South Central Ohio Regional Public Health
Emergency Response Plan

2015
PREFACE

Homeland Security Presidential Directive (HSPD)-5, mandates the development of a National Response Plan (NRP) to align Federal coordination structures, capabilities, and resources into a unified, all discipline, and all-hazards approach to domestic incident management. This approach is unique and far reaching in that it, for the first time, eliminates critical seams and ties together a complete spectrum of incident management activities to include the prevention of, preparedness for, response to, and recovery from terrorism, major natural disasters and other major emergencies.

The Department of Health and Human Services and Centers for Disease Control and Preventions' Public Health Emergency Preparedness (PHEP) program's main focus is to develop emergency-ready public health departments. Some activities include evaluation and upgrade of State and local public health preparedness, and increasing integration with federal, state, local, private sector, and non-governmental organizations. These emergency preparedness and response efforts are intended to support the National Response Plan and the National Incident Management System.

The Ohio Department of Health (ODH), Division of Prevention, Bureau of Public Health Preparedness, manages grant funds to support the Public Health Infrastructure (PHI) Program and PHEP Program. The goal of the PHI and PHEP programs is to address bioterrorism, outbreaks of infectious disease and other public health threats at the county and regional public health level.

The PHEP grant deliverables provide the guidance for planning within the Public Health Planning regions of Ohio. This plan is a product of Federal and State requirements to provide an efficient and timely response to a Public Health emergency and to assist in the mitigation of events that could ultimately affect the public’s health.
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# SCO Regional Public Health All-Hazards Emergency Response Plan

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dinal Public Health All-Hazards Emergency Response Plan

PUBLIC HEALTH and MEDICAL SERVICES

PRIMARY AGENCY: Ross County Health District
SUPPORT AGENCIES:
- American Red Cross
- Adena Regional Medical Center
- SEO Epidemiologists
- Ross County Coroner
- Local Veterinarians
- Ross County Emergency Management Agency
- Ross County EMS
- Ross County Sheriff’s Office
- Chillicothe City Police Department
- Family Healthcare
- South Central Regional Public Health

INTRODUCTION

Purpose
The Ross County Health District (RCHD) has the overall responsibility for protecting the public health of the residents of Ross County and is identified as the lead agency for response to public health emergencies. The Ross County Emergency Response Plan (ERP)/Emergency Support Function-8 (ESF-8), Public Health and Medical Services, provides a mechanism for coordinated local assistance to supplement resources and implement protective actions in response to the public health needs resulting from emergency/disaster situations.

Federal and State agencies divide their planning into 15 annexes, with identified “leads” for each annex. ESF-8: Public Health and Medical Services is the only annex in which public health is the “Lead” agency; for other activities, Public Health provides support.

Emergency Support Functions (ESF): A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

Scope
The framework of the RCHD ERP was developed using a modified functional approach which consists of an ESF-8 model base plan with functional annexes, and general appendices. These are supplemented by implementing instructions which will be utilized to execute all or portions of the RCHD ERP in conjunction with the roles and responsibilities identified in the Ross County Emergency Operations Plans and
Adena Medical Center – Ross ERPs. The RCHD ERP utilizes an all-hazards planning and preparedness approach. It is meant as a guide for an all-hazards emergency response & deviation from the plan may be necessary as unforeseen incidents occur.

**Policies**

**NIMS Adoption and Compliance Statement**

Plans, exercises, & trainings are developed and structured to be consistent with local, regional, state, & federal regulations, standards, and policies and to comply with the National Response Framework (NRF), National Incident Management System (NIMS) – HSPD-5, and National Infrastructure Protection Plan (NIPP) contributing to the National Preparedness Goal - HSPD-8. The national incident management system (NIMS) has been adopted by Ohio (ORC 5502.28) as the standard procedure for incident management in this state. All departments, agencies, and political subdivisions within the state utilize the system for incident management.

**ESF-8 Integration into County Emergency Operations Plan**

The RCHD ERP is integrated as part of the Ross County All-Hazards Emergency Operations Plan (EOP). The Ross County All-Hazards EOP is the single legal document that describes responsibilities of agencies and individuals for carrying out specific actions in or in preparation for an emergency or disaster in Ross County. The RCHD ERP functions, as a part of the Ross County EOP, to provide specific information for the preparedness, response, mitigation, and recovery responsibilities of the RCHD for public health-related disaster situations in Ross County.

**ESF-8 Agencies and Resources Coordination**

The RCHD is the LEAD/Primary agency for ESF-8 activities at the local-level, South Central Ohio Public Health at the regional-level, and the ODH at the state-level. Local Public Health Resources have been identified in advance of an emergency/disaster. Local ESF-8 resource requests will be coordinated with the local EMA. State-level ESF-8 resources can be activated upon request from the local Emergency Management Agency (EMA) when local resources have been exhausted. (See Annex 6: Resource Management and Resource Management Implementing Instructions)

**Phases of Emergency Management for Public Health**

**Mitigation**

Mitigation activities are those designed to either prevent the occurrence of an emergency or long-term activities to minimize the potentially adverse effects of an emergency.

**Preparedness**

Preparedness activities, programs, and systems are those that exist prior to an emergency and are used to support and enhance response to an emergency or disaster. Planning, training, and exercising are among the activities conducted in this phase.

**Response**
Response is activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce the casualties and damage and to speed recovery. Response activities include direction and control, emergency information and warning, mass dispensing, and other similar operations.

Recovery

Recovery is the phase that involves restoring systems to normal. Short-term recovery actions are taken to assess the damage and return vital life support systems to minimum operating standards; long term recovery actions may continue for months or maybe even for years.

SITUATION AND ASSUMPTIONS

Situations

Ross County is a rural, medically underserved county with limited resources for emergency preparedness and response activities. It is located in the foot hills of Appalachia and has a total area of 689.19 square miles and a population of 77,159. Chillicothe is the only city with a population of 21,901.

Major waterways in Ross County include: Scioto River.

United States and Ohio highways include: US 23; US 35; US 50. Two main railroads run north/south through the county, and the county owns an airport with 5,400 ft. of paved runway.

With a population of 77,159 (2014), the residents that are:

- Below the poverty line – 19.7%;
- 65 years old, or older – 14.6%
- Caucasian – 90.7%;
- English speaking (as their primary language) – 98.1%
- Disabled (non-institutionalized) – 16.4%

Unemployment is usually higher than the state average and the businesses/agencies that employ the greatest number of full- and part-time employees are:

- Adena Health System;
- Glatfelter Paper Company;
- Kenworth Trucking Company;
- Veterans Affairs Medical Center;
- Horizon Telcom; and
- City and County Government

Medical care services in Your County include:

1 – “Critical Access” hospital;
5 – Medical clinics;
Ross County Hazard Analysis is exposed to many hazards, all of which have the potential to disrupt the community, cause damage, and impact the public health. Possible hazards for Ross County Hazard Assessment indicated include, but are not limited to, floods, tornados/severe wind storms, severe winter storms, earthquakes, landslides/subsidence, wild fires, power outages, human infectious disease, HAZMAT spills, civil disturbances, and terrorism.

**Assumptions**

Disasters:

1. May occur at any time with little or no warning.
2. Require significant information-sharing at the unclassified and classified levels across multiple jurisdictions and between public and private sectors.
3. Involve single or multiple geographic areas.
4. May have significant county and state impact and/or require significant county and state information sharing, resource coordination, and/or assistance.
5. The RHCD is capable of handling the day-to-day public health situations that occur in Ross County.
6. Public Health problems that overwhelm the RHCD during disaster will be supported by ODH when requested.
7. Wide spread outbreaks that affect major areas of the state or nation, such as pandemic influenza, may reduce the available assistance to Ross County.

**CONCEPT OF OPERATIONS**

The State of Ohio has adopted the Emergency Support Functions (ESF) format for their emergency planning which corresponds to the format of the NRF. The ESF is the primary mechanism through which federal assistance to the state and state assistance to local governments is managed during emergencies. ESFs detail the roles and responsibilities of state, federal and other public and private agencies that are charged with carrying-out functional missions to assist jurisdictions in response to disasters. Each ESF is headed by a Primary Agency that coordinates and reports activity for that ESF. The Primary Agency is supported by a number of Support Agencies, which are selected based upon their legislative authorities, knowledge, resources, and capabilities for responding to a specific type of disaster. Any of the Primary or Support Agencies to an ESF can function as a Lead Agency by taking the lead for and carrying out missions that are assigned to the ESF.

**Public Health Incident Lead Agency versus Support Agency Roles**

Public Health Lead Agency
Every day, YCHD helps protect the health of the community. During an incident, these services become even more essential. When an incident is a public health emergency, such as a disease outbreak, YCHD will be the “Lead” agency; the agency designated to take primary responsibility for, and coordination of the interagency oversight of the day-to-day conduct of an ongoing incident/operation.

Public Health Primary Agency

In any incident that is not of a public health emergency, RCHD, or other ESF-8 support partner will manage and support the ESF-8 responsibilities as the primary agency.

In the aftermath of any disaster, the community’s health care system may be damaged or become overwhelmed addressing individual health concerns. And the community may face a wide range of public health concerns, including:

- Sanitation and hygiene concerns due to crowded shelters, lack of utilities, or unsafe water.
- Spread of disease carried by insects, rodents, or other vectors.
- Measures to control infection, including prompt treatment of infections and immunizations.
- Supplies of medical equipment and products, including drugs, medical devices, blood, and blood products.
- Environmental health measures to ensure the safety of residents and response workers.
- Behavioral health needs of community members and response workers.
- Veterinary medical needs for service and companion animals.
- Mass fatality management, including the decontamination and identification of remains.
- Access to needed health care, including displaced individuals who need help managing chronic diseases.

Public Health Support Agency

There are five (5) additional ESFs that public health has been assigned to as a “support” agency, they are:

ESF-3: Engineering and Public Works
- Coordinate with EPA and assist in sanitation measures

ESF-5: Information and Planning
- Information sharing and planning for public health

ESF-6: Mass Care
- Shelter inspections

ESF-11: Agriculture
- Food inspections

ESF-15: Emergency Public Information
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- Public health specific information/education for the public

Emergency Response Plan (ERP) Activation Authority

The RCHD ERP may only be activated under the authorization of the Health Commissioner or by the identified Primary or Secondary Backup personnel to the Health Commissioner in the Continuity of Operations Plan (Appendix III).

The ERP may be activated, as deemed necessary by the Health Commissioner, Administrator, or identified backups, during a bioterrorism event, disaster, or public health emergency that is impacting, or has the potential to impact the health of the residents of Ross County.

Typical Sequence of Emergency Activities

1. Identify the threat. Any incident that is not considered a day-to-day activity, or the occurrence of an incident that is beyond the normal number for a given period.

2. Notification of staff and appropriate response partners.

3. Formulate Incident Command structure. See Annex 1: Direction and Control and any other annexes or appendices that may be appropriate for the incident.


5. Assessment of Public Health/Medical Needs. Determine if this incident will require more resources than are on-hand, or if this may be a prolonged incident.

6. Enhance existing surveillance systems to monitor the health of the general and medical needs population.

7. Identify Public Health Resources. This may include the need for additional staff/trained public health individuals.

8. Documentation and a description of the activation, notifications, services enhanced, services reduced/eliminated, and other pertinent information should begin. The ICS form 201 may be used, or other documents deemed more appropriate by RCEMA or ODH.

9. Implement/execute the response to address the objectives.

10. Monitor/assess the effectiveness of the response and modify as needed.

11. Demobilization. Begin reducing response activities as incident begins to resolve.


13. After Action Review. Review the actions taken, or should have been taken, to determine where response improvements can be made.

14. Review and revise plans.

Resource Requests
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The Health Commissioner or Incident Commander will contact the Ross County EMA at the Emergency Operations Center to request resources. Local and regional resources will be utilized.

If it is determined that the local and regional resources will be insufficient to provide the projected need of response, State and Federal assets may be considered. The Ross County EMA will then approach the Ohio Emergency Management Agency with this request. The Ohio EMA will then contact the appropriate agency, i.e., the ODH at the ESF-8 desk at the Ohio Emergency Operations Center, to make the official request. In addition to making the formal request, it is appropriate for the Ross County General Health District to contact the ODH or the ESF-8 desk at the Ohio Emergency Operations Center for a consultation.

ASSIGNMENT OF RESPONSIBILITIES

Organization Responsibilities

1. Assessment of county health and medical needs.
   - Assistance in assessing potable water and waste water/solid waste disposal issues and coordination to provide potable water and wastewater/solid water disposal equipment.

2. Public Health Surveillance
   - Surveillance and investigations to determine disease patterns and potential disease outbreaks and implement prevention strategies.

3. Monitoring of the availability and utilization of health systems’ assets.
   - Supply, restock, and prioritize health-related equipment and supplies.

4. Provision of public health and medical related services, supplies, and personnel.
   - Provide logistical support for public health personnel in the field.
   - Provide pharmaceuticals, medical equipment, and supplies as available (includes the coordination and tracking of medical resources and equipment).
   - Provide consultation for the need to decontaminate people, buildings, and/or the environment, when applicable.
   - Provide mass dispensing clinics for the prophylaxis of the entire county population, if necessary.

5. Identification of areas where public health problems could occur.
   - Public Health assessments of conditions at the site of the emergency to determine health needs and priorities.

6. Provision of medical related information releases and public health recommendations and related releases to the public.

7. Research and consultation on potential health hazards, medical problems, and appropriate levels of PPE, when applicable.

8. Coordination of behavioral health assistance.
SCORPO Region Public Health All-Hazards Emergency Response Plan

9. Environmental sampling and analysis/collecting specimens for lab testing.
   - Coordination with ODH on specimen submission of possibly hazardous or contaminated substances throughout an emergency.
   - Testing of products for public consumption.

10. Veterinary support.

11. Assistance and support for mass casualty and mass fatality incidents.
   - Assist with Triage Operations.
   - Assist in the identification of mass burial sites.
   - Assist in the handling of infectious/contaminated bodies.

12. Coordination with other local, regional, state, and federal partners.
   - Assess and make recommendations concerning the public health needs of emergency responders.
   - Staff the ESF-8 desk at the Ross County Emergency Operations Center.

Departmental Operations Center’s Assignment of Responsibilities

See the “Job Action Guides, located in Attachment C of this document, for description/list of responsibilities assigned to the:

- Incident Commander
- Planning Section Chief
- Operations Section Chief
- Logistics Section Chief
- Fiscal Section Chief
- Security Officer
- Safety Officer
- Public Information Officer
- Liaison Officer

Support and Partner Agency Roles and Responsibilities

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<tr>
<td>Regional Public Health Agencies</td>
<td>Provide “reciprocal emergency management aid and assistance in case of any hazard too great to be dealt with unassisted.”</td>
<td>Yes</td>
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<tr>
<td>Ohio Department of Health</td>
<td>Provide subject matter experts for consultation and guidance on emergency situations, provide laboratories for testing of samples, and provide available</td>
<td>No</td>
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<tr>
<td>Ross County EMA</td>
<td>Resources acquisition and coordination</td>
<td>No</td>
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<td>Red Cross</td>
<td>Provide volunteer assistance or possibly food/refreshments for response personnel, if possible</td>
<td>No</td>
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<tr>
<td>Ross County Sheriff’s Office</td>
<td>Provide security for health department response activities/equipment/pharmaceuticals</td>
<td>Signed POD Site Security Worksheet</td>
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<td>Ross County Local School District</td>
<td>Provide school facilities for the use of POD (Point of Dispensing) operations</td>
<td>Yes</td>
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<td>Ross County EMS</td>
<td>Have staff on standby at POD sites for transport to medical facilities. Provide assistance to nursing staff for triage operations and possibly provision of vaccines or medications.</td>
<td>No</td>
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<tr>
<td>Healthcare Clinics</td>
<td>Provide medical staff for response activities, if possible.</td>
<td>Yes</td>
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<tr>
<td>Pharmacies</td>
<td>Provide pharmaceutical handling assistance for POD operations, if possible</td>
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<td>Mental Health</td>
<td>May help coordinate mental health service activities in the county.</td>
<td>Yes</td>
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<td>Ross County Coroner</td>
<td>Mass fatality management, including the decontamination and identification of remains.</td>
<td>No</td>
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<tr>
<td>Ohio Environmental Protection Agency</td>
<td>Provide information/assistance to the health department on the clean-up or decontamination of environments that pose risk to public health.</td>
<td>No</td>
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<td>Veterinarians</td>
<td>Provide medical needs for service and companion animals</td>
<td>No</td>
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<td>Adena Medical Center</td>
<td>Access to needed health care, including displaced individuals who need help managing chronic diseases.</td>
<td>No</td>
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<td>SEO &amp; SECO Epidemiologists</td>
<td>Assist with disease surveillance, prevention, and recommendations for treatment.</td>
<td>Yes</td>
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**SCO REGIONAL PUBLIC HEALTH ALL-HAZARDS EMERGENCY RESPONSE PLAN**

**TRAINING AND EXERCISE**

A Multi-Year Training and Exercise Plan (MT&EP) has been developed and is updated annually to provide a timeline of training and exercising activities to take place throughout each PHEP Grant Fiscal Year cycle. The MT&EP incorporates NIMS training requirements and Homeland Security Exercise and Evaluation Program (HSEEP) guidelines.

**Training**

The PHEP Coordinator is responsible for all Health Department Staff emergency response training and training documentation. The PHEP Coordinator ensures all new and current staff complete and maintain the appropriate level of NIMS and other emergency preparedness training for their identified emergency response roles.

Review of the RCHD ERP is part of the orientation training for new core emergency response staff including the Administrator, Director of Nursing, Director of Environmental, the Public Health Supervisor, and the PHEP Coordinator. Core emergency response staff must, additionally, review the emergency plans on an annual basis.

**Exercising**

The health department conducts and participates in exercises, both locally and regionally, to test and validate plans, checklists, and response procedures and to evaluate the training and skills of response personnel. Corrective actions identified through the after action/improvement plan process are addressed in future plan revisions and training & exercise programs.

**PLAN DEVELOPMENT AND MAINTENANCE**

**Development**

The Ross County ERP design and content is coordinated with other public health jurisdictional plans within Homeland Security Region 7, the South Central Ohio Public Health Region, Southeast Ohio Hospital All-Hazards Plan, and the ODH ESF-8 Plan.

The RCHD ERP is to be kept current through an ongoing revision system. The PHEP Coordinator, in collaboration with the core emergency response staff and the Ross County Board of Health, are responsible for ensuring that all necessary revisions to the plans are made and distributed to the necessary plan holders. Plan revisions may also be coordinated with the input from support agencies identified within this plan.

Plan holders are prohibited from making changes, revisions, or additions to individual copies of the plan. Revisions are to be made on one master copy maintained by the PHEP Coordinator and distributed to the proper plan holders.

Plan Holders include:

- Ross County Health District
  - Original kept on RCHD Server
SCO REGIONAL PUBLIC HEALTH ALL-HAZARDS EMERGENCY RESPONSE PLAN

- One hard copy kept in the RCHD Library
  - Ross County EMA
  - Ross County EMS
  - Ross County Sheriff’s Office

Maintenance
The RCHD ERP and accompanying Annexes, Appendices, and Implementing instructions will be reviewed and updated on an annual basis for content changes based on information gathered from exercises, trainings, and Federal/State guidelines. Updates to notifications and contact lists will be made as changes occur.

Availability of Emergency Response Plans to the Public
The RCHD ERP (base plan) is available for review by the public via the YCHD website. Comments to the plan can be made through a link on that website page.

Copies of the RCHD ERP and its accompanying Annexes, Appendices, and Implementing Instructions may be requested by the public. Requests for copies of the plans must be made to the PHEP Coordinator or the Health District Administrator. Plan content will be released in accordance with Ohio Sunshine Laws and YCHD Records Release Policy. Exempt plans or plan content will be reviewed by the PHEP Coordinator and Administrator before release. Any ERP information provided to the public must be approved by the Health District Administrator.

AUTHORITY & REFERENCES
Authority
Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and local health districts (LHDs) with respect to human infectious diseases, including pandemic influenza.

- O.R.C. 3701: deals with the authority of ODH, and
- O.R.C. 3707 and 3709 deal with the authority of local health boards and districts, respectively.

Ross County Board of Health Resolution 09-2003

Reference

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<td>Planning Unit, All Hazard Emergency Response Plan Framework and Planning Guidance</td>
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The South Central Ohio Regional Public Health Steering Committee is responsible for the review of the Plan and for provision of new/updated information to the South Central Ohio Regional Public Health and Hospital Coordinators for inclusion into the Plan. Review will be accomplished on an annual basis, commencing one year from the date noted below or as deemed necessary by the Regional Steering Committee. Changes to this plan are to be prepared and coordinated based on the deficiencies identified by exercises, emergencies, and changes in government structure.

The Regional Public Health Coordinator, Regional Hospital Coordinator, and Regional Epidemiologists, along with the Regional Public Health Steering & Planning will develop additional standard operating procedures and mutual-aid agreements.

_______________________________  Date________________
Wally Burden, Chairperson
SC Ohio Regional Public Health Steering & Planning Committee
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SUMMARY OF CHANGES
ATTACHMENT A: ACRONYMS USED IN THE EMERGENCY RESPONSE PLANS

AAR – After Action Report
ACCHD – Athens City/County Health Department
CCRF – Commissioned Corps Readiness Force (US Public Health Service emergency team)
CDC – Centers for Disease Prevention and Control
CERT – Community Emergency Response Team
CISD – Critical Incident Stress Debriefing
CISM – Critical Incident Stress Management
COOP – Continuity of Operations Plan
DMATs – Disaster Medical Assistance Teams
DMORT – Disaster Mortuary Response Team
EDRS – Electronic Death Registration Systems
EMA – Emergency Management Agency
EMS – Emergency Medical Services
EOC – Emergency Operations Center
EOP – Emergency Operations Plan
EPI&W – Emergency Public Information and Warning
ERC – Emergency Response Coordinator
ERP – Emergency Response Plan
ESF – Emergency Support Function
EUA – Emergency Use Authorization
FAC – Family Assistance Center
FBI – Federal Bureau of Investigation
FDA – Food and Drug Administration
FEMA – Federal Emergency Management Agency
GCHD – Gallia County Health Department
GIS – Geographic Information Site
HAN – Health Alert Network
HAZMAT – Hazardous Material
HCHD – Hocking County Health Department
HDIS – Health District Information Software
HIV – Human Immuno-Deficiency Virus
HSEEP – Homeland Security Exercise and Evaluation Program
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ICHD – Ironton City Health Department
ICP – Incident Command Post
ICS – Incident Command System
ID – Identification
II – Implementing Instruction
IMS – Inventory Management System
IND – Investigational New Drug
IT – Information Technology
JCHD – Jackson County Health Department
JIC – Joint Information Center
JIS – Joint Information System
LCHD – Lawrence County Health Department
LE – Law Enforcement
LEMA – Local Emergency Management Agency
LEPC – Local Emergency Planning Committee
LHD – Local Health Department
MARCS – Multi-Agency Radio Communication System
MCHD – Meigs County Health Department
MFM – Mass Fatality Management
MHE – Material Handling Equipment
MOU – Memorandum of Understanding
MRC – Medical Reserve Corps
MTEP – Multi-year Training & Exercise Plan
NAPH – Name, Address, Personal History
NIMS – National Incident Management System
NIPP – National Infrastructure Protection Plan
NORS – National Outbreak Reporting System
NPI – Non-Pharmaceutical Interventions
NRP – National Response Plan
ODH – Ohio Department of Health
ODRS – Ohio Disease Reporting System
OEMA – Ohio Emergency Management Agency
OEPA – Ohio Environmental Protective Agency
SCO REGIONAL PUBLIC HEALTH ALL-HAZARDS EMERGENCY RESPONSE PLAN

OFDA – Ohio Funeral Directors Association
OPHAN – Ohio Public Health Analysis Network
OPHCS – Ohio Public Health Communication System
PCGHD – Pike County general Health District
PCHD – Portsmouth City Health Department
PH – Public Health
PHEP – Public Health Emergency Preparedness
PHER – Public Health Emergency Response
PIO – Public Information Officer
POD – Point of Dispensing
PPE – Personal Protective Equipment
PREP Act – Public Readiness and Emergency Preparedness Act
PRP – Pandemic Response Plan
RCC – Regional Coordination Center
RCHD – Ross County Health District
RDN – Regional Distribution Node
RHCC – Regional Hospital Coordination Center
RMRS – Regional Medical Response Systems
RODS – Real-time Outbreaks and Disease Surveillance
RPH – Regional Public Health
RPHP – Regional Public Health Preparedness
RSS – Receive, Store and Stage
SC – South Central
SCHD – Scioto County Health Department
SCO – South Central Ohio
SIIS – Statewide Immunization Information System
SNS – Strategic National Stockpile
VAERS – Vaccination Adverse Events Reporting Sheet
VCHD – Vinton County Health Department
VIS – Vaccine Information Sheet
VMI – Vendor Managed Inventory
VOIP – Voice-Over Internet Phone
VRC – Volunteer Reception Center
WHO – World Health Organization
WIC – Women, Infants, and Children
## ATTACHMENT B: GLOSSARY OF WORDS/PHRASES USED IN THE EMERGENCY RESPONSE PLANS

### A

**Area Command** - An organization established to oversee the management of (1) multiple incidents that are each being handled by an ICS organization, or (2) large or multiple incidents to which several Incident Management Teams have been assigned.

### B

### C

**Casualty** - a person killed or injured in a war or accident.

**ChemPack** - Centers for Disease Control and Prevention has established this voluntary participation project for the “forward” placement of sustainable repositories of nerve agent antidotes in numerous locations throughout the United States, so that they can be immediately accessible for the treatment of affected persons.

**Closed Point of Dispensing** (Closed POD): Pre-identify businesses that can dispense or 'push' medications to groups of their own staff.

**Cold Chain Management** - XXX

**Communicable** – refers to a disease that is transmissible from person to person.

**Cordon Sanitaire** – a line around a quarantined area guarded to prevent spread of disease by restricting passage into and out of the area.

### D

**Designated staff** - those needed to begin immediate implementation of the initial Emergency Action Plan, and may range from a single member of a department to the entire staff, depending on the situation.

**Distribution of Countermeasures** - The shipment/movement of large amounts of countermeasures to sites of dispensing. Example: movement from RCHDs drop-site to a local pharmacy, or hospital for dispensing to the affected population.

**Drop-Site** - a location within the county, where Strategic National Stockpile items/shipments are received from the State, stored, and distributed to point of dispensing (POD) sites within the county.

**Duty Officers** - Administrators assigned on rotating weekly schedule to receive notification of public health emergencies from the 911 Center. Assigned duty officers: Health Commissioner (HC), Director of Nursing (DON), Director of Environmental Health (DEH), Public Health Emergency...
PREPAREDNESS COORDINATOR (PHEP Coord).

**Emergency Leadership** - HC, Administrative Assistant (AA), DON, DEH and PHEP Coord

**Emergency Support Functions (ESF):** A grouping of governmental and certain private sector capabilities into an organizational structure to provide support, resources, program implementation, and services that are most likely needed to save lives, protect property and the environment, restore essential services and critical infrastructure, and help victims and communities return to normal following domestic incidents.

**Epidemic** - An outbreak of disease that affects a much greater number of people than is usual for the locality or that spreads to regions where it is ordinarily not present. A disease that tends to be restricted to a particular region (endemic disease) can become epidemic if non-immune persons are present in large numbers (as in time of war or during pilgrimages), if the infectious agent is more virulent than usual, or if distribution of the disease is more easily effected. Epidemics may also be caused by new disease agents in the human population, such as the Ebola virus.

**Fatality** - an occurrence of death by accident, in war, or from disease.

**Homeland Security Presidential Directives** – National Security Presidential Directives (NSPDs) that pertain to the Department of Homeland Security. NSPDs are a form of an executive order issued by the President of the United States with the advice and consent of the National Security Council. The directives articulate the executive’s national security policy and carry the “full force and effect of law”. Since many of the NSPDs pertain to the national security of the United States, many remain classified.

**Incident Action Plan (IAP)** - A plan of action for a designated...
operational period to address a public health emergency. The incident will be re-assessed as needed or at the end of this period, and a new IAP will be developed. The IAP is developed by the Incident Commander and the Command Staff (Health Department Leadership). A suggested form for recording an IAP is ICS Form XXX.

Isolation – the separation of an infected individual from others during the period of disease communicability in such a way that prevents, as far as possible, the direct or indirect conveyance of an infectious agent to those who are susceptible to infection or who may spread the agent to others.

Limitation on Movement – pertains to a public health response and to an outbreak of a communicable disease where a form of quarantine, isolation, and/or cordon sanitaire is implemented. The implementation can be through voluntary or mandatory means.

Mass Dispensing: The movement of large amounts of countermeasures to a large number of people (end-user) in an effort to provide “mass prophylaxis”. A mass dispensing event would be a public health emergency in which authorization of LHDs to be a “dispensing” agent has occurred and Points of Dispensing (PODs) would be activated.

Mass Fatality Incident - is any situation where more deaths occur than can be handled by local coroner and funeral home resources. There is no minimum number of deaths for an incident to be considered a mass fatality incident because communities vary in size and resources.

Mass Prophylaxis: The capability to protect the health of the population through administration of critical interventions (e.g., antibiotics, vaccinations, antivirals, countermeasures) to prevent the development of disease among those who are exposed or potentially exposed to public health threats.

Mobilization - Process by which staff are called in to work outside of regular business hours because of a public health emergency. Mobilization begins when a public health emergency is determined to exist and ends when all available designated staff have reported to the health department or designated public health EOC.
Non-Pharmaceutical Interventions - mitigating the impact of a communicable disease within a community without the availability or use of antibiotics, antivirals, vaccine, or other pharmaceutical prophylaxis or treatment. This can be accomplished through the use of strategies such as Isolation, Quarantine, or Social Distancing measures.

Pandemic: An epidemic of infectious disease that is spreading through human populations across a large region; for instance, multiple continents, or even worldwide. Pandemics can be either mild or severe in the illness and death they cause, and the severity of a pandemic can change over the course of that pandemic.

Points of Dispensing (POD): A physical site where the sole purpose is to quickly dispense (mass dispensing) preventive countermeasures (mass prophylaxis) to large numbers of people during an emergency in an effort to PREVENT ILLNESS.

Push Packs
The first line of support lies within the immediate response 12-hour Push Packages. These are caches of pharmaceuticals, antidotes, and medical supplies designed to provide rapid delivery of a broad spectrum of assets for an ill-defined threat in the early hours of an incident. These Push Packages are positioned in strategically located, secure warehouses ready for immediate deployment to a designated site within 12 hours of the federal decision to deploy SNS assets.

Quarantine – restriction of the movements or activities of a well individual that has been exposed to a communicable disease during the period the period of communicability of that disease and in such a manner that the transmission of the disease may have occurred.

Response - Defined as answering the call from a notifier (the 911 Operator or GCHD official) or returning the call if the notifier leaves a message.
**Self-Shielding** – self-imposed exclusion from infected persons or those perceived to be infected (e.g., by staying home from work or school during an epidemic).

“Snow Days” – Community members are asked to stay home as they would during a major snowstorm. Schools are closed, work sites are closed or restricted, large public gatherings are cancelled, and public transportation is halted or scaled back.

**Social Distancing** – involves increasing the space or distance between people (i.e., increase distance from others from one arm’s length to two) while decreasing the opportunity for contagious transmissions to occur. For example: teleconferences in lieu of face-to-face meetings, the use of larger conference rooms, no hand shaking, and avoiding the use of public pens, computers and/or phones.

**Strategic National Stockpile (SNS):** The United States’ national repository of antibiotics, antivirals, chemical antidotes, antitoxins (countermeasures) and other critical medical equipment and supplies. In the event of a national emergency involving bioterrorism or a natural pandemic, the SNS has the capability to supplement and re-supply local health authorities that may be overwhelmed by the crisis, with response time as little as 12 hours. The SNS is jointly run by the Centers for Disease Control and Prevention (CDC) and the Department of Homeland Security.

**Vendor Managed Inventory** - If the incident requires additional pharmaceuticals and/or medical supplies, follow-on vendor managed inventory (VMI) supplies will be shipped to arrive within 24 to 36 hours. If the agent is well defined, VMI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s). In this case, the VMI could act as the first option for immediate response from the SNS Program.
ATTACHMENT C: JOB ACTION GUIDES

- Incident Commander
- Planning Section Chief
- Operations Section Chief
- Logistics Section Chief
- Fiscal Section Chief
- Security Officer
- Safety Officer
- Public Information Officer
- Liaison Officer
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