Portsmouth City Health Department/Scioto County Health Department
Emergency Response Plan

2016

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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), Office of 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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Hospitals/Medical Clinics

SEO Epidemiologists

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Scioto County Coroner

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INTRODUCTION

Purpose

The Portsmouth City Health Department/Scioto County Health Department (PCHD/SCHD) has the overall responsibility for protecting the public health of the residents of Scioto County and is identified as the lead agency for response to public health emergencies. The Scioto 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 individuals impacted by the incident and communities return to normal following domestic incidents.

Scope

The framework of the PCHD/SCHD 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 PCHD/SCHD ERP in conjunction with the roles and responsibilities identified in the Scioto County Emergency Operations Plans (EOP), Southern Ohio Medical Center's ERPs, and Kings Daughters Medical Center of Ohio's ERPs. The PCHD/SCHD 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 (EOP)

The PCHD/SCHD ERP is integrated as part of the Scioto County All-Hazards Emergency EOP. The Scioto 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 Scioto County. The PCHD/SCHD ERP functions, as a part of the Scioto County EOP, to provide specific information for the preparedness, response, mitigation, and recovery responsibilities of the PCHD/SCHD for public health-related disaster situations in Scioto County.

The local healthcare coalition, which is made up of ESF-8 partners and other response partners, comes together formally three (3) to four (4) time a year, with the goal of increasing medical response capabilities in the community, county, and region, by:

- Preparing for the needs of at-risk individuals & the general population in the community/county in the event of a public health emergency;

- Coordinating activities to minimize duplication of effort and ensure coordination among local planning, preparedness, response, & de-escalation activities;

- Maintaining continuity of operations in the community vertically with the local jurisdictional emergency management organizations;

- Unifying the management capability of the healthcare system to a level that will be necessary if the normal day-to-day operations & standard operating procedures of the health system are overwhelmed, & disaster operations become necessary;

- Promoting support of sufficient jurisdiction-wide situational awareness to ensure that the maximum number of people requiring care receive safe & appropriate care; Assist in the integration of each partners emergency response plans;

- Integrating agency/partners response plans into the county operations plan;

- Discussing activities each partner, or group of partners, have completed, or needs assistance with;

- Sharing new resources; and

- Planning for needed training and exercise.

ESF-8 Agencies and Resources Coordination

The PCHD/SCHD 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)

Administrative Triad

The PCHD/SCHD will maintain a full-time administrative triad (Health Commissioner/Administrator, Director of Environmental Health, & Director of Nursing). In the event of a vacancy, PCHD/SCHD will follow the Maintenance of the Administrative Triad Policy, found in the Administrative Policy Manual and on-line.

Functional Needs Population

It is the policy of the Health Department that it will take appropriate action in accordance with this plan to mitigate any harm to the citizens or property in the county, including those with functional needs (i.e. Long Term Care, Pediatrics, Geriatrics, Mental Health, Language Barriers, and sheltering).

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

Scioto 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 612.3 square miles, of which greater than 75.5% is forested land:

- Wayne National Forest,
- Shawnee State Forrest,
- Brush Creek State Forest

Major waterways in Scioto County include: Scioto River, Ohio River, Lake White, Bloom Lake, several lakes in Shawnee State Forest. There are twelve Class 1 Dams in Scioto County.

United States and Ohio highways include: U.S. Route 52, and State Routes 125, 140, 348, and 522 cross the county east and west, and U.S. Route 23 and State Routes 73, 104, 139, 335, and 772 run north and south.

With a population of 77,258, the residents that are:

- Below the poverty line – 27.2%;
- 65 years old, or older – 16.8%
- Caucasian – 94.6%;
- English speaking (as their primary language) – 98.1%
- Disabled (non-institutionalized) – 16.9%

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

- G & J Pepsi-Cola Bottlers Inc.;
- OSCO Industries;
- Portsmouth City Schools;
- Scioto County Government;
- Shawnee State University;
- Southern Ohio Medical Center;
- State of Ohio;
- Sunoco Inc./SunCoke Energy;

- Taylor Lumber, Inc;

- Wal-Mart Stores, Inc.

Medical care services in Your County include:

2 – hospitals;

Approximately 146 Physicians (MDs/DOs)

Approximately 30 Dentists practicing within Scioto County;

3 – Outpatient mental/behavioral health clinics; and

16 – Nursing/assisted living facilities

Scioto 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 Scioto 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 PCHD/SCHD is capable of handling the day-to-day public health situations that occur in Scioto County.

6. Public Health problems that overwhelm the PCHD/SCHD 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 Scioto 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 National Response Framework (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, PCHD/SCHD 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, PCHD/SCHD 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, PCHD/SCHD, or other ESF-8 support partners 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

- Public health specific information/ education for the public

Emergency Response Plan (ERP) Activation Authority

The PCHD/SCHD ERP may only be activated under the authorization of the Health Commissioner or Health Department Administrator or by the identified Primary or Secondary Backup personnel to the Health Commissioner or Health Department Coordinator in the Continuity of Operations Plan (Annex7: Recovery/COOP).

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 Scioto 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 mat be appropriate for the incident.

4. Creation of Public Health Objectives.

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 Incident Command System (ICS) form 201 may be used, or other documents deemed more appropriate by SCEMA 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. See "Implementing Instruction: dispensing: Activation and De-Mobilization Process and Checklists" for guidance in demobilization.

12. Recovery Operations.

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

The Health Commissioner or Incident Commander will contact the Scioto 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 Scioto 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 Scioto 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 Personal Protection Equipment (PPE), when applicable.

8. Coordination of behavioral health assistance.

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 Scioto 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 if 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
- Any other positions

PORTSMOUTH CITY HEALTH DEPARTMENT/SCIOTO COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

Support and Partner Agency Roles and Responsibilities

Agency	Public Health Emergency Roles/Responsibilities	Memorandum of Understanding/Agreements Established
Regional Public Health Agencies	Provide "reciprocal emergency management aid and assistance in case of any hazard too great to be dealt with unassisted."	Yes
Ohio Department of Health	Provide subject matter experts for consultation and guidance on emergency situations, provide laboratories for testing of samples, and provide available equipment/pharmaceuticals to local health departments for emergency response activities.	No
Scioto County EMA _____	Resources acquisition and coordination	No
Red Cross _____	Provide volunteer assistance or possibly food/refreshments for response personnel, if possible	No
Scioto County Sheriff's Office _____	Provide security for health department response activities/equipment/ pharmaceuticals	Signed Point of Dispensing (POD) Site Security Worksheet
Scioto County Local School District _____	Provide school facilities for the use of POD (Point of Dispensing) operations	Yes (Valley Local School District)
Scioto County EMS and other EMS stations in the county _____	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.	No
Shawnee State University	Provide school facilities for the use of POD (Point of Dispensing) operations	Yes
Healthcare Clinics	Provide medical staff for response activities, if possible.	No
Pharmacies	Provide pharmaceutical handling assistance for POD operations, if possible	No
Mental Health	May help coordinate mental health	No

Agency	Public Health Emergency Roles/Responsibilities	Memorandum of Understanding/Agreements Established
_____	service activities in the county.	
Scioto County Coroner _____	Mass fatality management, including the decontamination and identification of remains.	No
Ohio Environmental Protection Agency	Provide information/assistance to the health department on the clean-up or decontamination of environments that pose risk to public health.	No
Scioto County Veterinarians _____	Provide medical needs for service and companion animals	No
Southern Ohio Medical Center _____	Access to needed health care, including displaced individuals who need help managing chronic diseases.	No
Kings' Daughters Medical Center Ohio	Access to needed health care, including displaced individuals who need help managing chronic diseases.	No
SEO & SCO Epidemiologists	Assist with disease surveillance, prevention, and recommendations for treatment.	Yes

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 PCHD/SCHD ERP is part of the orientation training for new core emergency response staff including the Administrator, Director of Nursing, Director of Environmental Health, 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. Target Capabilities include: Community Preparedness, Community Recovery, Emergency Operations Center, Emergency Public Information and Warning, Fatality Management, Information Sharing, Mass Care, Medical Countermeasure Dispensing, Medical Materiel Management and Distribution, Medical Surge, Non-Pharmaceuticals, Public Health Surveillance and Epidemiological Investigation, Responder Health & Public Safety, and Volunteer Management. 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 Scioto 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 PCHD/SCHD ERP is to be kept current through an ongoing revision system.   The PHEP Coordinator, in collaboration with the core emergency response staff and the Scioto 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:

- Scioto County Health Department
    - Original kept on PCHD Server
    - One hard copy kept at ERC'sDesk at PCHD and one copy kept on each floor at PCHD

Maintenance

The PCHD/SCHD 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, actual incidents, and Federal/State guidelines. Updates to notifications and contact lists within the plan will be made as changes occur.

Availability of Emergency Response Plans to the Public

The PCHD/SCHD 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.

PORTSMOUTH CITY HEALTH DEPARTMENT/SCIOTO COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

Copies of the PCHD/SCHD 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 Department Administrator. Plan content will be released in accordance with Ohio Sunshine Laws and PCHD/SCHD 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 Department 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.

Reference

Title	Location
Adjacent county's(ies') Emergency Support Function - 8	
Ohio Emergency Operations Plan (EOP) Emergency Support Function (ESF) #8	http://ema.ohio.gov/Documents/Ohio_EOP/esf_8.pdf
Ohio EOP ESF #8, Tab A: Medical Countermeasure Management & Dispensing Plan	http://ema.ohio.gov/Documents/Ohio_EOP/ESF8_TabA_MCMMD_Plan.pdf
Ohio EOP ESF #8, Tab B: Chempak Plan	http://ema.ohio.gov/Documents/Ohio_EOP/ESF8_TabB_CHEMPACK_PLAN_20
Ohio EOP ESF #8, Tab C: Human Infectious Disease Incident Plan	http://ema.ohio.gov/Documents/Ohio_EOP/HUMAN%20INFECTIOUS%20DISEASE%20INCIDENT%20PLAN%20-%20TAB%20C%20to%20ESF-8.pdf
Ohio EOP ESF #8, Tab D: Acute Mass Fatality Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/P%20R%20ESF8%20-%20ACUTE%20MASS%20FATALITIES%20INCIDENT%20RESPONSE%20PLAN%20-%20TAB%20D.pdf
Ohio EOP ESF #8, Tab E: Non-Acute Mass Fatality Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/esf_8_tab_e.pdf

Title	Location
Ohio EOP ESF #8, Tab F: Mass Casualty/Medical Surge Incident Response Plan	http://ema.ohio.gov/Documents/Ohio_EOP/P%20T%20ESF8%20-%20MASS%20CASUALTIES%20-%20MEDICAL%20SURGE%20PLAN%20TAB%20F.pdf
Scioto County Emergency Operations Plan	Scioto County Emergency Management Agency, also copy on PCHD/SCHD Emergency Planners laptop

PORTSMOUTH CITY HEALTH DEPARTMENT/SCIOTO COUNTY HEALTH DEPARTMENT EMERGENCY RESPONSE PLAN

PROMULGATION DOCUMENT/SIGNATURE PAGE

The Portsmouth City Board of Health and the Scioto County Board of Health approve this document as the official All-Hazards Emergency Response Plan for the Portsmouth City Health Department and Scioto County Health Department. Review will be accomplished on an annual basis, commencing one year from the date noted below or as deemed necessary. Changes to this plan are to be prepared and coordinated based on the deficiencies identified by exercises, emergencies, and changes in government structure.

Name _____   Name _____

Title   _____   Title   _____

Date _____   Date _____

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SUMMARY OF CHANGES

June 2016   **Annual Review**

Made changes on pages 1, 3, 4, & 27 to ensure "People First" Language

Review for acronym use & definition

Verified hyperlinks active

Reviewed for spelling errors

Added sections on page 3 to explain:

- Functional Needs Population
- Health Department Triad

Added list of Target Capabilities on page 3

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ATTACHMENT A: ACRONYMS USED IN THE EMERGENCY RESPONSE PLANS

AAR – After Action Report

ACCHD – Athens City/County Health Department

AC – Hydrogen cyanide

ACIP – Advisory Committee for Immunization Practices

ADLS – Advanced Disaster Life Support

ALI – Annual Limit of Intake

BAL – Dimercapral

BDLS – Basic Life Support System

BZ – 3-Quinuclidinol

CAMEO – Computer-Aided Management of Emergency Operations

CAREID – Class A Reportable Emergency Infectious Disease

CBRNE – Chemical Biological Radiological Nuclear Explosive

CCRF – Commissioned Corps Readiness Force (US Public Health Service emergency team)

CDC – Centers for Disease Control and Prevention

CERT – Community Emergency Response Team

CFR – Code of Federal Regulations

CG – Phosgene

CISD – Critical Incident Stress Debriefing

CISM – Critical Incident Stress Management

CK – Cyanogen chloride

CL – Chlorine

CN – Mace

COOP – Continuity of Operations Plan

COPD – Chronic Obstructive Pulmonary Disease

CR – Tear gas

CS – Tear gas

CX – Phosgene oxime

DFOA – Deferoxamine

DHHS – Department of Health and Human Services

DM – Adamsite

DMATs – Disaster Medical Assistance Teams

DMORT – Disaster Mortuary Response Team

DMSA – succimer

DOT – Department of Transportation

DTPA – diethylemetriamene pentaacette

EDRS – Electronic Death Registration Systems

EDTA – Edetate disodium

EEI – Essential Elements of Information

EMA – Emergency Management Agency

EMS – Emergency Medical Services

EOC – Emergency Operations Center

EOP – Emergency Operations Plan

EPA – Environmental Protection Agency

EPA – Emergency Power Act

EPI&W – Emergency Public Information and Warning

ERC- Emergency Response Coordinator

ERP – Emergency Response Plan

ESAR-VHP - Emergency System for Advance Registration of Volunteer Health
    Professionals

ESF – Emergency Support Function

EUA – Emergency Use Authorization

EVD – Ebola Viral Disease

FAC – Family Assistance Center

FBI – Federal Bureau of Investigation

FDA – Food and Drug Administration

FEMA – Federal Emergency Management Agency

GA – Tabin

GB – Sarin

GCHD – Gallia County Health Department

GD – Soman

GIS – Geographic Information Site

HAN – Health Alert Network

HAZMAT – Hazardous Material

HCHD – Hocking County Health department

HDIS – Health District Information Software

HICS – Hospital Incident Command System

HIV – Human Immuno-Deficiency Virus

HMR – Hazardous Material Regulations

HSEEP – Homeland Security Exercise and Evaluation Program

HSPD – Homeland Security Presidential Directive

ICHD – Ironton City Health Department

ICP – Incident Command Post

ICS – Incident Command System

ID - Identification

ID Contact – Infectious Disease Contact

II – Implementing Instruction

IM – Intramuscular

IMS – Inventory Management System

IND – Investigational New Drug

IP – Improvement Plan

IT – Information Technology

IV – Intravenous

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

MCM - Medical Counter Measure

MFM – Mass Fatality Management

MHE – Material Handling Equipment

MOU – Memorandum of Understanding

MRC – Medical Reserve Corps

MSWL – Municipal Solid Waste Landfills

MTEP – Multi-year Training & Exercise Plan

NaCN – Sodium cyanide

NAPH – Name, Address, Personal History

NGO – Non-Government Organization

NIMS – National Incident Management System

NIPP – National Infrastructure Protection Plan

NORS – National Outbreak Reporting System

NPI – Non-Pharmaceutical Interventions

NRF – National Response Framework

NRP – National Response Plan

OAC – Ohio Administrative Code

ODH – Ohio Department of Health

ODMH – Ohio Department of Mental Health

ODRS – Ohio Disease Reporting System

OEMA – Ohio Emergency Management Agency

OEPA – Ohio Environmental Protective Agency

OFDA – Ohio Funeral Directors Association

OHA – Ohio Hospital Association

OPHAN – Ohio Public Health Analysis Network

OPHCS – Ohio Public Health Communication System

ORC - Ohio Revised Code

ORR – Operational Readiness Review

OSHA – Occupational Safety and Health Administration

PCGHD – Pike County general Health District

PCHD – Portsmouth City Health Department

PH – Public Health

PHEP – Public Health Emergency Preparedness

PHER – Public Health Emergency Response

PHI – Public Health Infrastructure

PIMW – Potentially Infectious Medical Waste

PIO – Public Information Officer

PO – by mouth/per os/oral

POD – Point of Dispensing

PPE – Personal Protective Equipment

PREP Act – Public Readiness and Emergency Preparedness Act

PRP – Pandemic Response Plan

PS – chloropicrin

PUI - Person under investigation

PXC – Accutemp PXC coolant packs

RCC – Regional Coordination Center

RCHD – Ross County Health District

RDD – Radiological Dispersal Device

RDN – Regional Distribution Node

REMM – Radiation Emergency Medical Management

RHCC – Regional Hospital Coordination Center

RMRS – Regional Medical Response Systems

RODS – Real-time Outbreaks and Disease Surveillance

RPH – Regional Public Health

RPHH – Regional Public Health and Healthcare

RPHP – Regional Public Health Preparedness

RSS – Receive, Store and Stage

SC – South Central

SCHD – Scioto County Health Department

SCO – South Central Ohio

SEOC - State Emergency Operations Center

SIIS – Statewide Immunization Information System

SNS – Strategic National Stockpile

USC – United States Code

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

VX – O-ethyl S-{z-(diisopropylamino) ethyl] methylphosphonothioate)

WHO – World Health Organization

WIC – Women, Infants, and Children

ATTACHMENT B: GLOSSARY OF WORDS/PHRASES USED IN THE EMERGENCY RESPONSE PLANS

A

Active Monitoring with Activity Restrictions: The ID Contact remains separated from others for a specified period (pre-determined after potential exposure), during which s/he is assessed on a regular basis (in person at least once daily) for signs and symptoms of the CAREID. Restrictions may be voluntary or legally mandated; Confinement may be at home or in an appropriate facility.

Alternate Housing: Temporary housing that is provided to an individual being monitored/quarantined for a CAREID, but is not symptomatic.

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. Area Command has the responsibility to set overall strategy and priorities, allocate critical resources according to priorities, ensure that incidents are properly managed, and ensure that objectives are met and strategies followed. Area Command becomes Unified Area Command when incidents are multijurisdictional. Area Command may be established at an emergency operations center facility or at some location other than an Incident Command Post.

B

C

Cache - A pre-determined complement of tools, equipment, and/or supplies stored in a designated location, available for incident use.

Casualty - any person, group, thing, etc., that is harmed as a result of some act or event. For the purposes of this plan, the loss of human life will not be included in this definition, but will be referred to as a fatality.

Chain of Command **-** A series of management positions in order of authority.

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.

Class A Reportable Emerging Infectious Disease (CAREID): Emerging infectious diseases are those whose incidence in humans has increased in the past 2 decades or threaten to increase in the near future. These diseases, which respect no national boundaries, can challenge efforts to protect workers as prevention and control recommendations may not be immediately available. By adding "Class A Reportable" to "Emerging Infectious Disease", we are selecting diseases that have a high morbidity and/or mortality rate.

Cold Chain Management – maintaining a temperature-controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities which maintain a given temperature range. It is used to help extend and ensure the shelf life of products such as pharmaceutical drugs.

Command Staff - The Command Staff consists of the Public Information Officer, Safety Officer, and Liaison Officer. They report directly to the Incident Commander. They may have an Assistant or Assistants, as needed.

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

Community Containment: Measures taken by a community, with the recommendation of public health and other healthcare agencies, to control the spread of a CAREID inside, as well as outside the community. This can be a combination of multiple measures, such as: quarantine, medical dispensing, immunizations, public education, hygiene practices, etc.

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 PCHD/SCHDs 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).

E

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

Emergency Operations Centers (EOCs) - The physical location at which the coordination of information and resources to support domestic incident management activities normally takes place. An EOC may be a temporary facility or may be located in a more central or permanently established facility, perhaps at a higher level of organization within a jurisdiction. EOCs may be organized by major functional disciplines (e.g., fire, law enforcement, and medical services), by jurisdiction (e.g., Federal, State, regional, county, city, tribal), or some combination thereof.

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 individuals impacted by the incident 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.

Event - A planned, non-emergency activity. ICS can be used as the management system for a wide range of events, e.g., parades, concerts, or sporting events.

F

Fatality - a death resulting from an accident or a disaster.

G

General Staff - A group of incident management personnel organized according to function and reporting to the Incident Commander. The General Staff normally consists of the Operations Section Chief, Planning Section Chief, Logistics Section Chief, and Finance/Administration Section Chief.

H

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.

I

Incident - An occurrence or event, natural or human-caused, that requires an emergency response to protect life or property. Incidents can, for example, include major disasters, emergencies, terrorist attacks, terrorist threats, wildland and urban fires, floods, hazardous materials spills, nuclear accidents, aircraft accidents, earthquakes, hurricanes, tornadoes, tropical storms, war-related disasters, public health and medical emergencies, and other occurrences requiring an emergency response.

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). Suggested form for recording an IAP are ICS Forms 201 – 225 (https://training.fema.gov/emiweb/is/icsresource/icsforms.htm) .

Infectious Disease Contact (ID Contact): An individual at risk of CAREID through travel and/or contact with another individual diagnosed with the CAREID, but has no symptoms.

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.

J

Joint Information Center (JIC) - A facility established to coordinate all incident-related public information activities. It is the central point of contact for all news media at the scene of the incident. Public information officials from all participating agencies should collocate at the JIC.

Joint Information System (JIS) - Integrates incident information and public affairs into a cohesive organization designed to provide consistent, coordinated, timely information during crisis or incident operations. The mission of the JIS is to provide a structure and system for developing and delivering coordinated interagency messages; developing, recommending, and executing public information plans and strategies on behalf of the Incident Commander; advising the Incident Commander concerning public affairs issues that could affect a response effort; and controlling rumors and inaccurate information that could undermine public confidence in the emergency response effort.

K

L

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.

Lost to Follow-up: Occurs when an individual being monitored for signs and symptoms of a CAREID fails to comply with public health requests to report (contact the health department) at the designated time and cannot be found (resides in a different location and does not report to health department that location) during the remainder of the monitoring period.

M

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.

Mitigation - The activities designed to reduce or eliminate risks to persons or property or to lessen the actual or potential effects or consequences of an incident. Mitigation measures may be implemented prior to, during, or after an incident. Mitigation measures are often formed by lessons learned from prior incidents. Mitigation involves ongoing actions to reduce exposure to, probability of, or potential loss from hazards. Measures may include zoning and building codes, floodplain buyouts, and analysis of hazard- related data to determine where it is safe to build or locate temporary facilities. Mitigation can include efforts to educate governments, businesses, and the public on measures they can take to reduce loss and injury.

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.

N

Non-complaint: Occurs when an individual being monitored for signs and symptoms of a CAREID fails to comply with public health requests to report (contact the health department) at the designated time repeatedly, OR fails to follow the activity restrictions placed on the individual.

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.

O

Operational Period - The period of time scheduled for execution of a given set of operation actions as specified in the Incident Action Plan. Operational Periods can be of various lengths, and for public health purposes are usually 24 hours, or longer.

P

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.

Person Under Investigation (PUI): A person who has a Class A Reportable Emerging Infectious Disease (CAREID) exposure risk and a fever or other symptom suggestive of CAREID.

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.

Q

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.

R

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.

S

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.

Span of Control - The number of individuals a supervisor is responsible for, usually expressed as the ratio of supervisors to individuals. (Under the NIMS, an appropriate span of control is between 1:3 and 1:7.)

Social Distancing – involves increasing the space or distance between people (i.e., increase distance from others from one arms - 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.

T

U

V

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.

W

XYZ

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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
- Any other positions

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