Tab 2 – Mission & Purpose

Mission, Purpose, & Philosophy

All BRDHD staff are considered public health employees. As public health employees, we will be expected to respond to the community's disaster response and recovery efforts in an appropriate and effective manner. Staff is expected to understand their role(s), to be able to aid in response and recovery following a disaster within the community.

The following sets of expectations are established to provide guidelines for public health staff and volunteers throughout the Barren River District Health Department disaster planning, response, and recovery phase. Again, these expectations should be used as an adjunct to available local, state, and federal documents on disaster planning response and recovery.

Mission

The mission of the BRDHD staff in response to community disaster remains the same as always: to serve our community with a commitment to excellence in quality service by protecting and improving the environment and health of people through prevention, surveillance, education and partnerships.

Scope

For the purposes of this plan, the BRDHD's area of responsibilities includes the counties of Barren, Butler, Edmonson, Hart, Logan, Metcalfe, Simpson, and Warren. When requested and feasible, BRDHD will assist surrounding areas and states with response.

Overall Philosophy

Public health staff will collaborate with other entities to promote effective disaster planning, response, and recovery in their community.

During the planning phase, public health staff should strive to maintain pre-established cooperative relationships with other disaster response agencies. Staff should attempt to respond within the parameters of their personal and professional abilities. If any staff feels that their personal or professional abilities are not needed in the immediate situation, they should respond according to the needs of the community in general.

In the recovery phase of a disaster, public health staff should assist the community in returning to a pre-disaster level of functioning while continuing to assess the needs of individuals and groups and to develop appropriate responses. Proper documentation of all activities and follow-up debriefing of all staff is essential to the overall success of response and recovery.

Disaster Planning Services and Workplace Preparedness

Each employee must be responsible for his/her own disaster preparedness to assure their safety as well as their family's safety. Public health employees should have provisions concerning family safety considering that employees may be required to work during a disastrous situation. All employees should:

- Know building evacuation plans/procedures
- Be familiar with the BRDHD All Hazard Plan and know plan locations
- Participate and complete all required trainings (i.e. NIMS)
- Know LHD alternate meetings sites
- Participate in disaster drills and exercises (i.e. tornado, fire)
- Appoint an out-of-town contact for your family
- Have a disaster kit at home and in personal vehicle
- Know locations of BRDHD Disaster Supply Kits
- Know how to use and receive alerts through ReadyOp

Supervisors should also:

- Assure that staff know the expectations for the disaster response
- Assume responsibility for the BRDHD All Hazard Plan
- Maintain records of disaster planning, drills, discussions, etc.
- Have updated staff roster with employee home numbers
- Plan for securing the work facility to mitigate disaster damage
- Establish relationships with the local Emergency Management Director
- Assure staff knowledge of assigned duties and pre-appointed material
- Discuss potential hazards within the workplace

Neighboring Jurisdictions

Health Department	Counties Included	State
Todd County	Todd	KY
Muhlenberg	Muhlenberg	KY
Pennyrile District	Livingston, Crittenden, Lyon, Caldwell, Trigg	KY
Green River District	Union, Webster, Henderson, Daviess, Mclean, Ohio	KY
Lincoln Trail District	Grayson, Hardin, Meade, Larue, Nelson, Washington, Marion	KY
Lake Cumberland District	Green, Taylor, Casey, Adair, Cumberland, Russell, Pulaski, Clinton, Wayne, McCreary	KY
Monroe County	Monroe	KY
Allen County	Allen	KY

Mid-Cumberland District	Stewart, Montgomery, Robertson, Sumner, Wilson, Cheatham, Dickson, Houston, Humphreys, Williamson, Rutherford	TN
Nashville – Davidson County	Davidson	TN
Upper Cumberland District	Macon, Clay, Pickett, Trousdale, Jackson, Overton, Fentress, Smith, Putnam, DeKalb, White, Cumberland Van Buren, Warren, Cannon	TN

County Census Information

According to the 2016 U.S. Census Bureau, Kentucky's total population was 4,436,974. Barren River District currently serves approximately 275,000 Kentucky citizens. According to the 2016 census data, the Barren River District serves 6.00% of Kentucky's citizens.

County	Population in 2018	Estimated Population 2004 (2008) (2010)
Barren	44,176	39,473 (2008=41,566) (2010=42,173)
Butler	12,772	13,364 (2008=13,276) (2010=12,690)
Edmonson	12,274	11,921 (2008= 12,085) (2010=12,161)
Hart	18,906	18,237 (2008=18,561) (2010=18,199)
Logan	26,989	27,048 (2008=18,561) (2010=26,835)
Metcalfe	10,030	10,165 (2008=10,288) (2010=10,099)
Simpson	18,529	16,891 (2008=17,019) (2010=17,327)
Warren	131,264	97,168 (2008=105,862) (2010=113,792)
Total	274, 940	234,267 (2008=245,774) (2010=253,276)

Sources: https://www.census.gov/ and accessed on *bgdailynews.com* "Census estimates show strong growth for Warren County", June 23, 2017 (http://www.bgdailynews.com/news/census-estimates-show-strong-growth-for-warren-county/article_42f3ca44-f6fd-56d0-a80b-837679ffffa0.html); (accessed April 2019, "https://www.census.gov/quickfacts/warrencountykentucky").

At-Risk Populations (Functional and Access Needs (FAN))

The BRDHD has worked to include at-risk individuals into disaster preparedness planning. Communicating with at-risk individuals and assuring those individuals have access to health services, especially during a shelter situation, have been the primary

focus of planning. Below is a comprehensive list of groups of people who may need service adaptation or special consideration during the course of a response.

Public health employees are responsible for a population-based response following any disaster. However, the response must also include knowledge of those populations that may be more vulnerable during disaster response.

The following represent populations that should be considered more vulnerable during an emergency:

▪ Economically disadvantaged
○ In generational poverty
○ Living at or under the poverty line
○ Medicaid recipients
○ Working poor

▪ Language competence
○ Foreign visitors
○ Immigrants/refugees (including illegal/undocumented immigrants)
○ Limited or non-English speaking
▪ African
▪ Asian
▪ Eastern European
▪ Hispanic/Latino
▪ Middle Easterners
▪ Deaf/hearing impaired

▪ Disabled
○ Blind and visually impaired
○ Chronically ill or contagious
○ Deaf and hearing impaired
○ Developmentally disabled
○ Diagnosed with HIV/AIDS or other STI
○ Drug and/or alcohol dependent
○ Dual diagnosed with mental illness and substance abuse
○ Energy dependent (i.e. on oxygen)
○ Mentally ill or brain disorders/injuries
○ Mobility impaired

▪ Cultural or geographic isolation
○ Homebound elderly
○ Homeless
○ Living alone
○ Remote rural residents (i.e. Amish)

▪ Age vulnerabilities
○ Frail elderly
○ Senior citizens (age 65+)
○ Infants in neo-natal units
○ Pregnant women
○ Mothers with newborns
○ School-age, latchkey children
○ Teens
○ Juvenile offenders
○ Families with children with healthcare needs

▪ Season or temporary populations and temporary locations
○ Commuters
○ People displaced by a disaster
○ School: students, teachers, administrators, and employees
○ Seasonal migrant workers
○ Tourists
○ Tent campers
○ Truckers, pilots, railroad engineers and other transportation workers
○ Locations
○ Business centers and work sites
○ Daycare centers (child and/or adult)
○ Hospitals, emergency centers, or other healthcare providers
○ Arts and entertainment venues
○ Schools – public and private
○ Shopping centers
○ Stadiums or arenas
○ Transportation locations (airports or bus stops)
○ Assisted living facilities
○ Group housing (dormitories, retirement communities, alternative sentencing facilities)
○ Incarcerated/jails
○ Long-term care nursing facilities
○ Evacuation shelters
○ Job corps

▪ Others
○ Illiterate
○ Dependent on public transportation
○ Underserved by public health
○ Lower level education

See Tab 7, Communication for information on communicating with Functional and Access Needs (FAN).

Ten Essential Services for Public Health and Preparedness

To respond effectively to terrorism, state and local health agencies should have the capacity to:

1. Monitor health status to rapidly detect and identify an event due to hazardous biological, chemical, or radiological agents (e.g., community health profile before an event, vital statistics, and baseline health status of the community)
2. Diagnose and investigate infectious disease and environmental health problems and health hazards in the community specific to detecting and identifying an emergency event due to a hazardous biological, chemical, or radiological agent (e.g., effective epidemiologic surveillance systems, laboratory support necessary for determining a biological, chemical, or radiological event in a time-sensitive manner)
3. Inform, educate, and empower people about specific health issues pertaining to a threat or emergency event due to the release of a hazardous biological, chemical, or radiological agent (e.g., health communication effectiveness in implementing a rapid and effective response)
4. Mobilize state and local partnerships to rapidly identify and solve health problems before, during, and after an event due to a hazardous biological, chemical, or radiological agent, including issues related to the National Pharmaceutical Stockpile (e.g., demonstrate an effective knowledge of all key partners involved in effectively responding to an emergency event, including terrorism)
5. Develop policies and plans that support individual and community health efforts in preparing for and responding to emergencies due to hazardous biological, chemical, or radiological agents (e.g., demonstration of practical, realistic, and effective emergency response plans)
6. Enforce laws and regulations that protect health and ensure safety in case of an emergency or threat due to a hazardous biological, chemical, or radiological agent (e.g., enforcement of sanitary codes to ensure safety of the environment during a terrorism event)
7. Link people to needed personal health services in the course of a threat or event due to a hazardous biological, chemical, or radiological agent (e.g., services that increase access to health care in a timely and effective manner)
8. Assure a competent and trained public and personal health-care workforce for rapid response to a threat or event due to a hazardous biological, chemical, or radiological agent (e.g., education and training for all public health-care providers in effective response to an emergency event or threat)
9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services available to respond to a threat or event due to a hazardous

biological, chemical, or radiological agent (e.g., continuous evaluation of public health programs which respond effectively to a public health emergency)

10. Participate in research for new insights and innovative solutions to health problems resulting from exposure to a hazardous biological or chemical agent (e.g., links with academic institutions and capacity for epidemiologic and economic analyses of a chemical or bioterrorism event)