needs.

**B.7.c Mechanism in place to provide guidance (as needed) on infection control measures for health care and non-healthcare settings.**

Each hospital has existing procedures in place for infection control. NM DOH has provided an H1N1-specific infection control document for the DOH web site and has provided this information through a HAN.

**B.7.d Procedures for reporting available beds using National Hospital Available Beds for Emergencies and Disasters (HAvBED) System definitions.**

The State's EMS System Administrator manages the HA vBED system and has responsibility for notification of hospitals when activation has been requested by HHS. Data received from participating hospitals are displayed on the HA vBED report which is automatically available to HHS on an ongoing basis. The State of New Mexico has established an agreement with EMS System to automatically collect and report data to HHS, as requested.

NMDOH has provided access to and trained staff of 46 Acute Care Hospitals in the EMResource (HavBed) for coordination of hospital bed and resources in large emergencies. HavBed links hospitals with transport agencies, the NM Dept. of Homeland Security and Emergency management, NM DOH Bureau of Health Emergency Management.

**B.7.e Procedures for deploying and tracking volunteer health care providers using the State's Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) requirements.**

NMDOH has developed "NM Serves" as the volunteer health care provider system that is compliant with ESAR-VHP standards. NMServes is managed and administered by the NMDOH

Bureau of Health Emergency Management (BHEM). BHEM defines registrants deployed through NMservices as “volunteer health professionals, over the age of 18 years.” Deployment may be either in response to a declared public health emergency or to a non-emergency public health event as identified by the Secretary of Health. All applications are reviewed by the NMservices coordinator to assure that they meet pre-determined standards including type and level of training. Professional licensure is verified by the NMservices coordinator via the licensure board appropriate to the qualifications of each applicant. When applicants have satisfied the criteria established by NMservices, their status code is changed to “Approved – OK to be deployed.” If the State Emergency Operations Center (EOC) receives the initial request for volunteers, the DOH EOC Representative (EOCR) will be notified. Conversely, if the DOH EOCR receives the initial request for volunteers, the State EOC will be notified. In either case, the EOCR will then notify the NMservices coordinator. Upon receipt of an official request for health volunteers, the NMservices staff will search the database for the types of volunteers being requested. Queries for profession type, licensure, geographic location, etc will be executed to find the appropriate skill sets that have been requested.

The initial “sorting” must include immediate calls to the NM Disaster Medical Assistance Team (DMAT) Administrative Officer (AO) and the New Mexico Medical Reserve Corps (MRC) coordinator to determine whether or not there are other deployments imminent for either group.

In keeping with federal requirements mandated by ESAR-VHP, NMservices will produce a list of requested volunteers within two hours of the request, and a final list of volunteers who are available to deploy within six hours. Phone calls will be made and e-mails sent to registrants to determine the availability and a team roster will be created. The NM DMAT AO will have up to 4 hours from the time of initial emergency declaration to specify any NM DMAT members in the NMservices data base who may be needed for a DMAT deployment. After the expiration of this 4 hour window, DMAT members in the NMservices data base will be considered released for deployment through NMservices. The roster of NMservices volunteers selected for possible deployment is provided, along with contact information to the City Watch/Health Alert Network (HAN) coordinator. After contact criteria are established and a pre-recorded message implemented, individuals on the roster will receive multiple contacts via different methods (phone, e-mail, fax, Ham Radio, etc) and provided with instructions about the deployment and a point of contact. Trainings for volunteers are under development and will be held on a quarterly basis and located in different regions of the state on an ongoing basis. Once volunteers have gone through the training they will then receive their NMservices ID badge. A Volunteer Protocol Book and Just in time training will also be available to NMservices volunteers on the system’s web site.

**B.7.f Procedures developed and approved by an Ethics Committee for providing for the ethical distribution of scarce medical resources among the health care community.**

An ethics committee does not exist. Ethical considerations are addressed in many specific aspects of this plan.

During overwhelming patient surge conditions and or limited and insufficient resources, the following types of decisions are typical of those that will be required: Identification of essential clinical services, including elements of critical care delivery and prophylactic treatment that will continue during medical surge; Use and allocation of pharmaceuticals and equipment that have been stockpiled; Criteria determining the prioritization of patients to receive the limited and available medical resources (i.e. how to choose between two medically equal individuals when there is only enough resources for one); Criteria for care of patients who qualify for essential clinical services but who are not exposed or infected with the particular agent responsible for patient surge; Criteria for patients who are terminally ill or mortally injured and may require palliative care; Procedures to ensure that planning for palliative care resources receives equal importance as efforts to provide medical care; and, Policies and procedures for documentation of financial expenditures and other costs resulting from response to patient surge are developed.” (See: <http://www.nmmems.org>)

**B.7.g Procedures to expand healthcare services into non-hospital/alternate care sites including identification of locations, scope of care, procurement of staffing, equipment, supplies and pharmaceuticals.**

One major premise of the NM MEMS Framework is that the best place (economy of personnel and availability of specialty resources and infrastructure) for sick or injured patients to be treated is within the existing health care infrastructure. As such, NM MEMS medical surge capability development relies heavily upon an existing healthcare infrastructure-based response that utilizes existing resources and space to create “alternate” areas of care. While these new alternate areas will challenge the overall healthcare infrastructure, this approach ensures that patients are best positioned to receive reasonable care under the prevailing circumstances with available resources and personnel.

NM MEMS is built around two core functions: Alternate Outpatient Care Areas (AOCAs) and Alternate Inpatient Care Areas (AICAs). These temporary patient care areas located within or adjacent to existing patient care facilities serve as the operational backbone of the response model. Other functions and strategies must be considered during overwhelming patient surge to support the complex and connected activities necessary for effective response and are also a significant part of NM MEMS. Those response functions or strategies include:

- Communication Interoperability
- Community Outreach Network
- Fatality Management
- Incident Management
- Patient Transport System
- Point of Dispensing Sites or Medical Countermeasures
- Psychosocial Network
- Public Information
- Resource Management

**B.7.h Recovery mechanism in place to assist the health care community in restoring essential staffing, equipment, supplies and pharmaceuticals.**

Successful recovery from a pandemic depends upon solid pre-event planning; especially continuity of operations plans (COOPs). NMDOH is committed to regular exercise and revision of its COOP to ensure that statewide services will continue during a pandemic and be able to resume as quickly and effectively as possible. NMDOH is actively promoting COOPs to be in place at all levels of the health care system and this requirement is being mandated by the NM Primary Care Association of its primary care facilities via its preparedness work conducted under contract with the ASPR HPP program.

New Mexico is structuring its recovery plan consistent with CDC recommendations, as stated in its *OPlan*. (Available at: <http://www.cdc.gov/flu/pandemic/cdcplan.htm>) In addition, it will provide guidance to hospitals and other healthcare facilities based upon the recommendations of the ASTHO Issue Brief, *Disaster Recovery for Public Health*, October 2007 <http://www.astho.org/pubs/DisasterRecoveryIssueBrief> This document provides useful information about inclusion of State health agencies’ legal counsel and the private sector in recovery planning,

**B.7.i Recovery mechanism in place for assisting with plans for restoring essential mental health, substance abuse and congregate living services to pre-pandemic conditions.**

The State’s infrastructure for these services is fragile at all times. A pandemic could have severe effects on the availability of staff and services during a pandemic. NMDOH collaborates with the NM Human Services Department, the State’s Mental Health Authority, on disaster behavioral health planning issues, and will incorporate the need for Recovery planning into its agenda.

**B.7.j Recovery mechanism in place to perform after action reviews to identify strengths and weaknesses in the execution of the plan.**

After action reviews will be performed dependent upon staff availability.

**REFERENCES:**

NMDOH, *New Mexico Modular Emergency Management System (NM MEMS): A framework for medical surge response planning*. October 2007 Available at: <http://www.NMMEMS.com> (includes the framework document as well accompanying materials to assist with NMMEMS implementation for community planners).

**Objective B. 8: Manage Mass Casualties**

**PREPARE:**

**B.8.a Develop a Fatality Management plan utilizing the following considerations:**

- May need a temporary interment site initially
- Must be large enough to accommodate the need
- Consider options other than cold storage units
- Consider public property first – especially if this may be the final resting place
- Consider a permanent memorial in the event of a specific result of natural / terror-related incident.
- Use local transport to transport remains from home or collection point directly to morgue.
- Incorporate security measures at the collection points.
- Work with the Religious Ritual Burial Committees- establish fatality plans that either utilize their services or can meet their religious traditions to the best of ability considering the circumstances of the situation.
- Consider implementing a unified fatality management task force structure
- Ensure coordination with local authorities
- Database synchronization and networking are critical components in support of information management
- Integration between morgue operations and Family Assistance Center (FAC) operations

Last year, with funding from the federal ASPR Hospital Preparedness Program (HPP), NMDOH contracted with NM Funeral Service Association to conduct a mass fatality planning survey to evaluate the capacity of funeral homes statewide to respond to incidents in which mass fatalities would be incurred. In the aggregate, there is little capacity to respond to mass fatalities with existing human and physical resources. One concern relating to the “just-in-time” supply of supplies for treatment and processing of bodies will be partially addressed this year with a purchase of caches of body bags and personal protective equipment for funeral workers by NMDOH that will be stored centrally and distributed according to the needs and location of the incident.

Recognizing that the NMFSA has limited resources to coordinate statewide mass fatality planning, NMDOH in the coming year, will contract with the State Office of the Medical Investigator (OMI) to perform a coordinating role with development a comprehensive Fatality Management Plan.

Specific deliverables to be included in the Plan include:

1. Methods for expanding refrigerated storage capacity
2. Identification of supply requirements.

3. Definition of the roles of participating hospitals, emergency management, the New Mexico Funeral Service Association, local funeral homes, public health offices, and other State and local agencies in the fatality management process
4. Definition of the role of the State Chief Medical Examiner in the fatality management hospital and healthcare facility in the mass fatality planning process
5. Methods for integration of cultural, religious legal and regulatory issues involved with respectful retrieval, tracking, transportation, identification of bodies and death certificate completion.

#### **RESPOND AND RECOVER:**

##### **B.8.b Arrange for Web-based death certificate processing and secure tracking to the State Department of Health.[1]**

New Mexico has implemented a web-enabled, electronic birth and death registration and issuance system by the NM Department of Health (NMDOH), Bureau of Vital Records & Health Statistics. (BVRHS)

The mission for the EVitals System Project is to implement and maintain an integrated web-enabled electronic birth and death certificate registration and issuance system. The new system replaced a non-integrated birth and death systems with a web application that can be accessed through a standard web browser, automating many of the functions that are currently handled manually.

##### **B.8.c Plan for [behavioral health/grief] community education that includes an expectation of death at home, not in a medical facility.**

NMDOH is working with the NM Human Service Department, Behavioral Health Services Division and Value Options, the State's single provider of state-supported behavioral health services to develop emergency behavioral health services. NMDOH and its Crisis Support Team also collaborate with the Grief Counseling Program at the Office of Medical Investigator to provide trainings. This year a series of trauma counseling trainings for behavioral health care providers is scheduled.

##### **B.8.d Plan for [behavioral health/grief] public messages to address stress management.**

NMDOH recently purchased a series of public information shelf kits that includes information on stress management. In addition the State has the experience of managing two FEMA Crisis Counseling programs in response to disasters from previous years, and has accumulated much information in the area of stress management. At the time of a pandemic or other catastrophic public health emergency, this information would be widely distributed via the public media.

#### **REFERENCES:**

MOU NO. 08-630-1000-0008, Memorandum of Understanding between New Mexico Human Services Department and the New Mexico Department of Health, April 2008

### **Objective B.9: Ensure Communication Capability During Each Phase of a Pandemic**

#### **Operating Sub-Objective B.9.3 (supporting activities B.9.3.a through B.9.3.d): Development and dissemination of essential information**

#### **ASSUMPTIONS:**

An influenza pandemic differs from seasonal influenza in frequency, scope and severity. New strains of influenza viruses are inevitable and can emerge unpredictably, spread rapidly and cause severe health and social consequences.

An influenza pandemic has the potential to result in large numbers of sick individuals and deaths, potentially overwhelming the current medical and mortuary services in New Mexico.

Initially the influenza pandemic may last 8 – 17 weeks followed by a series of waves each lasting weeks to months for up to two years after the initial outbreak.

Communications with the public and health care providers will be a critical component of the response action plan.

The public's trust of spokespersons will depend on transparency; frequent, accurate and honest information, as well as respect for cultural beliefs and the responsible handling of fatalities.

### **RESPOND AND RECOVER PHASE:**

**B.9.3.a Describe the plan's crisis communication and emergency risk plan (for public information and media, partner, and stakeholder relations) that addresses all phases of an influenza pandemic.**

Risk communication focuses on timely, transparent messaging on a regular basis using the best information available at the time.

**B.9.3.b Describe how the plan addresses how State and local health departments will work with other response organizations to educate the media, public, partners and stakeholders, specifically including:**

- Designated line and staff responsibilities for the public information team
- Information verification and clearance/approval procedures for public information releases
- Regional/stand and/or local media contact list with normal duty and after-hour contact numbers and addresses
- Contact numbers/addresses for emergency response information partners (e.g., Governor's public affairs officers, local FBI public information agent in charge, American Red Cross and other non-government organizations)
- Procedures to join the Joint Information Center (JIC) of the State Emergency Operations Center (if activated) including a call-down list with contact information for primary and secondary staff members.

In New Mexico, the Public Health system is centralized with a central office located in Santa Fe that provides oversight of five Public Health Regions comprised of five Regional Offices and over 50 local public health offices statewide. NMDOH has a communications director in Santa Fe and a PIO, who is responsible for overseeing all media contacts including those to the region. Contact information for appropriate partners is available at all levels. The Department has also trained public health staff in one of the regions to respond to media inquiries upon the approval of the communications director or PIO.

**B.9.3.c Describe how the plan ensures that rapidly-needed public health recommendations and information can be provided to the public, partners and stakeholders during a pandemic, specifically including:**

- Critical communication links to other intra-dept and inter-dept response officials
- Identification of vehicles of information dissemination to public, stakeholders, partners (e.g., e-mail, fax, Health Alert Network messages, brochures, PSAs, press releases)
- A contact list of additional persons outside the State health department who can be available as subject matter experts on pandemic health issues, if needed
- Support materials for public health issues that are unique to an influenza pandemic such as issues of isolation, quarantine, social distancing, and public health law have been prepared

- **Use of hotlines and other community resources to respond to local questions from the public and professional groups.**

The foundational mechanism for disseminating information during a public health emergency is described in B.9.3.d. All information officially by the State will be provided via the JIC, through the established network of information dissemination. All of the vehicles of information listed above will be used, i.e., Health Alert messages, PSAs, press releases, etc., but only if coordination with and approval of the JIC and the Governor's Office has first been obtained. Information provided by hotlines on behalf of the NMDOH, possibly the NM Poison Center or the State's Nurses Advice Line will first be vetted by NMDOH and the JIC.

**B.9.3.d Describe how the plan identifies individuals responsible for development and dissemination of multi-media essential information to the general public and professional response partners (e.g., regional multi-agency coordination centers, State emergency managers, State transportation officials) to enhance their respective preparedness before and during an influenza pandemic.**

During an emergency, NMDOH would work through the State's Joint Information Center (JIC) to disseminate the pandemic-related information and materials discussed in B.9.2.a.

The JIC, located in the State Emergency Operations Center, is the single point of contact for all State agencies, multi-agency coordination centers (MACCs) and local emergency managers. In addition, State agencies that will be responding to a declared emergency during a pandemic will have representatives in the EOC.

#### **Operating Sub-Objective B.9.4 Culturally-Appropriate and Language Specific Information**

**B.9.4 Does the plan ensure a process for the development of culturally appropriate and language-specific essential information in appropriate media and in advance as part of the preparation for an influenza pandemic?**

In an emergency during a pandemic, NMDOH would work through the State's Joint Information Center (JIC) to disseminate the pandemic-related information and materials discussed in B.9.2.a. In addition, decisions about dissemination of messages by regional and local PIOs of other State agencies would be relayed to these individuals via the JIC.

#### **Operating Sub-Objective B.9.5 (supporting activities B.9.5.a through B.9.5.c): Media spokesperson**

**B.9.5.a Please provide a 3-deep list of trained spokespersons who will work with the media.**

State Joint Information Center (PIO) - individual would be identified during incident and could be selected from the following: PIO from the Governors' Office, NM Dept. of Health PIO, or Department of Homeland Security and Emergency Management (DHSEM) PIO, all of whom are trained to work with the media

**B.9.5.c Describe your agency's plan for regular briefings and updates with key stakeholders to develop working relationships in the event of a pandemic:**

- **Ethnic/language-specific media**
- **Main media**
- **Special needs/at risk populations**

During a pandemic, the Department of Health would arrange conference calls with pios associated with such organizations as hospitals, schools and local communities to ensure communication is consistent. The Department would also send information by email.

## **Objective B.10 (supporting activities B.10.a through B.10.g): Mitigate the Impact of an Influenza Pandemic on Workers in the State**

### **AGENCY SPECIFIC ASSUMPTIONS:**

Widespread illness due to a pandemic will increase the likelihood of sudden and significant workforce shortages in critical community services, such as: military personnel, law enforcement, firefighters, utility workers, transportation workers, human services and those agencies that provide essential infrastructure services to the public.

Overall, absenteeism of employees statewide will be in the range of 25-50% for several weeks or months.

A pandemic is likely to produce large numbers of sick people that require care at the same time.

The initial Pandemic Influenza event will likely last 8 – 17 weeks and will likely be followed by a series of Pandemic Influenza waves each also lasting weeks to months, continuing for up to two years after the initial outbreak.

### **PREPARE:**

Please note: The New Mexico Department of Health (NMDOH) addresses many of the issues cited below in its own continuity of operations plan (COOP). See: Dept of Health, A.1.1 -1.6. NMDOH is working on a leave policy which will hopefully be adopted across all State Agencies to allow persons with an influenza-like illness (ILI) to stay home from work until their fever has resolved for 24 hours. If employees develop ILI in the middle of the workday, they will be encouraged to go home. Workers will also be allowed to remain home with children sick with ILI as well.

NMDOH has worked closely with the NM Dept of Economic Solutions, Office of Mexican Affairs to create a Health Work Table of the NM-Chihuahua Commission, an economic development initiative of the Governors of the two States

## **Objective B.11: Assure the Emergency Medical Services System (EMS) and the 9-1-1 System are Integral Component of a State's Pandemic Influenza Planning and Response**

### **Operating Sub-Objective B.11.1 through 11.6**

### **AGENCY SPECIFIC ASSUMPTIONS:**

In New Mexico, State, local and tribal EMS agencies will integrate pandemic influenza mitigation and response into their EMS systems. Standards, protocols and other guidelines will be modified based on the specific threat to the public's health. One solution or protocol may not be applicable for all EMS systems in New Mexico.

Through the NM Emergency Medical Services (EMS) Medical Direction Committee, with guidance from the NMDOH Bureau of Health Emergency Management (BHEM) and EMS Bureau, EMS will be "at the table" to provide leadership during planning of State and community pandemic influenza mitigation and response. EMS systems are essential to pandemic influenza

planning and response. Sufficient legal authority will be in place while still allowing the system to be responsive to the exigencies of the situation.

The rates of illness, mortality, and absenteeism among the EMS community will be equal to those experienced by the rest of the population.

EMS and 9-1-1 stakeholders will be integrated into the Incident Command System if needed and be fully engaged as collaborative partners in the response to pandemic influenza. EMS providers will play a role in pandemic influenza mitigation due to their capability to rapidly respond, assess, treat and report patients with signs and symptoms of pandemic influenza.

Adapted for New Mexico from: EMS Pandemic Influenza Guidelines for Statewide Adoption, U.S. Dept of Transportation, 2007, <http://www.nhtsa.gov/people/injury/ems/PandemicInfluenzaGuidelines/> Pages 3-4

An influenza pandemic could seriously impact the Nation – its health care delivery system, its transportation system, its economy and its social structure. Ensuring EMS is well-integrated into the Nation's pandemic influenza planning and response is essential to the Nation's health and safety in the event of a pandemic.

This operating objective and sub-objectives are adopted from the U.S. Department of Transportation's EMS Pandemic Influenza Guidelines for Statewide Adoption developed in response to Task 6.1.13.6 of the National Strategy for Pandemic Influenza: Implementation Plan. The document is available online at [www.ems.gov](http://www.ems.gov) States and local EMS agencies are encouraged to review these documents for additional information on EMS and 9-1-1 Influenza Pandemic planning and response. The sub-objectives are as follows:

Sub-objective 1. EMS planning

Sub-objective 2. EMS as a component of influenza surveillance & mitigation

Sub-objective 3. Maintaining continuity of EMS operations

Sub-objective 4. Legal authority for EMS operations during pandemic influenza

Sub-objective 5. Clinical standards and treatment protocols

Sub-objective 6. EMS Workforce protection

### **PREPARE:**

State, local, tribal, and territorial EMS agencies should adopt EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza.

EMS pandemic influenza plans should establish a program of pre-pandemic training and exercising to prepare EMS personnel for their role in the local pandemic influenza plan.

State, local, tribal and territorial EMS agencies, in coordination with Federal, State and local public health, 9-1-1, emergency management and health care officials should ensure that EMS pandemic influenza plan define a process for gathering and developing updated pandemic influenza information, including clinical standards, treatment protocols and just-in-time training and disseminate it to local EMS medical directors and EMS agencies.

State, local, tribal, and territorial EMS and 9-1-1 agencies should define a public and media communications plan that is coordinated with the Incident Command System and public health officials to assure consistent education and instructions to the public.

### **RESPOND AND RECOVER PHASES:**

**B.11.1.a Has the State adopted EMS pandemic influenza plans and operational procedures that define the role of EMS in preparing for, mitigating and responding to pandemic influenza?**

The State has just begun its effort to develop and integrate EMS plans and procedures into statewide pandemic planning

**B.11.1.b Has the State established a Statewide program of pre-pandemic training and exercising to prepare EMS personnel for their role in preparing for, mitigating and responding to pandemic influenza?**

Pre-pandemic training and exercising will be included in the NM MEMS pilot projects. In addition, the role of EMS in pandemic planning will be included in the agenda of future annual State EMS conferences where several thousand EMS personnel attend.

**B.11.1.c Has the State established a method for developing and distributing pandemic influenza information, including clinical standards, treatment protocols and just-in-time training to local EMS medical directors and EMS agencies?**

Just in time information will be distributed on the State's Health Alert Network that currently includes over 6,500 health and medical professionals, and emergency responders.

The NHTSA Guideline 5.3 for Rapid Distribution of New Guidelines will be used as a guide for dissemination of information.

**B.11.1.d Has the State established methods to integrate best practices or lessons learned during the previous pandemic wave into EMS system operations and to issue an after action report?**

As feasible and dependent upon staff availability, NMDOH will gather, compile and analyze data throughout the pandemic. Lessons learned from each pandemic phase and wave will be integrated to improve ongoing response and inform revision of local and State response plans. The EMS System is an integral part of the health response in New Mexico and will be included in this activity. After the pandemic is declared "over," a State After Action report will be compiled and include integrated findings from local and tribal AARs

Operating Sub-Objective B.12.2 (supporting activities B.12.2.a through B.12.2.b) EMS as a component of influenza surveillance & mitigation

State, local, tribal, and territorial EMS agencies should integrate pandemic influenza surveillance, mitigation and response in their EMS system. EMS providers can play a role in pandemic influenza mitigation due to their capability to rapidly respond, assess, treat and report patients with signs and symptoms of pandemic influenza.

**B.11.2.a Has the State established procedures for involving EMS agencies in ongoing disease surveillance?**

No. At this time the EMS system data will not be used for novel H1N1 influenza surveillance.

**B.11.2.b Has the State identified procedures for involving EMS providers in pandemic influenza community mitigation strategies, including Targeted Layered Containment?**

New Mexico is implementing the New Mexico Modular Emergency Medical System (NM MEMS) (see: [www.nmmems.org](http://www.nmmems.org), (See B.12.1.a) The NM MEMS pilot projects will be led by Local Emergency Managers who are expected to integrate all local healthcare partners and other

community organizations into developing medical surge response plans that integrate and exercise a range of community mitigation strategies recommended for an influenza pandemic.

EMS providers will be key partners in the State's approach to targeted-layered containment. These components will include social distancing, antiviral prophylaxis, isolation and quarantine.

**Operating Sub-Objective B.11.3 (supporting activities B.12.3.a through B.12.3.d)**  
**Maintaining continuity of EMS operations**

Continuity of operations planning for EMS should address maintaining the day-to-day EMS response during a pandemic; workforce augmentation; disruption of equipment, supplies and services; interoperable communications; and compatible communications equipment and communications frequencies.

As part of a systematic all-hazards approach to EMS pandemic influenza planning, State, local, tribal, and territorial EMS agencies should have plans in place that allow EMS to maintain its response to day-to-day emergencies while addressing the demands of pandemic influenza mitigation.

State, local, tribal, and territorial EMS pandemic influenza plans should include a continuity of operations (COOP) plan that ensures essential functions and vital services can be performed during an influenza pandemic or other major public health emergency.

State, local, tribal, and territorial EMS agencies should have backup plans to augment the EMS workforce.

EMS agencies should plan for disruptions in the availability of equipment, supplies and services. State, local, tribal, and territorial EMS pandemic influenza plans should include effective, reliable interoperable communications systems among EMS, 9-1-1, emergency management, public safety, public health and health care agencies.

EMS pandemic influenza plans should include compatible communications equipment and communications radio frequency plans for common hospital diversion and bed capacity situational awareness at the local, State and regional level.

**B.11.3.a Does the State have backup plans to augment the local EMS workforce if needed?**

New Mexico is participating in a HHS Region 6 EMS Work Group that is developing MOA templates and identifying methods to share EMS resources among the States of Texas, Arkansas, Louisiana, Oklahoma, and New Mexico.

The EMS Bureau and the Bureau of Health Emergency Management have identified the following partial list of issues that need to be addressed in the following year.

Activation of EMAC resources

Identification and implementation of internal operational procedures

Identification and implementation of adjusted staffing patterns and essential staffing services

Monitoring the health of staff.

Development of a procedure to evaluate symptomatic staff before they report for duty.

Recommendation of a 3 foot separation between staff in working or sleeping areas and other social distancing strategies.

Limiting the number of responders to the minimum

Utilization of "treat at home" guidelines for EMS responders

In an emergency, individual and teams of health and medical volunteers would be deployed by NMServes, the State's health emergency worker registry ([www.nmserves.org](http://www.nmserves.org)) NMServes includes only pre-credentialed individuals who are matched to the specific needs of the incident. In addition, the State's Medical Reserve Corps, DMAT team and members of other volunteer organizations are included in the registry.

Augmentation of the local work force needs to be undertaken in a systematic fashion in counties and tribes. NM DOH with the assistance of the EMS Regional Offices will provide guidance with this activity.

**B.11.3.b Does the State have backup plans to address disruptions in the availability of EMS equipment, supplies and services throughout the State?**

A close working relationship with the HHS Region 6 States of both the NMDOH EMS and Health Emergency Management Bureaus is one strategy that is being used to identify backup plans. This activity will be part of the CDC Priority Project.

**B.11.3.c Does the State have an effective, reliable interoperable communications system among EMS, 9-1-1, emergency management, public safety, public health and health care agencies?**

The New Mexico Departments of Health and Public Safety created the Statewide Interoperability Communications Working Group to address the comprehensive communication system statewide that include public safety agencies, federal and Tribal entities, and, health care partners. The Work Group is currently identifying each county's current communication capability and policy and hardware gaps.

Internal incident response for DOH involves a current system of phone landlines, mobile phones, email, blackberry devices, and Satellite phones. The State of New Mexico has a UHF and VHF radio system with stand alone repeaters and a robust microwave system centralized in Santa Fe, New Mexico. Each Public Health Regional Office and acute care hospital has communications equipment on the UHF system and each location has access to additional systems. NMDOH has the capability to communicate with the state EOC on multiple communication systems. Statewide adoption and implementation of the National Interoperable Communications Frequencies (NIFOG) is imminent and will result in an improved communications network across all agencies and jurisdictions. See also response to B.9 Communications.

The Emergency Medical Systems Communication (EMSCOM) system is in place in hospitals and EMS agencies to enable communication statewide. Local Emergency Managers are in the process of acquiring access to EMSCOM in their jurisdictions to enable communication with their health care partners. It is not anticipated that other public safety agencies will use EMSCOM. However existing systems will be able to communicate with all responders, including those from the health sector, during an incident.

Amateur (HAM) Radio communications has been a strategy of NMDOH to develop redundant capability statewide. Interoperable Communications Program training has provided six courses to EMS, fire, law enforcement, local and state public health staff and hospitals.

NMDOH is working with the NM Primary Care Association to develop interoperability and redundant communications, COOP planning, NIMS compliance, and regionalization of service in the State's primary care provider facilities. NMPCA has subcontracted with the New Mexico Home Health & Hospice Association (NMHH&HA) and New Mexico Healthcare Association (NMHCA) to extend development of these capabilities to home health, hospice, and long term health care providers.

As part of its cooperative agreement with ASPR Health Preparedness Program, NMDOH has provided 31 of 46 acute care hospitals with emergency portable communications equipment for access to and coordination of resources during emergencies. The transportable nature of this equipment allows for its use at remote sites, such as emergency triage areas and medical evacuation sites.

**B.11.3.d Is there a Statewide communications plan, including communications equipment and radio frequency plan to support common hospital diversion and bed capacity situational awareness at the local, State and regional level?**

NMDOH has provided access to and trained staff of 46 Acute Care Hospitals in the EMResource system (with HavBED standards) for coordination of hospital bed and resource management in emergencies.

EMResource links hospitals with transport agencies, the NM Dept. of Homeland Security and Emergency Management and the NM DOH Bureau of Health Emergency Management. One statewide test was conducted during the current year and another will be conducted in July 2008. EMResource will serve all Acute Care facilities in New Mexico as one region, with three EMS sub-regions.

The State's EMS System Administrator manages statewide EMResource implementation and has responsibility for notification of hospitals when activation has been requested by HHS. Data received from participating hospitals are displayed on a system report which is automatically available to HHS on an ongoing basis. The State of New Mexico has established an agreement with EMS System to automatically collect and report data to HHS, as requested.

For more information, see B. 9 Communication.

**Operating Sub-Objective B.11.4 (supporting activities B.11.4.a through B.11.4.b)**  
**Legal authority for EMS operations during pandemic influenza**

Planning for EMS operations during an influenza pandemic should address issues of legal authority such as deviation from established procedures and EMS freedom of movement.

State EMS pandemic influenza plans should establish procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance.

State EMS pandemic influenza plans should, in coordination with public health, emergency management, and law enforcement agencies, identify mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.).

**B.11.4.a Has the state established procedures for EMS providers to deviate legally from their established treatment procedures to support mitigation of and response to pandemic influenza and other public health emergencies while still assuring appropriate education, medical oversight and quality assurance?**

The 2007 NM EMS Scope of Practice, in its discussion of EMT Intermediate scope of practice states that "In the event of a disaster or emergency, the State EMS Medical Director or Chief Medical Officer of the Department of Health may temporarily authorize the administration of other immunizations, vaccines, biologicals, or tests not listed above."

<http://www.nmems.org/NM%20treatment%20guidelines.htm>

In addition the Public Health Emergency Response Act (PHERA) enacted in New Mexico in 2003 provides wide authority to the Secretary of Health to authorize "qualified persons" to perform various clinical activities, including Medical Examination and Testing, Vaccination and Treatment and provides immunity to personnel who assist during a public health emergency to the extent permitted in the Tort Claims Act.

<http://www.health.state.nm.us/ohem/regional%20training%20and%20education%20powerpoint%20presentation/pha%20-%20caryn%20relkin.pdf>

However, explicit procedures for EMS providers to deviate legally from their established procedures have not been developed. The NMDOH Office of General Counsel has embarked on an initiative to research and recommend action on wide scope of issues relating to implementation of the PHERA. Deviation from scope of practice for many categories of health care professionals, including EMS, is included in this activity.

During the coming year, NMDOH EMS Bureau and the Bureau of Health Emergency Management (BHEM) will study this issue together and BHEM will include it within the Priority Project of the CDC Public Health Emergency Preparedness Program described in B.12.1.a

**B.11.4.b Has the state identified mechanisms to ensure freedom of movement of EMS assets (vehicles, personnel, etc.)?**

In the CDC Priority Project (described above in B.12.1.1 and B.12.4.b), BHEM will work with the EMS Bureau and its partners to ensure that movement of EMS assets are integrated into State and local response plans, and procedures are compatible with existing security measures in the State's Strategic National Stockpile Plan and the State's plans for distribution of vaccine and other medical countermeasures.

Integration of EMS operations into local NM MEMS planning will also ensure that security of and the capability to move and transport EMS assets during a pandemic are ensured.

See also B.5 and B.6

**Operating Sub-Objective B.11.5 (supporting activities B.11.5.a through B.11.5.d)**  
**Clinical standards and treatment protocols**

**PREPARE:**

Planning for EMS pandemic influenza clinical standards and treatment protocols should address EMS medical direction; modification of treatment and triage protocols; rapid distribution of new protocols; just-in-time training; fatality management; and EMS treat and release.

EMS and 9-1-1 stakeholders must be integrated into the Incident Command System and be fully engaged as collaborative partners in the response to pandemic influenza. Each State, local, tribal, and territorial EMS system should have an EMS medical director to provide medical oversight of EMS pandemic influenza planning, mitigation and response. State, local, tribal and territorial EMS pandemic influenza plans should define mechanisms for rapid development, adoption or modification of prehospital clinical standards and triage and treatment protocols before or during influenza pandemic that are based upon the most recent scientific information.

State, local, tribal, and territorial EMS pandemic influenza plans should define consistent, system-wide procedures for the rapid distribution of new or modified prehospital EMS treatment and triage protocols before or during an influenza pandemic.

State, local, tribal, and territorial EMS pandemic influenza plans should define a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs.

State, local, tribal, and territorial EMS pandemic influenza plans should coordinate with public health and 9-1-1 officials and the local medical examiner/coroner to define protocols and processes for fatality management during pandemic influenza.

EMS pandemic influenza plans should consider the role EMS providers could serve in "treating and releasing" patients without transporting them to a healthcare facility.

RESPOND AND RECOVER PHASES:

**B.11.5.a Is there coordinated Statewide medical oversight of EMS pandemic influenza planning, mitigation and response?**

In New Mexico, there is a State EMS Medical Direction Committee that is led by the State EMS Medical Director. Membership is comprised of EMS Caregivers and EMS physicians and other health care professionals from throughout the State. The EMS medical director provides medical leadership, oversight of the committee, coordination, system quality management, and research to ensure the safest and highest quality care for patients.

As part of NM MEMS implementation, local and tribal emergency managers are integrating EMS services and providers into medical surge response plans, exercises of plans, and response to actual events. All activities are managed according to ICS and are NIMS-compliant.

**B.11.5.c Has the State defined consistent, system-wide procedures for the rapid distribution of new or modified pre-hospital EMS treatment and triage protocols before or during an influenza pandemic?**

Just in time information will be distributed on the State's Health Alert Network that currently includes over 6,500 health and medical professionals, and emergency responders.

Pre-pandemic information will be distributed by the three EMS regional offices and at the annual State EMS conference.

The NHTSA Guideline 5.3 for Rapid Distribution of New Guidelines will be used as a model for dissemination of information.

**B.11.5.d Has the State defined a process for providing just-in-time training for EMS agencies, EMS providers, EMS medical directors and PSAPs?**

Just-in-time training is being developed for a wide variety of purposes and health care professional categories. This training will be available via NMsphere (NM Site for Public Health Emergency Response Education) and, for health care emergency workers, via the NMServes volunteer registry web site.

This training initiative will be included in the Priority Project for next year's CDC Public Health Emergency Preparedness cooperative agreement.

**Operating Sub-Objective B.11.6 (supporting activities B.11.6.a through B.11.6.e) EMS workforce protection**

Planning for EMS workforce protection during a pandemic should address protection of the EMS and 9-1-1 workforce and their families; infection control and decontamination; vaccines and anti-viral medications for EMS personnel; isolation and quarantine considerations; and support for EMS personnel and their families.

State, local, tribal, and territorial EMS pandemic influenza plans should identify strategies to protect the EMS and 9-1-1 workforce and their families during an influenza pandemic. EMS agencies should consistently practice basic infection control procedures including vehicle/equipment decontamination, hand hygiene, cough and respiratory hygiene, and proper use of FDA cleared or authorized medical personal protective equipment (PPE) regardless of the likelihood of an influenza pandemic.

State, local, tribal, and territorial EMS pandemic influenza plans should define system-wide processes for providing vaccines and anti-viral medication to EMS personnel if necessary. State, local, tribal, and territorial EMS agencies, in coordination with public health authorities, should identify a mechanism to address issues associated with isolation and quarantine of EMS personnel.

State, local, tribal, and territorial EMS pandemic influenza plans should define a process for offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic.

**B.11.6.a Has the State identified strategies to assist local EMS agencies with the protection of the EMS and 9-1-1 workforce and their families during an influenza pandemic?**

NMDOH is working with the three EMS Regional Offices to identify strategies for protection of the EMS workforce during a pandemic. Written and electronic guidance will be disseminated pre-pandemic on an ongoing basis.

The State has purchased a cache of Personal Protective Equipment, including N-95 masks that are designated for health care workers involved in aerosol generating procedures, including EMS.

**B.11.6.b Does the State have requirements or recommendations for EMS agencies for basic infection control procedures?**

Universal Precautions are included in the NM EMS State Scope of Practice. The EMS workforce will be encouraged to follow these precautions with heightened compliance during a pandemic. More specific H1N1 infection control procedures will be communicated to the EMS workforce via the Health Alert Network.

**B.11.6.c Does the State have system-wide processes for providing vaccines and anti-viral medication to EMS personnel?**

See B.12.6.a

Provision of antivirals will be consistent with the State's Strategic National Stockpile Plan. Provision of vaccines will be consistent with the State's distribution plan. EMS personnel will be a priority group to receive H1N1 vaccine, depending upon availability.

**B.11.6.d Have State EMS agencies and public health agencies identified mechanisms to address issues associated with isolation and quarantine of EMS personnel?**

NMDOH will assist the EMS Regional Offices to promote development of policies to monitor the health status of EMS personnel, procedures for isolating, quarantining and communicating with those who have been exposed to the virus, and determining when they can return to work. This activity will be included in the CDC Priority Project.

**B.11.6.e Has the State defined processes to supplement local EMS agencies in offering support services, including mental health services, to EMS personnel and their families during an influenza pandemic?**

A plan for support services for health care personnel during a pandemic is under development.

Under normal (pre-pandemic) circumstances, the State's Crisis Response Team is available to emergency responders. The Team provides immediate and short-term interventions in response to single events.

However, due to a recent change in designation of State Mental Health Authority from NM DOH to the NM Human Services Department, development of a plan to provide disaster-based behavioral health services has been delayed.

**REFERENCES:**

2007 NM EMS Scope of Practice

Drug Guidelines, 2008

Operations Guidelines, 2008

Procedure Guidelines, 2008

Treatment Guidelines, 2008

NM Practical Skill Sheets

All available at: <http://www.nmems.org/NM%20treatment%20guidelines.htm>

New Mexico Modular Emergency Medical System, available at: <http://www.nmmems.org>