

# **Public Health Dayton & Montgomery County Emergency Response Plan**

**Attachment 1 to Annex H  
Emergency Support Function #8  
Montgomery County Emergency Operations Plan**

**Feb 10, 2016**



## RECORD OF CHANGES

This plan is reviewed and updated after exercises and assessments identify improvements needed.		
Section	Date	NAME OF POSTER
<u>MODIFIED:</u> Contact information reviewed and updated for plan.	December 9, 2010	L Cleek
<u>MODIFIED:</u> Contact information reviewed and updated for plan.	December 13, 2011	L Cleek
<u>MODIFIED:</u> Updated appendix K West Central Ohio (WCO) Emergency Contact numbers.	December 4, 2012	L Cleek
<u>MODIFIED:</u> Updated appendix A Hazard Vulnerability Assessment for Public Health. Removed reference to Bio-hazard detection system.	December 12, 2013	L Cleek
<u>MODIFIED:</u> Updated appendix A Hazard Vulnerability Assessment for Public Health.	December 17, 2014	L.Cleek
<u>MODIFIED:</u> Added training on communications and annual tornado drill. The basis of this change comes from the May 2015 Blowing in the Wind AAR/IP.	February 10, 2016	L.Cleek

## Foreword

Public Health – Dayton & Montgomery County (PHDMC) is committed to developing and maintaining a strong public health infrastructure capable of preparing for and responding to incidents resulting in a public health threats or emergencies. Montgomery County, Ohio is vulnerable to bioterrorism, terrorism, and unintentional or naturally occurring events.

The anthrax attacks and subsequent hoaxes in 2001, the wind storms of 2008, and H1N1 pandemic of 2009, reinforced these vulnerabilities. They impress upon public health officials and public safety, and private health care organizations, the importance of maintaining a comprehensive plan to address these types of potential incidents. Managing the human health consequences of a large-scale public health emergency will challenge existing local public health, public safety, and health care infrastructures. Effective preparedness and response to an incident will require continual coordination and collaboration among local response partners, and state and national organizations that provide assistance.

Because public health threats and emergencies are not confined within political or jurisdictional boundaries, PHDMC participates in regional planning efforts in the West Central Region of Ohio (Champaign, Clark, Darke, Greene, Miami, Montgomery, Preble, and Shelby counties) to insure collaboration and consistent emergency preparedness planning. This regional endeavor involves the Regional Medical Response System (RMRS). The RMRS includes representatives from local health departments, public safety, hospitals, emergency management, Environmental Protection Agency, American Red Cross, Coroner's Office, FBI, academia, mental health agencies, the military, and other organizations, to insure a coordinated, multi-agency, multi-jurisdictional response. These response partners continue to improve cooperative understanding of the respective emergency management actions needed during a large-scale public health emergency. The respective Public Health Emergency Preparedness Plans of all West Central Region local health departments will serve as the core guidance to a regional Public Health response.

PHDMC's overall level of preparedness continues to improve through the development and implementation of a robust infrastructure capable of responding to a large-scale public health emergency. PHDMC is earmarking public health infrastructure funds to meet the specific infrastructure program standards established by the Ohio Department of Health (ODH), and is continuing to forge partnerships with local response partners. PHDMC has made great strides in improving public health infrastructure within both Montgomery County and the eight-county West Central Region.

## Table of Contents

Foreword.....	ii
Approval.....	iii
Table of Contents.....	iv
I. Introduction.....	1
A. Purpose.....	1
B. Scope .....	1
C. Community Profile .....	1
II. Public Health Emergency Preparedness Situation/Assumptions.....	2
A. Situation.....	2
B. Assumptions.....	2
III. Concept of Operations.....	3
A. Organization.....	3
B. Command and Control.....	4
C. Notification.....	4
D. Emergency Public Information & Warning.....	5
E. Inter-jurisdictional Relationships.....	7
F. Epidemiological Surveillance.....	7
G. Prevention and Control.....	8
H. Communication Infrastructure.....	10
I. Crisis Communication.....	11
J. Continuity of Operations.....	11
IV. Roles and Responsibilities.....	12
V. Ongoing Plan Management and Maintenance.....	17
VI. Authorities and References .....	18
VII. Supporting Documentation.....	22
Acronyms.....	23
Attachment A: PHDMC Hazard Analysis.....	24
Attachment B: Multi-Year Training & Exercise Plan.....	28

## **I. Introduction**

### **A. Purpose**

The *Public Health Emergency Preparedness Plan* details PHDMC's preparedness and response activities needed to reduce vulnerability to incidents having the potential to escalate into public health emergencies within Montgomery County. This document will serve as an attachment to Annex H, Emergency Support Function #8 of the Montgomery County Emergency Operations Plan (EOP).

The *Public Health Emergency Preparedness Plan* is the base plan for PHDMC preparedness activities. This base plan identifies public health functions, assigns responsibility for accomplishing each function, and specifies accountability. Event/Emergency specific guidance will be referenced in Appendix Plans and Standard Operation Guidelines.

To insure public health preparedness and response activities are coordinated throughout the West Central Region, this plan is consistent with the concepts, principles, terminology, and organizational processes in the National Incident Management System (NIMS) and in the National Response Framework (NRF).

Implementation of this plan is dependent upon public health and public safety infrastructure enhancements, and strengthening and/or building partnerships between public health, public safety, and health care organizations.

### **B. Scope**

The *Public Health Emergency Preparedness Plan* outlines PHDMC activities/functions associated with Incidents of national significance, terrorism incidents/threats, outbreaks of emerging infectious diseases, and other public health threats and emergencies in Montgomery County. Key components of this plan include the following:

1. Organization
2. Command and Control
3. Notification
4. Inter-jurisdictional relationships
5. Epidemiological surveillance
6. Prevention and control activities
7. Communication infrastructure
8. Crisis communication
9. Workforce development

### **C. Community Profile**

A general description of Montgomery County, including geographic information, population, transportation assets, and a hazards analysis and risk assessment is provided in the Montgomery County EOP. An additional Hazard Analysis has been attached with those hazards likely to affect PHDMC. (Appendix A: Hazard Analysis PHDMC)

## **II. Public Health Emergency Preparedness Situation/Assumptions**

### **A. Situation**

1. Montgomery County is vulnerable to bioterrorism, terrorism, and unintentional or naturally occurring events that result in public health threats or emergencies.
2. Montgomery County has a population of 535,153 (Census 2010), with 29 political jurisdictions. The City of Dayton, with an estimated population of 141,527, is the most densely populated area in the county.
3. A large-scale public health emergency in Montgomery County will exhaust local resources.
4. Montgomery County's public safety force consists of approximately 3000 Fire/EMS personnel and law enforcement officers.
5. Health care demographics include six acute care hospitals, two specialty care hospitals, one pediatric hospital, and a Veteran's Affairs Medical Center.
6. Current capacity for Montgomery County hospitals is approximately 402 negative pressure isolation beds.
7. English is not the primary language for approximately 3.9% of the total population for Montgomery County based on 2010 census data.
8. Effective preparedness and response to a public health emergency will require coordination and collaboration among public health, public safety, and health care organizations at the local, regional, state, and national level.

### **B. Assumptions**

1. PHDMC is the public health authority for Montgomery County, and is responsible for the protection of the health and welfare of its citizens.
2. PHDMC's *Public Health Emergency Preparedness Plan* outlines key preparedness activities intended to minimize the human health consequences of a public health emergency.
3. A public health emergency in Montgomery County may result in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential public services and infrastructure, and environmental damage.
4. A public health emergency in Montgomery County may exceed local and regional response capabilities.

5. A public health emergency in Montgomery County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
6. Support from nongovernmental organizations and the private sector may be needed to enhance PHDMC's ability to respond to a public health emergency.
7. A Mutual Aid Agreement exists among all local health departments in the West Central Region of Ohio to provide emergency mutual aid for reciprocal emergency management aid and assistance during a public health emergency.
8. Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRF.
9. Fire/EMS, law enforcement, public health, health care, emergency management, and other personnel are responsible for local incident management activities.
10. A large-scale public health emergency may require cancellation of most routine PHDMC programs to direct available resources to emergency public health initiatives.
11. PHDMC staff has received appropriate emergency preparedness training, and have been assigned specific emergency responsibilities.
12. Public health emergency infection control measures may include mass immunization/prophylaxis, and recommendations for limitations on movement.
13. PHDMC has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education.

### **III. Concept of Operations**

#### **A. Organization**

All local health departments within the West Central Region have adopted an ICS structure and associated position-specific check lists for emergency events. A common Point of POD ICS structure, with position check lists, has also been developed and adopted. These respective ICS structures are consistent with the structures outlined in the NIMS and NRF to facilitate coordination and communication of incident management activities at the local, regional, state, and national level.

Based on the NRF's premise that incidents are handled at the lowest jurisdictional level possible, PHDMC will ultimately be responsible for command and control of a public health emergency within Montgomery County. Adoption, institutionalization, and implementation of the ICS will permit coordination of PHDMC's emergency preparedness activities with the respective activities of other responders. The plan will be activated by the health commissioner or emergency preparedness coordinator based on if PH emergency exceeds normal day-to-day operations.

## **B. Command and Control**

To insure a consistent approach in the management of a public health emergency, all Montgomery County response partners have adopted NIMS as the framework for preparation, prevention, response, recovery, and mitigation actions. Public health, public safety, and healthcare organizations have established internal ICS structures, and will collaborate with PHDMC during public health emergencies. The Emergency Preparedness Coordinator is responsible for coordinating the response within PHDMC as well as externally with other response partners.

The Health Commissioner or his Incident Management Team (IMT) representative will participate as the Public Health official during a Unified Command response. After establishment of the overall incident objectives, the foremost responsibility is to formulate the initial public health response strategy. Following the development and implementation of the public health strategy, the Health Commissioner will then assume the role of lead command official pertaining to public health issues. An IMT representative, who fulfills any role for the Health Commissioner, will keep the Health Commissioner informed of all pertinent events and activities.

An ICS chain of command structure will be established to manage all public health emergency response activities. The ICS Command Staff may include:

### **1. Incident Commander**

The Incident Commander has overall control of the event. In a small event, he or she may assume the responsibility of all components of the system. In larger or more complex events, the Incident Commander may assign other personnel to the command and general staff.

### **2. Public Information Officer (PIO)**

The Public Information Officer (PIO) handles all media inquiries and coordinates the release of information to the general public through the media. This position may coordinate with a county or regional Joint Information Center (JIC)

### **3. Safety Officer**

The Safety Officer for public health monitors safety conditions within the DOC, or any other site of operations used during an event, and develops measures for ensuring the safety of all assigned personnel.

### **4. Liaison Officer**

The Liaison Officer could be the on-scene contact for other agencies or volunteers assigned to the event response. The Liaison Officer could represent PHDMC at the county Emergency Operations Center (EOC).

### **5. Planning Section Chief**

The Planning Section Chief is responsible for the assessment of the event, determining resources needed, and establishing a plan for approval by the Incident Commander that responds to the needs of the public and mitigates the existing threat. The Planning



Section Chief coordinates with the Operations Section Chief for preparing reports to the DOC or the county EOC.

**6. Operations Section Chief**

The Operations Section Chief is responsible for directing the activities of personnel responding to and implementing the plan established by the Planning Section. The Operations Section may be subdivided into various functional divisions, with a supervisor leading each division. The Operations Section Chief will also be responsible for accounting for the whereabouts and activities of all assigned personnel.

**7. Logistics Section Chief**

The Logistics Section Chief is responsible for coordination of the acquisition, transportation and movement of personnel, equipment, and supplies. If the county EOC is activated, this position will work closely with its counterpart in the EOC.

**8. Finance/Administration Section Chief**

The Finance/Administration Section Chief is responsible for tracking incident costs and reimbursement accounting. Accurate records are required for maintaining compliance with grants and contracts and justifying reimbursements for personnel salaries and expenses. If the county EOC is activated, this position will work closely with its counterpart in the EOC.

**C. Notification**

PHDMC will likely be notified of the occurrence of a potential or actual emergency by ODH, Montgomery County Office of Emergency Management (MCOEM), hospitals/emergency departments, private physicians, emergency responders (HazMat, Fire/EMS, Law Enforcement), the media, or through epidemiological surveillance activities.

1. PHDMC emergency contact information (including address) for key staff has been provided to MCOEM.
2. Emergency contact information for regional local health department preparedness staff is maintained by the Regional Public Health Coordinator.
3. Procedures for contacting PHDMC after-hours have been distributed to the medical community, public safety/emergency responders, local governments, and the media.
  - a. After-hours emergency contact is provided by the HelpLink answering service from the Dayton Area United Way. A recorded message on the PHDMC's main telephone and on the communicable disease reporting nurse's telephone directs public health emergency calls to the HelpLink answering service at 937-910-6049. Helplink operators direct the call to appropriate PHDMC on-call staff.
  - b. On-call staff who receive notification of an incident/public health emergency are responsible for mobilizing necessary staff and resources to initially access and manage the incident pending the implementation of the PHDMC ICS

- structure. Rapid recall/notification of all PHDMC staff will occur through the MCOEM automated high-speed notification system (Communicator).
- c. On-call staff includes a Division Director, Emergency Preparedness Coordinator, Communicable Disease staff, Environmental Health staff, Logistics staff, and Public Information Officer. The Health Commissioner and Medical Director are also available 24/7.
  - d. When conducting the initial response, Emergency Preparedness staff personnel will notify the Incident Management Team to organize any needed ICS structure to oversee prolonged events.
4. The Ohio Public Health Communication System (OPHCS) is a secure, web-based, password protected, role-based system providing a comprehensive method for sending alerts and information to ODH, to local health departments and to key public health partners. Alerts are sent by e-mail, landline and cellular phone (via text-to-speech conversion), facsimile, and alphanumeric pager.
    - a. The OPHCS User Alerting Profiles have been populated with select PHDMC contact information for high, medium, and low priority alerts. All levels of alerts are sent to each PHDMC OPHCS User's e-mail.
    - b. User Alerting Profiles for the PHDMC Supervisor of Epidemiology and Emergency Preparedness, PHDMC Emergency Preparedness Coordinator, and Regional Public Health Emergency Preparedness Coordinator include work email, work phone, cellular phone, and HelpLink.
    - c. High priority alerts, User Alerting Profiles for the Health Commissioner, Medical Director, Environmental Health Director, Director of Nursing, and Epidemiology are work email and HelpLink.
  5. A Health Alert Network (HAN) directory of Montgomery County emergency response partners has been coordinated through MCOEM and PHDMC (see Crisis Communication Plan / Annex 2). PHDMC also has access to an ODH Ohio Public Health Communication System to notify partners.
  6. MCOEM maintains a directory of emergency contact information for each of the twenty-nine political jurisdictions within Montgomery County. Distribution of emergency public health-related information to these jurisdictions is provided by an automated high-speed notification system.
    - a. The Communicator™ is a high-speed phone notification system that will enable Montgomery County agencies and teams to automate call-out procedures for delivering event-specific messages to multiple recipients. Local responders, agencies, or localities will receive timely information needed to respond efficiently during an incident.
    - b. A GIS mapping application permits tailoring the information to specific neighborhoods or cities.

#### **D. Emergency Public Information and Warning**

PHDMC has established a *Crisis Communication Plan* to insure risk communication principles will be utilized in delivering information to the public through the appropriate

channels. The purpose of the plan is to protect the health and welfare of the public by communicating emergency information in a timely, compassionate and accurate manner. Public information efforts by PHDMC will allow individuals, stakeholders, and the community to make personal health decisions within compressed timeframes. During a public health emergency, consistent up-to-date messages will be necessary to provide public education, to insure that PHDMC staff, are able to perform assigned duties, and to facilitate the implementation of response plans.

PHDMC has designated a prioritized list which includes the PIO, a back-up and a designated spokesperson to provide consistent, credible, and timely emergency information to the public and the media. The designated spokesperson will share incident-specific information to minimize public confusion, and to maintain public confidence in the ability of PHDMC to manage the incident.

If multiple agencies and/or jurisdictions are involved in the coordination and response efforts, the public information activities of all responding agencies will be coordinated through the activation of a Joint Information Center (JIC).

#### **E. Inter-jurisdictional Relationships**

The eight county LHD's in the West Central Region of Ohio have entered into a Mutual Aid Agreement to provide reciprocal mutual aid during a public health emergency. These relationships will insure prompt and effective utilization of the combined resources of these respective LHD's during a public health emergency. A similar Mutual Aid Agreement exists among the LHD's in the West Central Region and the Southwest Region (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren counties).

Memoranda of Understanding among the LHD's in the West Central Region also exist for coordination of volunteer nursing services, and for epidemiological services.

An Intrastate Mutual Aid Compact for emergency preparedness, and disaster response and recovery has been established pursuant to Ohio Revised Code section 5502.41. This program provides for mutual assistance and cooperation among participating political subdivisions in response to and recovery from any disaster that results in a formal declaration of emergency by a participating political subdivision. For planning purposes, it is prudent to assume a public health emergency in the West Central Region of Ohio will impact, and subsequently require a coordinated response, from all counties in the region. Declaration of a public health emergency within Montgomery County can invoke the provisions of the Intrastate Mutual Aid Compact. Regional response actions will be coordinated through the EOC's in the affected jurisdictions.

#### **F. Epidemiological Surveillance**

PHDMC's public health surveillance activities include the collection, analysis, interpretation, and dissemination of health data. These components are used for public health response actions, including policy setting, investigation, control, and prevention.

Surveillance is the cornerstone of PHDMC's preparedness activities, and insures a prompt public health response to unusual health events in Montgomery County and in the West Central Region of Ohio.

The *Regional Epidemiological Response Plan* for the West Central Region outlines standard operating procedures for public health detection and surveillance, epidemiology response, medical confirmation and sample submission, criminal investigation, non-terrorist events, and disease specific protocols.

PHDMC's major surveillance activities are highlighted below:

1. An Epidemiology section, established within the Planning Section of PHDMC's ICS structure, coordinates with Environmental Health and Communicable Disease for contact tracing and investigation, data management and surveillance, and laboratory/specimen collection.
2. The Centers for Disease Control and Prevention's (CDC) *Health Alert Network* (HAN) communications are received via the OPHCS.
3. PHDMC staff monitors The Ohio EpiCenter and National Retail Data Monitor (NRDM) information systems.
4. Ohio Administrative Code Chapters 3701-3-02, 3701-3-05, and 3701-3-12 require the reporting of communicable diseases within a local health department's jurisdiction. Within Montgomery County, hospitals, emergency departments, laboratories, private physicians, school nurses, and other health care networks report the occurrences of suspected and/or confirmed cases of reportable diseases to PHDMC's Communicable Disease Reporting Nurse.
5. Early event (syndromic) surveillance data are monitored in real-time for trends and anomalies suggestive of disease outbreaks. Several systems are used as public health surveillance tools to identify key signs and symptoms that may be indicative of an illness or disease trend requiring further investigation. Available surveillance data include:
  - a. Real-Time Outbreak Disease Surveillance (RODS):
    - i. Emergency Department visits for hospitals within the West Central Region;
    - ii. Retail sales of over the counter (OTC) pharmaceuticals and thermometers
  - b. Emergency Medical Service (EMS) agency dispatch activity data;
6. PHDMC has established disease and surveillance thresholds for reportable diseases and early event surveillance systems.
7. PHDMC provides education to providers in the community about infectious disease reporting and the role of public health during an emergency.

## **G. Prevention and Control**

Public health infection control measures encompass surveillance, setting and recommending policies and procedures, compliance with regulations, direct intervention, and education/training. Direct interventions to prevent the community-wide transmission of an infectious disease may include standard precautions, mass immunization and/or prophylaxis, and limitations on movement. PHDMC emergency preparedness activities/plans aimed at direct interventions include the following:

1. PHDMC has developed a Public Health Mass Prophylaxis Standard Operating Guideline (SOG) and a regional Epidemiological Response plan. These are used for guidance in responding to communicable diseases and/or bioterrorism events.
2. PHDMC and local response partners have jointly developed a *Strategic National Stockpile Plan*.
3. PHDMC will request the assets in the SNS when local pharmaceutical resources are inadequate to manage the human health consequences associated with a public health emergency. SNS assets include antibiotics, vaccines, antidotes, medical supplies, and medical equipment to counter the effects of biological pathogens and nerve agents.
4. PHDMC has established Memoranda of Understanding with ten facilities within Montgomery County to serve as PODs for mass vaccination/prophylaxis.
5. PHDMC will initially coordinate the opening and operation of two primary PODs utilizing an ICS structure. PHDMC staff has been assigned to key positions within the POD ICS structure. The staff assignment list is updated quarterly by the Office of Epidemiology and Emergency Preparedness.
6. Primary POD data has been entered into the ODH SNS online program to identify delivery locations for prophylactic medications.
7. PODs will be designated for prevention measures (i.e. well, non-exposed and/or exposed non-symptomatic individuals), whereas hospitals/alternate treatment facilities will provide treatment and supportive care for infected, symptomatic individuals. This distinction is paramount to the success of the disease containment strategy designed and implemented by PHDMC.
8. During an outbreak of an infectious, communicable disease, initial post infection control measures implemented by PHDMC will likely include vaccination or prophylaxis for the following groups using priority guidance from the CDC and ODH:
  - a. Individuals directly exposed to the agent;
  - b. Individuals with face-to-face or household contact with an infected person;

- c. First responders and personnel directly involved in the evaluation, care, and transport of infected persons;
  - d. Laboratory personnel involved in processing specimens;
  - e. Others likely to have contact with infectious persons/materials.
9. The above groups include healthcare workers at clinics and hospitals that may receive infectious patients, mortuary staff who may handle bodies, and all other essential emergency response personnel (e.g. Law Enforcement, firefighters, EMS public works, public health staff, and emergency management staff). Vaccination/prophylaxis of the immediate family members of these groups during the initial stages of an outbreak are dependent upon vaccine/antibiotic supply. It is expected ODH will provide a priority listing and directives for any prophylaxis they provide.
10. Imposition of limitations on movement may be used as a disease control measure.
11. PHDMC will coordinate with regional, state, and national authorities to recommend the least restrictive measures of limitations on movement to contain and control infectious diseases.
12. PHDMC will coordinate with the Dayton Metropolitan Medical Response system coordinator to ascertain the availability of a local pharmaceutical resource cache for first responders.

Ohio Revised Code Sections 3707.04 through 3707.34 provides broad powers to local Boards of Health to preserve public health and prevent the spread of disease. These powers include the authority to enforce the provisions of the Revised Code regarding quarantine and isolation. The Association of Ohio Health Commissioners (AOHC) has drafted a *Model Local Board of Health Policy Relating to Delegation of Authority to Quarantine and Isolate*. This model policy is intended to insure the Health Commissioner is delegated all the authority possessed by the Board of Health, and is authorized to act on behalf of the Board of Health in these matters.

## **H. Communication Infrastructure**

EOC coordination of communications assets during an emergency is provided in the Montgomery County EOP. Emergency Support Function #2 of the EOP outlines communications support between local, state, and federal organizations. MCOEM will coordinate with county and state agencies, and private vendors to insure county-wide communications operations are maintained and coordinated during an emergency.

PHDMC's redundant communications capabilities include landline/cellular/satellite telephone, internet, HAN, OPHCS, facsimile, email, and 800 MHz radio. Contingency measures may include the use of law enforcement, designated drivers and/or couriers to deliver information.

The State of Ohio has constructed the Multi-Agency Radio Communications System (MARCS) to facilitate interoperability of state and local response systems. MARCS is a

computerized digital radio system insuring uninterrupted radio transmission with a high surge capacity threshold, and state-wide talk groups organized by both location and service responsibilities.

PHDMC has six portable 800 MHz MARCS radios to increase state-wide communications interoperability during both daily operations and public health emergencies. Montgomery County interoperability talk groups have been programmed into these units to insure PHDMC can also communicate with local response partners.

MARCS radios are maintained by the Office of Epidemiology and Emergency Preparedness and signed out on an “as needed” basis. In the event of an emergency, radio equipment will be distributed to the Health Commissioner, Medical Director, Incident Commander, Public Information Officer and Emergency Preparedness staff.

All PHDMC staff assigned a MARCS radio will adhere to standard radio communications protocols/procedures established by the Montgomery County Sheriff’s Office, and/or ODH. Staff assigned a radio will receive training on the operation of the unit and the established communication protocol/procedure.

### **I. Crisis Communication**

PHDMC has established a *Crisis Communication Plan* to insure risk communication principles will be utilized in delivering information to the public through the appropriate channels. The purpose of the plan is to protect the health and welfare of the public by communicating emergency information in a timely, compassionate and accurate manner. Public information efforts by PHDMC will allow individuals, stakeholders, and the community to make personal health decisions within compressed timeframes. During a public health emergency, consistent up-to-date messages will be necessary to provide public education, to insure PHDMC staff is able to perform assigned duties, and to facilitate the implementation of response plans.

PHDMC has designated a prioritized list of PIOs and spokespersons to provide consistent, credible, and timely emergency information to the public and the media. These individuals will share incident-specific information to minimize public confusion, and to maintain public confidence in the ability of PHDMC to manage the incident. The public information activities of all responding agencies will be coordinated through the activation of a Joint Information Center.

### **J. Continuity of Operations**

With any event, routine daily operations need continued emphasis. When an event interrupts or places stress on routine operations, Division Directors will evaluate and adjust necessary activities. For events beyond their internal division capabilities, the PHDMC Continuity of Operations Plan (COOP) will be used as a guideline to identify resources.

#### **IV. Roles and Responsibilities**

PHDMC is charged with the protection of public health and welfare, and has the authority to implement all measures necessary to prevent, suppress, and control infectious diseases within Montgomery County. This is a collaborative effort with many players at the local, regional, state and federal level. Some of the roles are outlined below:

##### **A. Role of Health Commissioner**

During an emergency involving public health, the PHDMC Health Commissioner, or his/her designee, will serve as the lead in Emergency Support Function (ESF) #8 within the county Emergency Operations Center (EOC). If a Department Operation Center (DOC) is established the PHDMC Health Commissioner or his/her designee will be the lead for the DOC with assistance from the incident management team (IMT). Operating from the county EOC or DOC, the Health Commissioner, or his/her designee, will decide public health policy, maintain contact with other agencies, develop public health priorities, lead public health event response, and delegate tasks as needed in any public health emergency.

1. The Health Commissioner or a designee will serve as the Incident Commander during emergencies that primarily involve naturally occurring infectious disease situations.
2. In the event that an infectious disease is found to have resulted from a bioterrorist act, a Unified Command Structure involving public health, law enforcement, EMS, and emergency management will be created to address the problem. Federal agencies will be involved at a Joint Operations Center (JOC).
3. Terrorist events involving other WMD, including chemical and radiological agents, are considered criminal acts and will be managed by a Unified Command Structure involving public health, law enforcement, EMS, and emergency management. Federal agencies will be involved at a JOC.
4. The emergency response addressing natural disasters, dangerous and hazardous spills, and other accidents will normally be directed by an agency other than public health, such as fire or law enforcement. However, public health has a role to play as a supporting agency, and may participate in the EOC or other locations,

##### **B. Role of PHDMC Department Operations Center**

The public health DOC will provide a central point of coordination between the county EOC and PHDMC for any event that has impact on the health of the general public. The PHDMC DOC will be the central point of communications, command and control, and dissemination of information to the county EOC regarding public health, and will be the management center for all public health emergency response activities.

##### **C. Role of the County Emergency Operations Center**



The county EOC coordinates the multiagency response to any hazard as outlined in the *Montgomery County Emergency Operations Plan (MCEOP)*. The EMA is responsible to activate the EOC and communicate county situation and resource request to the State EOC.

#### **D. On-Scene Incident Management**

On-scene incident management is accomplished through the ICS and is coordinated with the public health DOC and the county EOC. PHDMC will use the NIMS/ICS system in all public health emergencies. The operation of PODS in the county will require its own ICS structure. This is outlined in the Medical Countermeasures *Mass Dispensing and Vaccination Plan* which is an annex to the Strategic National Stockpile (SNS) plan.

#### **E. Role of Community Partners**

Coordination with Montgomery County community partners during an emergency situation will normally be activated through the county EOC in accordance with the policies and procedures laid out in the Montgomery County Emergency Operations Plan (MCEOP). The roles and responsibilities of the community partners are outlined in Annex H - Emergency Support Function 8 (ESF8) of the MCEOP. Additionally PHDMC can use its health alert network (HAN) within the Crisis Communication Plan to provide key information to community partners.

**F. Role of Regional Partners** – PHDMC has MOU’s or agreements to work with a number of regional partners through the organizations listed below:

1. **WCO Regional Public Health** –Regional Public Health Coordinator assist in coordination. The agreement includes all LHDs in the homeland security planning region 3 (Champaign, Clarke, Darke, Greene, Miami, Montgomery, Preble, and Shelby).
2. **Greater Dayton Area Hospital Association (GDAHA)** – provides regional coordination of all hospitals. They also coordinate the HealthCare Preparedness Program to collaborate with other types of healthcare providers forming a healthcare coalition.
3. **Dayton MMRS/RMRS** - provides regional assistance or emergency medical providers in WCO and coordinates with multiple response partners to include PHDMC. They maintain a cache of pharmaceuticals, antibiotics and respiratory personal protective equipment (PPE). Two Decontamination Trailers are maintained as regional assets as well.
4. **Montgomery/Greene County Local Emergency Response Council (MGCLERC)** - is the local emergency response council which develops and revises a joint local hazardous materials emergency response plan for Greene and Montgomery Counties. It also conducts a compliance program to insure all applicable facilities are reporting hazardous chemical information.

#### **G. Role of State Partners**

The State level agencies provide coordination of resources, guidance and support. Resources can be requested when local resources are exhausted.

1. Ohio Department of Health
2. Ohio Department of Agriculture

3. Ohio Emergency Management Agency
4. Ohio Department of Transportation
5. Ohio Environmental Protection Agency
6. Ohio Department of Public Safety, including Ohio State Highway Patrol, Ohio Homeland Security, and Ohio EMS

#### **H. Role of National/Federal and Other Partners**

Federal agencies may also be involved by providing guidance, resources, and coordination through their state and local counterparts. Federal resources can be requested in the event of a federal declaration of a disaster.

1. Centers for Disease Control and Prevention
2. Federal Emergency Management Agency
3. World Health Organization
4. Department of Health and Human Services
5. National Association of County and City Health Officials
6. Environmental Protection Agency
7. Federal Bureau of Investigation
8. Department of Homeland Security

PHDMC's emergency and preparedness role and responsibilities associated with the mitigation, preparedness, response, and recovery phases of a public health emergency are outlined below:

#### **A. Mitigation**

Defined as, "Any action taken to eliminate or reduce the degree of long-term risk to life or property from any type of hazard" or "Taking sustained actions to reduce or eliminate long term risk to people and property from hazards and their effects."

1. PHDMC promotes general health and wellness activities to the Montgomery County population, encourage and provide immunizations, track disease outbreaks, and take numerous other steps to reduce the risk and consequences of infectious disease outbreaks.
2. PHDMC conducts ongoing risk assessment, modeling, and monitoring.

#### **B. 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.

1. PHDMC maintains and updates a Continuity of Operations Plan (COOP) to ensure employee safety and health, protect facilities and equipment and ensure to the extent possible that essential public health services are uninterrupted. A traditional COOP plan presupposes the causal factor is facility loss (fire, tornado, flood etc). PHDMC's COOP addresses an all-hazards approach events trigger for a COOP plan execution. Taking into account where the facility is still intact, but some or all the workers may not gather together at the facility due to risk of spreading infection.

2. PHDMC maintains and updates methods to notify internal/external response partners, health care providers, community partners and emergency management via email, phone, FAX, OPHCS, Communicator, or MARCS radios.
3. PHDMC provides and updates after-hours emergency contact information to local, regional and state response partners.
4. PHDMC maintains procedures for recall notification of staff via the Communicator and a call-down list.
5. The public health preparedness plans are integrated with county level emergency operations plans.
6. PHDMC has adopted NIMS resolution, ICS structure and position checklists.
7. Participate in planning, design, conduct, and after-action reviews of exercises to evaluate and enhance public health preparedness and response using HSEEP methodologies.
8. PHDMC annually update plans and procedures at the local and regional level to address bioterrorism, terrorism, unintentional or naturally occurring events resulting in public health threats or emergencies.
9. PHDMC participates in regional planning processes and exercises.
10. PHDMC maintains and updates plans and standard operating guidelines consistent with NIMS and the NRF.
11. PHDMC maintains a directory of local response partners.
12. PHDMC maintains rapid assessment capability of disease outbreaks for faster response.
13. PHDMC is involved in recruitment, and planning efforts for utilization of pre-identified volunteers.
14. PHDMC collaborates with a wide variety of community partners and participates in various committees, councils, and coalitions representing a number of community sectors on an ongoing basis.
15. PHDMC works with community partners to address emergency preparedness planning for the functional needs population.
16. PHDMC ensures annual tornado drill is accomplished within all of its facilities.
17. PHDMC provides annual training on communication equipment with IMT staff.

### **C. Response**

Response involves activities and programs designed to address the immediate and short-term effects of the onset of an emergency or disaster. It helps to reduce casualties and damage and to speed recovery.

Upon determination of a disaster or emergency posing a threat to the health of our population, PHDMC will notify the WCO LHDs, ODH, MCOEM, GDAHA and other local community partners. In coordination with MCOEM may request the activation of the local EOC and may request a disaster declaration. PHDMC, as the primary agency, is the lead for public health emergency response at the county level for such incidents as pandemic influenza.

1. County/regional/state public health coordination activities include community preparedness, community recovery, emergency operations coordination, emergency public information, fatality management, information sharing, mass care, medical countermeasures, medical material management, medical surge, non-pharmaceutical intervention, public health surveillance & epidemiologic investigation, responder safety and health, and volunteer management.
2. PHDMC liaison assigned in the county EOC will coordinate with response personnel and work with other support organizations in the county EOC to respond to the needs of affected communities. Public health requests for resources will be coordinated through the EOC as appropriate. Requests will be made in writing or verbally and followed up with a written signed request within 72 hours.
3. PHDMC will function under an ICS/UCS structure.
4. PHDMC will respond to requests for public health assistance and information.
5. PHDMC establish immediate priorities for the health and safety of assigned staff and volunteers, requesting initiation of the COOP if needed.
6. PHDMC will determine appropriate internal ICS structure based on incident needs and assign responsibilities.
7. Determine public health incident objectives and develop an Incident Action Plan (IAP). Examples of roles/responsibilities in an IAP may include:
  - a. Recommend declaration of a public health emergency
  - b. Recommend non- pharmaceutical interventions
  - c. Implement mass dispensing of medical countermeasures
  - d. Conduct epidemiological surveillance
  - e. Laboratory sampling and submission
  - f. Request SNS assets
  - g. Recommend closure of facilities
  - h. Coordinate disposition of deceased/mass burial
  - i. Conduct public education
8. Assign and deploy resources and assets to achieve public health incident objectives.
9. Develop and/or disseminate guidance for health care professionals and first responders.
  - a. Nature of the disease
  - b. Diagnosis
  - c. Treatment
  - d. Infection control measures
  - e. Prophylaxis/immunization and associated contraindications
10. Determines need for and orders closure of facilities.
11. Prohibits mass gatherings if needed.
12. Endorse respectful disposition of deceased/mass burial.
13. Provides public education or public information for release.
14. Addresses the needs of functional needs populations.
15. PHDMC prioritizes health and safety needs of assigned staff and volunteers.

16. The Emergency Preparedness Coordinator and Emergency Response Planner facilitate the execution of PHDMC's response plans.
17. Implement the Epidemiological Response Plan.
18. It is crucial that responders be aware of the psychological and emotional issues surrounding many incidents, as well as the physical issues. For Mental Health issues during large scale incidents affecting multiple organizations or jurisdictions (e.g., natural disasters, terrorism, or epidemics) or emotionally significant events (e.g., suicide at a school or business, accidents or the death of a child that impacts a community), or at the discretion of an on scene Incident Commander, contact your county Emergency Management Agency to request Mental Health Services.
19. A request will be submitted for the mobilization of volunteers through the MRC, Academic Nursing Coalition for Disaster Preparedness (ANCDP) and/or the county EOC if needed.
20. The DOC will be activated, as needed, to meet public health incident objectives.
21. Aspects of the human infectious disease emergency response activities, including surveillance and epidemiologic investigation, will be facilitated through regional coordination (multi-local health jurisdiction response) across the affected area under ODH guidance and existing regional agreements and plans.
22. A staging area will be designated and established for coordinated receipt of state and national assistance. Such assistance will complement not supplant existing capabilities.
23. Public health advisories may be issued:
  - a. Air
  - b. Heat
  - c. Water quality/potable water
  - d. Food and drug safety
  - e. Sheltering in place
  - f. Mass sheltering facilities
  - g. Health precautions
  - h. Disinfection/decontamination
  - i. Wastewater and solid waste disposal
  - j. Vector control
24. All response activities will be documented.
25. Demobilization plans will be implemented.

#### **D. 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.

- a. Continue response phase activities as required.
- b. Request EOC assistance from support agencies for environmental surety and reimbursement activities.

- c. Conduct ongoing risk assessment, modeling, monitoring, safe re-entry criteria, extent and disposition of environmental contaminants, level of decontamination, cleanup standards and methods, final disposition of affected property and ongoing vector control.
- d. Conduct an epidemiological assessment and review of the infectious disease outbreak to ensure control measures are sufficient to prevent future recurrences of the disease.
- e. Other issues that will be addressed include mental health concerns for patients, their contacts, the general public and response and recovery personnel; ongoing security; issues related to mass fatality (e.g. disposal of bodies); legal issues; and economic repercussions for the region.
- f. Restore essential public health services to pre-incident status.
- g. Document continued expenditures.

## **V. Ongoing Plan Management and Maintenance**

The Office of Epidemiology and Emergency Preparedness is responsible for ongoing management and maintenance of the *Public Health Emergency Preparedness Plan*. The plan will be updated periodically as required to incorporate new directives/strategies, new information technology, legislative changes, and procedural changes based on lessons learned and best practices identified during exercises and actual events. A full review, update, and approval of the plan will be conducted annually.

Specifics details on responses to certain situations, such as Pandemic Influenza, Mass Vaccination/Prophylaxis, Strategic National Stockpile, Bioterrorism, Continuity of Operations, and Recovery, and other plans are referred to in Standard Operating Guidelines in each division. Specific Diseases such as smallpox, plague, and others, will be incorporated into overall Incident Management and Mass Prophylaxis plan.

This plan will be reviewed annually for accuracy. Any revisions or additions identified through lessons learned or after action reports/improvement plans will be made. The Emergency Trainer & Planner and Emergency Preparedness Coordinator are responsible for making changes. If significant revisions or changes are made, the plan will be reviewed by the PHDMC senior staff. The final draft will be submitted to the Health Commissioner and the Board of Health for approval.

A copy of this plan is posted on the PHDMC website at [phdmc.org](http://phdmc.org). It is available for review by all citizens. The website instructs individuals as to how comments can be submitted. The comments go directly to the Emergency Response Planner via email. Respondent's comments will be acknowledged upon receipt and considered during the annual plan review and update.

## **VI. Authorities and References**

1. Determination of critical priorities in the public health efforts will be made in consultation with the Public Health – Dayton & Montgomery County Board of Health, local elected officials and when involved, state and federal services agencies.
2. Following a communicable disease outbreak, an act of terrorism, or any public health

emergency, PHDMC shall have the responsibility to provide guidance to the local community partner agencies and the general public on basic public health issues dealing with communicable diseases, environmental health, and other health concerns as needed during the event.

3. PHDMC shall accomplish coordination of public health services and prioritization in partnership with local, regional, state and federal public health authorities. Decisions involving medical and technical expertise shall be the responsibility of the Health Commissioner, and assignment of such responsibilities shall be at the direction of the Health Commissioner or his/her designated person(s).
4. PHDMC's ability to respond to a public health emergency including communicable disease outbreaks, biological, chemical, or radiological incidents, whether naturally occurring, accidents or manmade will be limited by defined laws and policies, jurisdictional boundaries, mutual aid agreements and available resources.

### **Federal Statutes and Executive Orders**

The Robert T. Stafford Disaster Relief and Emergency Assistance Act of 1988 (PL 93-288 as amended) establishes the programs and processes for the federal government to provide disaster and emergency assistance to states and local governments. The Act establishes the basic framework for provision of federal assistance to local communities in response to a disaster or emergency. Provisions of the Act include a process for Governors to request federal disaster and emergency assistance.

The Public Health Security and Bioterrorism Preparedness and Response Act of 2002 is designed to improve the ability of the United States to prevent, prepare for, and respond to bioterrorism and other public health emergencies. The Act also addresses the provision of federal assistance to state and local governments in the event of bioterrorism or other public health emergency.

The Public Health Services Act provides that the Secretary of HHS may declare a public health emergency under certain circumstances, and authorizes the Secretary to prepare for and respond to public health emergencies. The Act also empowers the Secretary to make and enforce quarantine regulations necessary to prevent the introduction, transmission, or spread of communicable diseases from foreign countries into the United States, or from one state to another.

The Animal Health Protection Act of 2002 includes the statutory framework which allows the United States' Department of Agriculture (USDA) Animal and Plant Health Inspection Service (APHIS) Veterinary Services to act to protect United States' animal health from a foreign pest or disease.

Executive Order 13295 specifies certain quarantinable communicable diseases for which quarantine regulations may be promulgated. Such regulations may provide for the apprehension, detention, or conditional release of individuals to prevent the introduction, transmission, or spread of suspected communicable diseases.

### **Federal Statutes and Executives Orders**

- Section 319 of the Public Health Service Act: Public Health Emergencies
  - 42 U.S.C. § 247d
- Section 311 of the Public Health Service Act: General Grant of Authority for Cooperation
  - 42 U.S.C. § 243
- Section 319F-2 of the Public Health Service Act: Strategic National Stockpile and Security
  - 42 U.S.C. § 247d-6b
- Public Health Security and Bioterrorism Preparedness and Response Act of 2002
  - Pub. L. No. 107-188
- Pandemic and All-Hazards Preparedness Act of 2006
  - Pub. L. No. 109-417
- Section 1135 of the Social Security Act: Authority to Waive Requirements during National Emergencies
  - 42 U.S.C. § 1320b-5
- Public Readiness and Emergency Preparedness (PREP) Act of 2005
  - Pub. L. No. 109-148; 42 U.S.C. §§ 247d-6d, 247d-6e),

**Ohio Revised Code Ohio Department of Health**

- O.R.C. 3701.03: General Duties of the Director of Health
- O.R.C. 3701.04: Powers of the Director of Health
- O.R.C. 3701.06: Right of Entry to Investigate Violations
- O.R.C. 3701.13: Powers of Department of Health
- O.R.C. 3701.14: Special Duties of Director of Health
- O.R.C. 3701.16: Purchase, Storage and Distribution of Medical Supplies
- O.R.C. 3701.23: Report as to Contagious or Infectious Diseases
- O.R.C. 3701.25: Occupational Diseases; Report by Physician to ODH
- O.R.C. 3701.352: Violation of Rule or Order Prohibited
- O.R.C. 3701.56: Enforcement of Rules and Regulations

**Ohio Administrative Code**

- 3701-3-02.1: Reporting of Occupational Diseases
- 3701-3-06: Reporting to Department of Health
- 3701-3-08: Release of Patient's Medical Records

**Ohio Revised Code Local Health Departments**

- O.R.C. 3707.01: Powers of Board; Abatement of Nuisances
- O.R.C. 3707.02: Proceedings When Order of Board is Neglected or Disregarded
- O.R.C. 3707.02.1: Noncompliance; Injunctive Relief
- O.R.C. 3707.03: Correction of Nuisance or Unsanitary Conditions on School Property
- O.R.C. 3701.04: Quarantine Regulations
- O.R.C. 3707.06: Notice to be given of Prevalence of Infectious Disease
- O.R.C. 3707.07: Complaint Concerning Prevalence of Disease; Inspection by Health Commissioner
- O.R.C. 3707.08: Isolation of Persons Exposed to Communicable Disease; Placarding of Premises.
- O.R.C. 3707.09: Board May Employ Quarantine Guards
- O.R.C. 3707.10: Disinfection of House in Which There Has Been a Contagious



	Disease
O.R.C. 3707.12:	Destruction of Infected Property
O.R.C. 3707.13:	Compensation for Property Destroyed
O.R.C. 3707.14:	Maintenance of Persons Confined in Quarantine House
O.R.C. 3707.16:	Attendance at Gatherings by Quarantined Person Prohibited
O.R.C. 3707.17:	Quarantine in Place other than that of Legal Settlement
O.R.C. 3707.19:	Disposal of Body of a Person Who Died of Communicable Disease
O.R.C. 3707.23:	Examination of Common Carriers by Board during Quarantine.
O.R.C. 3707.26:	Board Shall Inspect Schools and May Close Them
O.R.C. 3707.27:	Board may Offer Vaccination Free or at Reasonable Charge; Fee Payable to State
O.R.C. 3707.31:	Establishment of Quarantine Hospital
O.R.C. 3707.32:	Erection of Temporary Buildings by Board of Health; Destruction of Property
O.R.C. 3707.33:	Inspectors, Other Employees
O.R.C. 3707.34:	Board May Delegate Isolation and Quarantine Authority to Health Commissioner
O.R.C. 3707.48:	Prohibition against Violation of Orders or Regulations of Board
O.R.C. 3709.20:	Orders and Regulations of Board of City Health District
O.R.C. 3709.21:	Orders and Regulations of Board of General Health District
O.R.C. 3709.22:	Duties of Board of City or General Health District
O.R.C. 3709.36:	Powers and Duties of Board of Health

### **Ohio Administrative Code**

3701-3-02:	Diseases to Be Reported
3701-3-03:	Reported Diseases Notification
3701-3-04:	Laboratory Result Reporting
3701-3-05:	Time of Report

### **Consistency and Compliance**

- **National Incident Management System (NIMS)**  
This plan complies with the requirements of NIMS and is consistent with the National Response Plan (NRP). The Plan is also consistent with the requirements of the Ohio Standardized Emergency Management System (OEMS).
- **Department of Homeland Security Guidance**  
The National Planning Scenarios, Target Capabilities List (TCL) and Universal Task List (UTL) promulgated by the DHS, were utilized as benchmarks to ensure that the plan is comprehensive and complete. Other planning guidance, including the CDC Public Health Emergency Response Guide, the DHHS Planning Guide for State Public Health Officials and Public Health Preparedness Capabilities were used as references.

## **VII. Supporting Documentation:**

### **A. Attachments**

1. Hazard Analysis
2. Multi-Year Training and Exercise Plan

### **B. Appendices**

1. Heat Advisory Plan
2. WCO Regional Biological Plan
3. WCO Epidemiological Response Plan
4. WCO Regional Radiological Plan
5. WCO Hospital Emergency Response Plan

### **C. Annexes**

1. Strategic National Stockpile Plan
  - a. Mass Dispensing and Vaccination Plan
  - b. Antiviral Distribution Plan
2. Crisis Communication Plan
3. Continuity of Operations Plan

## **Acronyms:**

**AOHC – Association of Ohio Health Commissioners**  
**ANCDP – Academic Nursing Coalition for Disaster Preparedness**  
**CDC – Center for Disease Control**  
**COOP – Continuity of Operations Plan**  
**DHS – Department of Homeland Security**  
**DOC – Department Operations Center**  
**EOC – Emergency Operations Center**  
**EOP – Emergency Operations Plan**  
**ERP – Emergency Response Plan**  
**EMS – Emergency Medical Services**  
**GDAHA – Greater Dayton Area Hospital Association**  
**HAN – Health Alert Network**  
**HAZMAT – Hazardous Materials**  
**HSEEP – Homeland Security Exercise Evaluation Program**  
**ICS – Incident Command System**  
**JIC – Joint Information Center**  
**IMT – Incident Management Team**  
**LHD – Local health Department**  
**MARCS – Multi-Agency Radio Communications System**  
**MCOEM – Montgomery County Office of Emergency Management**  
**MCGLERC – Montgomery/Greene Local Emergency Response Council**  
**MMRS – Medical Metropolitan Response System**  
**NIMS – National Incident Management System**  
**NRF – National Response Framework**  
**ODH – Ohio Department of Health**  
**OPHAN – Ohio Public Health Alert Network**  
**OPHCS – Ohio Public Health Communication System**  
**OTC – Over the Counter**  
**PIO – Public Information Officer**  
**PHDMC – Public Health - Dayton & Montgomery County**  
**POD – Point of Dispensing**  
**RMRS – Regional Medical Response System**  
**SNS – Strategic National Stockpile**  
**SOG – Standard Operating Guideline**  
**WCO – West Central Ohio**

**Attachment A: Hazard Analysis PH**

January 15, 2015	Magnitude	Frequency	Duration	Speed of Onset	Total	Historical Occurrence
<b>Extreme Temp/Winter event</b>	10	<b>10</b>	4	10	34	* See Below  24 years 1986 Train Derailment Annually
<b>Mass Casualty/ Terrorism/ CBRNE</b>	9	<b>6</b>	8	11	34	
<b>Natural disaster</b>	12	<b>6</b>	11	3	32	
<b>Epidemic</b>	8	<b>8</b>	3	12	31	
<b>HAZMAT</b>	10	<b>9</b>	5	4	28	
<b>Historical Information Breakdown</b>						
Tornado's	1950-Present	8 total	1-F3	7-F1's	1-F0	*8.57 years
Earthquakes	1776-Present	120 (14 moderate)				*16.7 years
Floods	1913					*due for 100 year
Pandemics	1918, 1957, 1968, 2009	4 total				24 years

Hazards	<u>Local Community</u> What are the public health risks (Consequences) to the Local Community for the identified hazard.	<u>Responders</u> Identify who is Primary & who are the support agencies/responders for the identified hazard.  What are the public health risks to responders for the identified hazard?	How does this Hazard Impact the local Public Health Department...?		
			Capabilities	Resources	Operations
<b>Natural Disaster</b> <b>-Earthquake</b> <b>-Flood</b> <b>-Tornado</b>	-Mold -Communicable Disease -Contaminated Water/Wells -Vector Control -Debris Removal--- Landfill -Animal Decomposition -Contaminated food service -Mass Casualty/Mass Fatality	<u>Lead Agency:</u> EMA  <u>Support Agencies:</u> PH, Red Cross, GDAHA, LE, Fire/EMS, Coroner, Water Services, County Engineer  <u>Responder Risks:</u> - Search and Rescue Operations in damaged areas - Communicable Disease - Mental Stress -Over Exertion -Tetanus -Hepatitis -lack of correct equipment	-Food inspection -Disease Surveillance -Mass Prophylaxis -Public Information -Water Sampling -Damage assessment Septic Systems -Shelter Inspections -Vital Statistics	<u>List Public Health Resources:</u> Epidemiologist PIO Vaccine -Hepatitis A -Tetnus PH staff IMT POD supplies  <u>Potential hazard Impact to PH resources listed:</u> -Damage to PH facilities -Lack of personnel -Supply issues -Communication issues	-Open Dept Ops Center -PIO information release -Activate COOP -Send staff to EOC if open -open small POD if needed -Assist other WCO LHDs
<b>Terrorism/ CBRNE</b>	-Contaminated Water/Wells -Hazardous Material exposure	<u>Lead Agency:</u> HAZMAT/Law Enforcement/PHDMC (if biological)	-Public Information -Chemical Health - Advisories -Inspections	<u>List Public Health Resources:</u> IMT POD locations	-Open DOC -Staff to EOC -Public Information messages

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	<ul style="list-style-type: none"> <li>-Mental Health</li> <li>-Radiation</li> <li>-Biological contamination</li> <li>-crowded health care facilities</li> <li>-Disposition of dead</li> <li>-Prophylaxis of citizens</li> <li>-Casualty/Mass Fatality</li> <li>-Contaminated food service</li> </ul>	<p><b><u>Support Agencies:</u></b> GDAHA, Red Cross, EMA, Fire/EMS</p> <p><b><u>Responder Risks:</u></b> -Mental Stress -Over exertion -Search and Rescue Operations in damaged areas -Secondary Devices</p>	<ul style="list-style-type: none"> <li>-Surveillance</li> <li>-Decontamination</li> <li>-Open PODs</li> <li>-Activate SNS</li> </ul>	<p>PH Staff ANCDP</p> <p><b><u>Potential hazard Impact to PH resources listed:</u></b> Facility loss Infrastructure loss Reduced personnel Lack of supplies</p>	<ul style="list-style-type: none"> <li>-Epi &amp; Surveillance</li> <li>-POD activation if necessary</li> <li>-Assist other WCO LHDs</li> </ul>
<b>Epidemic</b>	<ul style="list-style-type: none"> <li>-Public Fear</li> <li>-Isolation &amp; Quarantine Issues</li> <li>-Vaccination</li> <li>-Crowded Health Care Facilities</li> <li>-Lack of Care givers due to illness</li> <li>-Biological contamination</li> <li>-Prophylaxis of citizens</li> </ul>	<p><b><u>Lead Agency:</u></b> PH</p> <p><b><u>Support Agencies:</u></b> GDAHA, Red Cross, EMA, Fire/EMS</p> <p><b><u>Responder Risks:</u></b> -Exposure -Mental Health -Family members ill</p>	<ul style="list-style-type: none"> <li>-Mass Prophylaxis/ vaccination</li> <li>-Epi and environmental surveillance</li> <li>-Activate SNS</li> <li>-Open PODs</li> <li>-Public Information</li> <li>-Isolation/Quarantine</li> </ul>	<p><b><u>List Public Health Resources:</u></b> IMT POD locations PH Staff ANCDP County Drop site</p> <p><b><u>Potential hazard Impact to PH resources listed:</u></b> -Reduced personnel -Lack of supplies -Delayed decision making from state or federal gov.</p>	<ul style="list-style-type: none"> <li>-Open DOC</li> <li>-Staff to EOC</li> <li>-Public Information messages</li> <li>-Epi &amp; Surveillance</li> <li>-POD activation if necessary</li> <li>-Assist other WCO LHDs</li> </ul>
<b>HAZMAT</b>	<ul style="list-style-type: none"> <li>-Chemical Exposure</li> <li>-Shelter-in-Place vs Evacuation</li> <li>-Duration of Emergency</li> <li>-Respiratory</li> </ul>	<p><b><u>Lead Agency:</u></b> Dayton Regional HAZMAT Team</p> <p><b><u>Support Agencies:</u></b> PH, EMA, LE, Fire/EMS,</p>	<ul style="list-style-type: none"> <li>-Public Information</li> <li>-Chemical Health - Advisories</li> <li>-Inspections</li> <li>-Surveillance</li> <li>-Decontamination</li> </ul>	<p><b><u>List Public Health Resources:</u></b> IMT</p>	<ul style="list-style-type: none"> <li>-Open DOC</li> <li>-Staff to EOC</li> <li>-Public Information messages</li> <li>-Epi &amp; Surveillance</li> <li>-POD activation</li> </ul>

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	Ailments	<p><b><u>Responder Risks:</u></b>          -Exposure          -Over exertion</p>		<p><u>Potential hazard Impact to PH resources listed:</u>          Facility loss          Infrastructure loss          Reduced personnel          Lack of supplies</p>	
<b>Extreme Temp/Winter Event</b>	<p>-health of elderly and at-risk populations          -Hypothermia          -Heat Stoke, exhaustion          -Respiratory Ailments          -driving difficulties          -carbon monoxide</p>	<p><b><u>Lead Agency:</u></b>          PH/EMA</p> <p><b><u>Support Agencies:</u></b>          LE, Fire, JFS, EMS, GDAHA</p> <p><b><u>Responder Risks:</u></b>          -Heat/cold Related Injuries:          hypothermia/Heat stroke          -Hazardous Roads          -Dehydration</p>	<p>-PIO release safety information for Extreme heat or cold safety          -Promote flu per ODH yearly guidelines</p>	<p><u>List Public Health Resources:</u>          IMT          PH Vehicles</p> <p><u>Potential hazard Impact to PH resources listed:</u></p>	<p>-Open DOC          -Public Information messages</p>

# Multi-year Training and Exercise Plan

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## **Public Health – Dayton & Montgomery County**



**Revised July 1, 2016**





## PREFACE

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This Training and Exercise plan will serve as a guide for WCO and its public health partners to ensure a coordinated approach to exercise and training efforts. The Ohio Department of Health (ODH) through the Public Health Emergency Preparedness (PHEP) Program requires that every county in Ohio completes a Training and Exercise Plan (TEP).

The WCO Multiyear TEP is the roadmap for WCO to accomplish its goals. The TEP will cover the years 2016-2017. Montgomery County pursues a coordinated strategy that combines enhanced planning, innovative training, and realistic exercises to strengthen Montgomery County's emergency preparedness and response capabilities. Training and exercises play a crucial role in this strategy, providing WCO with a means of attaining, practicing, validating, and improving new capabilities.

WCO partners closely with the other county agencies regarding training and exercises. We have developed exercises jointly with all WCO county health departments, Wright-Patterson AFB, Ohio National Guard, Greater Dayton Area Hospital Association, Montgomery County Office of Emergency Management, multiple local law enforcement and fire/EMS, Dayton Coroner's office, American Red Cross, Ohio Environmental Protection Agency (EPA), and local schools and businesses.

This plan is a living document. It was designed to be enhanced and refined over time as we gain lessons from its application or real world experience. Recommendations for changes to the TEP are welcome and will be reviewed and integrated into future versions of the TEP, as appropriate.

## POINTS OF CONTACT (POCs)

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### **State Administrative Agent:**

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# TABLE OF CONTENTS

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<b>Preface.....</b>	<b>ii</b>
<b>Points of Contact (POCs).....</b>	<b>iii</b>
<b>Purpose.....</b>	<b>1</b>
<b>ICS/NIMS Training for Staff and New Hires.....</b>	<b>2</b>
<b>Program Priorities.....</b>	<b>3</b>
1. Emergency Operations Coordination.....	5
2. Mass Care.....	5
3. Volunteer Management .....	6
4. Public Health Surveillance and Epidemiological Investigation .....	7
5. Emergency Public Information & Warning .....	8
6. Medical Surge .....	8
7. Medical Countermeasure Dispensing .....	9
8. Medical Material Management & Distribution .....	10
9. Responder Safety & Health .....	10
10. Non-Pharmaceutical Intervention .....	11
11. Information Sharing.....	12
12. Fatality Management .....	12
13. Community Recovery .....	13
13. Community Preparedness .....	14
<b>Methodology and Improvement Tracking .....</b>	<b>15</b>
<b>Multiyear Training and Exercise Schedule .....</b>	<b>16</b>

## PURPOSE

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The purpose of the Multi-year Training and Exercise Plan (TEP) is to document an organization's overall training and exercise program priorities for a specific multi-year time period. It is considered to be a living document that can be updated and refined annually. These priorities are linked to corresponding core capabilities, and, if applicable, a rationale based on existing strategic guidance, threat assessments, corrective actions from previous exercises, or other factors. This Multi-year TEP identifies the training and exercises that will help the organization build and sustain the core capabilities needed to address its training and exercise program priorities.

The Multi-year TEP should lay out a combination of progressively building exercises – along with the associated training requirements – which address the priorities identified in the Training and Exercise Planning Workshop (TEPW). A progressive, multi-year exercise program enables organizations to participate in a series of increasingly complex exercises, with each successive exercise building upon the previous one until mastery is achieved. Further, by including training requirements in the planning process, organizations can address known shortfalls prior to exercising capabilities.

A Multi-year TEP may also serve as a follow-on companion document to the WCO Homeland Security Strategy, and can provide a roadmap for WCO to follow in accomplishing the priorities described therein.

Included in this Multi-year TEP is a training and exercise schedule, which provides a graphic illustration of the proposed activities, scheduled for the years 2016 through 2017.

## ICS/NIMS Training for Staff and New Hires

All new hires as part of their employment are required to respond to a Public Health Emergency, if needed. Emergency preparedness personnel ensure that all newcomers receive an emergency preparedness in-processing which includes how to take NIMS 100 and 700 on-line. All employees should complete both classes within six months of being hired.

PHDMC houses an Incident Management Team (IMT) of roughly thirty members. These personnel are in place to assist with any real world public health emergencies as well as exercises within the county or region. Besides NIMS 100 and 700, all IMT members are required to take NIMS 200, 300, 400, 800. Additionally, based on job position they could take NIMS courses 120, 250, and 701-704. For example; PIO's specifically, have to complete NIMS 250 and 702. IMT members also receive ongoing ICS related training from emergency preparedness personnel on a quarterly basis.

## PROGRAM PRIORITIES

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WCO selected the following priorities based on previous After Action Reports (AAR), Ohio Department of Health and Federal grant priorities. These priority areas will be the focus of the WCO Training and Exercise Plan efforts for the five year cycle of the current PHEP grant.

**I. Emergency Operations Coordination:** Establish and maintain a unified and coordinated operational structure and process that appropriately integrates all critical stakeholders and supports the execution of core capabilities. (Tested May 2014 Radio-Logical Functional Exercise)

**II. Mass Care:** Provide life-sustaining services to the affected population with a focus on hydration, feeding, and sheltering to those who have the most need, as well as support for reunifying families. (Tested May 2014 Radio-Logical Functional Exercise)

**III. Volunteer Management:** The capability to effectively coordinate the use of volunteers in support of domestic incident management.

**IV. Epidemiological Surveillance and Investigation:** Maintain the ability to create, support, and strengthen routine surveillance and detection systems and epidemiological investigation processes, as well as to expand these systems and processes in response to incidents of public health significance. (Tested May 2016 Aches and Pains Functional Exercise)

**V. Emergency Public Information & Warning:** Maintain the ability to develop, coordinate, and disseminate information, alerts, warnings, and notifications to the public and incident management responders. (Tested May 2014 Radio-Logical Functional Exercise)

**VI. Medical Surge:** Medical surge is the ability to provide adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised. (Tested May 2014 Radio-Logical Functional Exercise)

**VII. Medical Countermeasure Dispensing:** Maintain the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

**VIII. Medical Materiel Management and Distribution:** Medical materiel management and distribution is the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

**IX. Responder Safety and Health:** The responder safety and health capability describes the ability to protect public health agency staff responding to an incident and the ability to support the health

and safety needs of hospital and medical facility personnel, if requested. **(Tested May 2014 Radio-Logical Functional Exercise)**

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**X. Non-Pharmaceutical Interventions:** Non-pharmaceutical interventions are the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

**(Tested May 2016 Aches and Pains Functional Exercise)**

**XI. Information Sharing:** Information sharing is the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance. **(Tested May 2015 Blowing in the Wind Full-scale Exercise)**

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**XII. Fatality Management:** Fatality management is the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident. **(Tested May 2016 Aches and Pains Functional Exercise)**

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**XIII. Community Recovery:** Community recovery is the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible. **(Tested May 2016 Aches and Pains Functional Exercise)**

**XIV. Community Preparedness:** Community preparedness is the ability of communities to prepare for, withstand, and recover — in both the short and long terms — from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial, public health's role in community preparedness is to do the following:

- Support the development of public health, medical and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents



- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane) (**Tested May 2015 Blowing in the Wind Full-scale Exercise**)

## I. Emergency Operations Coordination

Provide the ability to direct and support an event or incident with public health or medical implications by establishing a standardized, scalable system of oversight, organization, and supervision consistent with jurisdictional standards and practices and with the National Incident Management System.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Activate public health emergency operations
- Develop incident response strategy
- Manage and sustain the public health response
- Demobilize and evaluate public health emergency operations

**Rationale:** Both the 2011 AAR/IP functional exercise (Powdered Pamphlet Peril) and 2015 AAR/IP full scale exercise (Blowing in the Wind) showed that a better understanding of roles and responsibilities under HICS/ICS was needed. During the 2016 Aches and Pains functional exercise it was again identified that roles and responsibilities under ICS needs additional and ongoing training. Ongoing training should not be something that is done once a year it is something that should be done continually throughout the year. Continue to rotate individuals through HICS/ICS during these exercises to gather more experience. Allow more individuals to participate to reduce the load staff at all locations. Additionally, specific training on ICS forms should be accomplished for all staff who, will be in ICS positions during exercises and real world incidents.

### Supporting Training Courses and Exercises:

- Annual POD Management Training for all IMT personnel
- Ongoing ICS related courses on Command and Control related areas
- Radio-Logical Functional Exercise, May 2014
- Blowing in the Wind, Full-scale Exercise, April 2015
- Pandemic Influenza Mitigation, PH Perspective
- Aches and Pains, Functional Exercise, May 2016
- Chaos and Confusion, Functional Exercise, May 2017

## II. Mass Care

Provide the ability to coordinate with partner agencies to address the public health, medical, and mental/behavioral health needs of those impacted by an incident at a congregate location. This capability includes the coordination of ongoing surveillance and assessment to ensure that health needs continue to be met as the incident evolves.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Determine public health role in mass care operations
- Determine mass care needs of the impacted population
- Coordinate public health, medical, and mental/behavioral health services
- Monitor mass care population health

**Rationale:** A tabletop was conducted in November 2012, a functional exercise in May 2014, and a drill on community reception centers (CRC) was conducted in September 2014. The November exercise identified areas for improvement in the following three areas:

- Continuing preparedness training for agencies and individuals
- Emergency transportation of volunteers and employees
- Developmental Disability and Mental Health agencies need to be included in plan

During the May 2014 exercise the following areas for improvement were identified:

- It was evident that many organizations were unaware of the role of a community reception center
- There is a need to pre-identify professional staff to assist with both monitoring and decontamination within a CRC

During the September 2014 drill the following areas for improvement were identified:

- Numerous modifications need to be addressed on job action sheets (JAS) provided by the CDC
- There are issues with the process flow using the current JAS
- There was a noted need for additional runners within multiple locations throughout the CRC
- Communication between each station was lacking

**Supporting Training Courses and Exercises:**

- IS-806 Emergency Support Function (ESF) #6 – Mass Care, Emergency Assistance, Housing, and Human Services
- Radio-Logical Functional Exercise, May 2014
- Calamityville Community Reception Center Drill, September 2014
- Blowing in the Wind, Full-scale Exercise, April 2015

### III. Volunteer Management

Provide the ability to coordinate the identification, recruitment, registration, credential verification, training, and engagement of volunteers to support the jurisdictional public health agency's response to incidents of public health significance.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Coordinate volunteers
- Notify volunteers
- Organize, assemble, and dispatch volunteers
- Demobilize volunteers

**Rationale:** Real world TDAP clinics were conducted on two different days in August 2012. The AAR/IP generated from this event stressed the great support and interaction with the Medical Reserve Corps (MRC), Community Emergency Response Team, and PHDMC. This event provided the opportunity to coordinate, notify, organize, assemble and dispatch volunteers. Additionally, multiple volunteers (MRC, CERT, students, etc.) assisted as volunteer patients or support in simulation cells in the November 2012 full-scale Field of Screams, May 2013 LEPC Functional needs exercise, May 2014 Radio-logical functional exercise, and May 2015 Blowing in the Wind full scale exercise.

#### **Supporting Training Courses and Exercises:**

- Introduction to MRC Training Class
- Introduction to Radiation and Population Monitoring
- Calamityville Community Reception Center Drill, September 2014
- Radio-Logical Functional Exercise, May 2014
- Blowing in the Wind, Regional Full-scale Exercise, April 2015
- Chaos and Confusion, Functional Exercise, May 2017

## **IV. Epidemiological Surveillance and Investigation**

Demonstrate the capacity to rapidly conduct epidemiological investigations. It includes exposure and disease (both deliberate release and naturally occurring) detection, rapid implementation of active surveillance, maintenance of ongoing surveillance activities, epidemiological investigation, analysis, and communication with the public and providers about case definitions, disease risk and mitigation, and recommendation for the implementation of control measures.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Conduct public health surveillance and detection
- Conduct public health and epidemiological investigations
- Recommend, monitor, and analyze mitigation actions
- Improve public health surveillance and epidemiological investigation systems

**Rationale:** A tabletop exercise was conducted in August 2012 for all EPI's as well as Communicable Disease nurses. The focus of the exercise was on hepatitis "A" outbreak within the region. The following are the areas that were identified for improvement:

- Better opportunities to follow up on chronic disease even in the midst of outbreak investigation
- Behavioral Risk Factor Surveillance System (BRFSS) is not a good tool for smaller counties

- Information is shared with other agencies in the region, but there needs to be improvement on how to share and what to share

This specific capability was addressed during the 2016 Aches and Pains functional exercise. The exercise allowed them to play between play days but limited what they could do in the allotted play time. Many Epi's and communicable disease reporting nurses stressed the importance of having another stand-alone exercise to allow them more time to focus on a set incident.

#### **Supporting Training Courses and Exercises:**

- Introduction to Radiation and Population Monitoring
- Regional Ebola Tabletop exercise, March 2016
- Aches and Pains Regional Functional Exercise, May 2016

## **V. Emergency Public Information and Warning**

Demonstrate the capability to provide public information, alert/warning and notification. It involves developing, coordinating, and disseminating information to the public, coordinating officials, incident management and responders across all jurisdictions and disciplines effectively under all hazard conditions.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Activate the emergency public information system
- Determine the need for a joint public information system
- Establish and participate in information system operations
- Establish avenues for public interaction and information exchange
- Issue public information, alerts, warnings, and notification

**Rationale:** Due to multiple locations having new PIO's, two tabletop exercises were conducted in August 2012. The following areas were identified as needing improvement:

- A better understanding of the existing virtual JIC
- Need for video conference calls is strong
- Interviewing techniques need to be practiced and exercised in each department
- Current plans need to be updated

This capability was additionally addressed during the May 2014 Radio-logical functional exercise. The following areas were identified as needing improvement:

- Need to develop protocol or plan on when to enact a JIC
- Social media aspect of response still needs to be addressed by agencies

Though the capability was not one of the testable capabilities during Aches and Pains it provided a great opportunity for county PIO's to gain a great learning experience. It provided new PIO's a great learning environment for how they participate and interact during a PH emergency.

#### **Supporting Training Courses and Exercises:**

- IS-29 Public Information Officer Awareness
- MGT-318 Public Information In A WMD/Terrorism Incident

- IS-704 NIMS Communications and Information Management
- Seminar for PIO's on How to work within a Joint Information Center (JIC), Apr 2014
- Radio-logical, Regional Functional Exercise, May 2014
- Ebola regional tabletop exercise, March 2016
- Aches and Pains Regional Functional Exercise, May 2016
- Chaos and Confusion, Functional Exercise, May 2017

## VI. Medical Surge

Provide available assistance to hospitals for providing adequate medical evaluation and care during events that exceed the limits of the normal medical infrastructure of an affected community. It encompasses the ability of the healthcare system to survive a hazard impact and maintain or rapidly recover operations that were compromised.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Assess the nature and scope of the incident
- Support activation of medical surge
- Support jurisdictional medical surge operations
- Support demobilization of medical surge operations

**Rationale:** A full-scale exercise was conducted on November 9, 2012 test the Medical Surge capability. The following items were identified as areas for improvement:

- Assorted problems were identified in the use of OH-Trac
- Understanding designated roles at time of mass causality incident
- Real world versus exercise patient flow
- Shortcomings identified with internal/external communications

The Radio-logical functional exercise conducted in May 2014 identified the following improvement areas:

- Radiological SME's need to be readily accessible to hospitals during a radiological incident.
- There is still a need to understand ways in which satellites can be of assistance during large scale events

The Blowing in the Wind full scale exercise conducted in May 2015 identified the following improvement areas:

- Training on OH-Trac is still needed to make sure hospitals are entering information correctly
- Health departments within WCO are unable to access and review OH-Trac data during real world or exercise events.

### Supporting Training Courses and Exercises:

- Radio-logical Regional Functional Exercise, May 2014
- Blowing in the Wind, Full-scale Exercise, May 2015
- Ebola Regional tabletop exercise, March 2016
- Aches and Pains, Functional Exercise, May 2016

## VII. Medical Countermeasure Dispensing

Demonstrate the ability to provide medical countermeasures (including vaccines, antiviral drugs, antibiotics, antitoxin, etc.) in support of treatment or prophylaxis (oral or vaccination) to the identified population in accordance with public health guidelines and/or recommendations.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Identify and initiate medical countermeasures dispensing strategies
- Receive medical countermeasures
- Activate dispensing modalities
- Dispense medical countermeasures to identified population
- Report adverse events

**Rationale:** A real world TDAP clinic was conducted on multiple dates in August 2012. The AAR/IP identified the following areas for improvement:

- Improve Communications to the end customer. There was very limited usage of these clinics. It was determined that the information about the clinic was not very well disseminated to the end user. Even though a smaller event than working with a pandemic or terrorist related incident it stressed the importance of getting your message out in multiple ways.

Based on remaining capabilities within the current 5-year cycle this capability will be addressed during the May 2017 Chaos and Confusion functional exercise.

### Supporting Training Courses and Exercises:

- IS-26: Guide to Points of Distribution
- Annual POD Management Training
- Intro to Radiation and Population Monitoring training
- Chaos and Confusion, Functional Exercise, May 2017
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## VIII. Medical Material Management and Distribution

Demonstrate the ability to acquire, maintain (e.g., cold chain storage or other storage protocol), transport, distribute, and track medical materiel (e.g., pharmaceuticals, gloves, masks, and ventilators) during an incident and to recover and account for unused medical materiel, as necessary, after an incident.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Direct and activate medical material management and distribution
- Acquire medical materiel
- Maintain updated inventory management and reporting system
- Establish and maintain security

- Distribute medical material
- Recover medical material and demobilize distribution operations

**Rationale:** SNS drills were conducted in multiple counties within WCO on two days in February 2013. The AAR/IP identified the following areas for need of improvement:

- Assorted problems were identified with the primary listed SNS contact numbers
- Who should be listed as the primary and back-up points of contact should be reviewed
- Many locations had plans in place but were not easily accessible to all personal
- Baseline/refresher SNS training should be conducted for HICs and pharmacy staff

SNS drills were conducted in multiple counties within WCO on two days in April 2014. The AAR/IP identified the following areas for need of improvement:

- Many locations had plans in place but did not get into the detail of how and what to expect with receipt of the SNS
- Some locations did not have or lacked sufficient security staff on site to support arrival of the SNS
- Some locations should identify within their plan where overflow of SNS materials would be placed due to storage area

Based on remaining capabilities within the current 5-year cycle this capability will be addressed during the May 2017 Chaos and Confusion functional exercise.

**Supporting Training Courses and Exercises:**

- Regional SNS Drills, Feb 2013
- Regional SNS Drills, April 2014
- Ebola Regional tabletop exercise, March 2016
- Chaos and Confusion, Functional Exercise, May 2017

**IX. Responder Safety and Health**

Demonstrate the ability to protect public health agency staff responding to an incident<sup>317</sup> and the ability to support the health and safety needs of hospital and medical facility personnel, if requested.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Identify responder safety and health risks
- Identify safety and personal protective needs
- Coordinate with partners to facilitate risk-specific safety and health training
- Monitor responder safety and health actions

**Rationale:** SNS drills were conducted in multiple counties within WCO on two days in February 2013. The AAR/IP identified the following areas for need of improvement:

- Assorted problems were identified with the primary listed SNS contact numbers
- Who should be listed as the primary and back-up points of contact should be reviewed

- Many locations had plans in place but were not easily accessible to all personnel
- Baseline/refresher SNS training should be conducted for HICs and pharmacy staff

Additionally this specific capability was addressed during the Radio-Logical Functional exercise on May 28, 2014.

- It was noted that there was not a clear understanding of who to call to get information for protecting workers.
- Secondly more training was needed across the board by numerous responders and how they would be protected during a radiation related incident.

### Supporting Training Courses and Exercises:

- Assorted radiation related classes based on the knowledge of the responder
- Regional SNS Drills, Feb 2013
- Regional SNS Drills, April 2014
- Radio-Logical Regional Functional Exercise, May 2014
- Ebola Regional tabletop exercise, March 2016

## X. Non-Pharmaceutical Interventions

Demonstrate the ability to recommend to the applicable lead agency (if not public health) and implement, if applicable, strategies for disease, injury, and exposure control. Strategies should include the following:

- Isolation and quarantine
- Restrictions on movement and travel advisory/warnings
- Social distancing
- External decontamination
- Hygiene
- Precautionary protective behaviors

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Engage partners and identify factors that impact non-pharmaceutical interventions
- Determine non-pharmaceutical interventions
- Implement non-pharmaceutical interventions
- Monitor non-pharmaceutical interventions

**Rationale:** Pandemic flu exercises were conducted in both 2007 and 2008, as well as the H1N1 pandemic during 2009. The importance of non-pharmaceutical interventions was never more important than during these exercises and real world event. Strategies concerning social distancing and personnel hygiene were at the top of all planning efforts.

Aches and Pains demonstrated the need to research more deeply the power of Public Health in regards to what can be done with the closing of public gatherings. This will be placed on upcoming agendas for the WCO health commissioners to discuss. In addition this will also be reviewed by the Emergency Preparedness Coordinators within the WCO region.



### **Supporting Training Courses and Exercises:**

- Seminar on roles of PH during a pandemic
- Ebola Regional tabletop exercise, March 2016
- Aches and Pains, Functional Exercise, May 2016

## **XI. Information Sharing**

Demonstrate the ability to conduct multijurisdictional, multidisciplinary exchange of health-related information and situational awareness data among federal, state, local, territorial, and tribal levels of government, and the private sector. This capability includes the routine sharing of information as well as issuing of public health alerts to federal, state, local, territorial, and tribal levels of government and the private sector in preparation for, and in response to, events or incidents of public health significance.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Identify stakeholders to be incorporated into information flow
- Identify and develop rules and data elements for sharing
- Exchange information to determine a common operating picture

**Rationale:** Montgomery County as well as the rest of WCO has continually addressed information sharing with multiple exercises. During 2009 information sharing was tested in both the Pneumonic Plague functional exercise as well as the real world H1N1 response. The 2011 Regional Functional Exercise showed a need for agencies to improve information sharing between agencies. The 2015 “Blowing in the Wind” full scale exercise showed that a majority of organizations shared information easily internally but not well with external agencies. It is quite evident that information sharing exercises need to be ongoing to ensure personnel are ready for real world incidents. This capability will be retested in March 2016 with a regional Ebola tabletop exercise.

### **Supporting Training Courses and Exercises:**

- Seminars: There will be a seminar during the year for all Incident Management Team (IMT) members on information sharing
- IS-662 Improving Preparedness and Resilience through Public-Private Partnerships
- IS-860.a National Infrastructure Protection Plan (NIPP)
- Blowing in the Wind Regional Functional Exercise, May 2015
- Ebola Regional tabletop exercise, March 2016
- Aches and Pains, Functional Exercise, May 2016

## **XII. Fatality Management**

Demonstrate the ability to coordinate with other organizations (e.g., law enforcement, healthcare, emergency management, and medical examiner/coroner) to ensure the proper recovery, handling, identification, transportation, tracking, storage, and disposal of human remains and personal effects; certify

cause of death; and facilitate access to mental/behavioral health services to the family members, responders, and survivors of an incident.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Determine role for public health in fatality management
- Activate public health fatality management operations
- Assist in the collection and dissemination of antemortem data
- Participate in survivor mental/behavioral health services
- Participate in fatality processing and storage operations

**Rationale:** A tabletop and a full-scale exercise were completed in 2014 within Greene and Montgomery counties. The tabletop did involve multiple partners however the full-scale was targeted towards the local coroner's offices and other select agencies. This did not involve PH and the role they would play during a fatality management response. The 2016 Aches and Pains Functional exercise did have coroner's offices playing within some of the WCO counties. Over 7770 additional deaths were attributed to the pandemic event and stressed the transportation and storage of bodies. Both issues are unresolved and need more work.

**Supporting Training Courses and Exercises:**

- Seminar on PH roles and responsibilities during a mass fatality incident
- MCGLERC Mass Fatality tabletop, Feb 2014
- MCGLERC Mass Fatality full scale, August 2014
- Aches and Pains, Functional Exercise, May 2016

### **XIII. Community Preparedness**

Demonstrate the ability of communities to prepare for, withstand, and recover – in both short and long terms – from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith-based partners, state, local, and territorial.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Determine risks to the health of the jurisdiction
- Build community partnerships to support health preparedness
- Engage with community organizations to foster public health, medical, and mental/behavioral health social networks
- Coordinate training or guidance to ensure community engagement in preparedness efforts

**Rationale:** During the Blowing in the Wind full scale exercise it was expected that organizations would be able to withstand and respond to a severe weather incident affecting their community. One specific area of improvement noted was that all agencies recognize that tornado drills need to be done more frequently.

### **Supporting Training Courses and Exercises:**

- Annual review of hazard analysis
- IS-909 Community Preparedness: Implementing Simple Activities
- IS-910 Emergency Management Preparedness Fundamentals
- Blowing in the Wind Regional Functional Exercise, May 2015

## **XIV. Community Recovery**

Demonstrate the ability to collaborate with community partners, (e.g., healthcare organizations, business, education, and emergency management) to plan and advocate for the rebuilding of public health, medical, and mental/behavioral health systems to at least a level of functioning comparable to pre-incident levels, and improved levels where possible.

**Corresponding Core Capabilities:** PHDMC will follow the current Preparedness Capabilities addressed in the National Standards for State and Local Planning. We will use the identified functions from each core capability as the foundation for our training and exercises.

- Identify and monitor public health, medical, and mental/behavioral health system recovery needs
- Coordinate community public health, medical, and mental/behavioral health system recovery operations
- Implement corrective actions to mitigate damages from future incidents

**Rationale:** Although this has not been specifically tested as an objective in past exercises it has definitely been discussed. During the May 2016 Aches and Pains regional functional exercise there was much confusion on what should be completed during the community recovery following a large level incident. Additional work is needed with organization continuity of operations plans and emergency operations plans to address detailed responsibilities following a Public Health emergency.

### **Supporting Training Courses and Exercises:**

- Seminar: There will be a seminar during the year for all Incident Management Team (IMT) members on Community Recovery.
- IS-366 Planning for the needs of children in disasters
- IS-814 Emergency Support Function #14, Long Term Care Recovery
- Aches and Pains, Functional Exercise, May 2016

## METHODOLOGY AND EVENT TRACKING

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Training courses and exercises were chosen through requirements established by ODH and from past lessons learned during exercises. WCO will utilize the US Department of Homeland Security Exercise and Evaluation Program (HSEEP) methodology for its Training and Exercise Plan. It is our intent to select, plan, and track exercises with respect to progression and improvement. We will keep in mind that the cycle, mix, and range of training courses and exercises ensures that the Ohio public health and medical/hospital system increases its preparedness through different and progressively difficult training courses and exercise activities.

This plan includes training and exercises that will challenge participants with increasingly advanced coursework and scenarios, incorporate, reinforce, and verify lessons learned, identify demonstrated capabilities and areas in need of improvement, provide a means of evaluation and corrective action for exercises, and ensure a method to share lessons learned and best practices from training courses and exercises

## MULTIYEAR TRAINING AND EXERCISE SCHEDULE

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The following chart contains information regarding WCO regional and county exercises. The schedule is broken into months. The appropriate month of the training course and/or exercise conduct is included. The cells are color-coded based on the priority topics for each training course and exercise. The grid also indicates the type (i.e., Tabletop Exercise [TTX], Functional Exercise [FE]) so that users can easily understand what training course or exercise is being conducted to satisfy what priority. The chart utilizes the building-block approach with a mix of various exercises and trainings. The exercises and training courses are color coded according to the following key:

Priority 1 <u>Emergency Operations Coordination</u>	Priority 2 <u>Mass Care</u>	Priority 3 Volunteer Management	Priority 4 Epidemiological Surveillance and Investigation	Priority 5 <u>Emergency Public Information and Warning</u>	Priority 6 <u>Medical Surge</u>	Priority 7 Medical Countermeasure Dispensing	Priority 8 Medical Material Management and Distribution
Priority 9 <u>Responder Safety and Health</u>	Priority 10 Community Preparedness	Priority 11 Community Recovery	Priority 12 Non-Pharmaceutical Intervention	Priority 13 Information Sharing	Priority 14 Fatality Management		

### Completed Capabilities and Scheduled Capabilities during the Five Year Cycle

Exercise Name and Year	Capability Addressed	Capability Addressed	Capability Addressed	Capability Addressed	Capability Addressed	Capability Addressed
<b>Radio-Logical Functional Exercise Completed May 28, 2014</b>	<b>Emergency Operations Coordination</b>	<b>Mass Care</b>	<b>Emergency Public Information and Warning</b>	<b>Medical Surge</b>	<b>Responder Safety and Health</b>	
<b>Blowing in the Wind Full scale Exercise Completed May 7, 2015</b>	<b>Community Preparedness</b>	<b>Information Sharing</b>	<b>Medical Surge</b>	<b>Mass Care</b>		
<b>Aches and Pains May 2016</b>	<b>Epidemiological Surveillance and Investigation</b>	<b>Non-Pharmaceutical Intervention</b>	<b>Community Recovery</b>	<b>Fatality Management</b>		
<b>Chaos and Confusion May 2017</b>	<b>Volunteer Management</b>	<b>Medical Countermeasure Dispensing</b>	<b>Medical Material Management and Distribution</b>			

ORGANIZATION	WCO MULTIYEAR EXERCISE SCHEDULE: 2016-2017 (YEAR FIVE)											
	2015						2016					
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
WCO REGION			Roles and Responsibilities under ICS Part 1		Roles and Responsibilities under ICS Part 2		POD Management Training	PIO Workshop		Federal Data Collection Drill	Regional Functional Exercise Chaos and Confusion	
			Simulated Tabletop Following Training		Simulated Tabletop Following Training			Regional SNS/Closed POD tabletop				
					MRC Mental Health Training and Drill							
		OPHCS Drill		OPHCS Drill		OPHCS Drill		OPHCS Drill		OPHCS Drill		OPHCS Drill
	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill	MARCS Drill

