

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

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

DEC 2011



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, 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, and 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 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, 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 are developing a 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. Objectively, PHDMC has made great strides in improving public health infrastructure within both Montgomery County and the eight-county West Central Region.

**Public Health – Dayton & Montgomery County
Public Health Emergency Preparedness Plan**

Date Approved: _____

By:

James W. Gross, MPH, Health Commissioner

By:

Board of Health

J. Michael Sims,

Jan Lepore-Jentleson

David Page, M.D.

Lloyd L Laubach, Ph.D.

John X. Valassiades, M.D.

Patricia S. Meadows, MSSW

Gary L. Leroy, M.D.

Spires, Ken

Emmett C. Orr, M.P.A.

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 Management Interface..... | 4 |
| C. Notification..... | 4 |
| D. Inter-jurisdictional Relationships..... | 5 |
| E. Epidemiological Surveillance..... | 6 |
| F. Prevention and Control..... | 7 |
| G. Communication Infrastructure..... | 9 |
| H. Crisis Communication..... | 9 |
| I. Continuity of Operations..... | 10 |
| IV. Assignment of Responsibilities..... | 10 |
| A. Preparedness Phase..... | 10 |
| B. Response Phase..... | 11 |
| C. Recovery..... | 12 |
| V. Ongoing Plan Management and Maintenance..... | 13 |
| VI. Authorities and References | 13 |
| VII. Supporting Documentation..... | 13 |
| Acronyms..... | 15 |
| Appendix A: Hazard Assessment..... | 16 |

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:

- Organization
- Command and Management Interface
- Notification
- Inter-jurisdictional relationships
- Epidemiological surveillance
- Prevention and control activities
- Communication infrastructure
- Crisis communication
- 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

- Montgomery County is vulnerable to bioterrorism, terrorism, unintentional or naturally occurring events that result in public health threats or emergencies.
- 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.
- A large-scale public health emergency in Montgomery County will exhaust local resources.
- Montgomery County's public safety force consists of approximately 3000 Fire/EMS personnel and law enforcement officers.
- Health care demographics include six acute care hospitals, two specialty care hospitals, one pediatric hospital, and a Veteran's Affairs Medical Center.
- Current isolation capacity for Montgomery County hospitals is 317 beds.
- English is not the primary language for approximately 3.9% of the total population for Montgomery County based on 2010 census data.
- 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

- PHDMC is the public health authority for Montgomery County, and is responsible for the protection of the health and welfare of its citizens.
- PHDMC's *Public Health Emergency Preparedness Plan* outlines key preparedness activities intended to minimize the human health consequences of a public health emergency.
- 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.
- A public health emergency in Montgomery County may exceed local and regional response capabilities.

- 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.
- Support from nongovernmental organizations and the private sector may be needed to enhance PHDMC's ability to respond to a public health emergency.
- 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.
- Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the NIMS and NRF.
- Fire/EMS, law enforcement, public health, health care, emergency management, and other personnel are responsible for local incident management activities.
- A large-scale public health emergency may require cancellation of most routine PHDMC programs to direct available resources to emergency public health initiatives.
- PHDMC staff has received appropriate emergency preparedness training, and have been assigned specific emergency responsibilities.
- Public health emergency infection control measures may include mass immunization/prophylaxis, and recommendations for limitations on movement.
- 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 Dispensing (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 NRP to facilitate coordination and communication of incident management activities at the local, regional, state, and national level.

Based on the NRP'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.

B. Command and Management Interface

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 Health Commissioner or his IMT representative will participate as the Public Health official during a county 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.

C. Notification

PHDMC will likely be notified of the occurrence of a potential or actual emergency by ODH, MCOEM, hospitals/emergency departments, private physicians, emergency responders (HazMat, Fire/EMS, law enforcement), the media, or through epidemiological surveillance activities.

- PHDMC emergency contact information (including address) for key staff has been provided to MCOEM.
- Emergency contact information for regional local health department preparedness staff is maintained by the Regional Public Health Coordinator.
- Procedures for contacting PHDMC after-hours have been distributed to the medical community, public safety/emergency responders, local governments, and the media.
 - 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.
 - 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 PHDMC ICS structure. Rapid recall/notification of all PHDMC staff will occur through the MCOEM automated high-speed notification system.
 - 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.

- 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.
- 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.
 - 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.
 - 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.
 - 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.
- A Health Alert Network (HAN) directory of Montgomery County emergency response partners has been developed by MCOEM (see SOG Emergency Communications). PHDMC also has access to an ODH Ohio Public Health Communication System to notify partners.
- 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.
 - 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.
 - A GIS mapping application permits tailoring the information to specific neighborhoods or cities.

D. Inter-jurisdictional Relationships

The eight 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 will invoke the provisions of the Intrastate Mutual Aid Compact. Regional response actions will be coordinated through the EOC's in the affected jurisdictions.

E. 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:

- 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.
- The Centers for Disease Control and Prevention's (CDC) *Health Alert Network* (HAN) communications are received via the OPHCS.
- PHDMC staff monitors The Ohio EpiCenter and National Retail Data Monitor (NRDM) information systems.
- 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.

- 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:
 - Real-Time Outbreak Disease Surveillance (RODS):
 - Emergency Department visits for hospitals within the West Central Region;
 - Retail sales of over the counter (OTC) pharmaceuticals;
 - Emergency Medical Service (EMS) agency dispatch activity data;
- PHDMC has established disease and surveillance thresholds for reportable diseases and early event surveillance systems.
- PHDMC provides education to providers in the community about infectious disease reporting and the role of public health during an emergency.

F. 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:

- PHDMC has developed a Public Health Mass Prophylaxis Standard Operating Guideline (SOG) and a regional Epidemiological Response plan. These will be used for guidance in responding to communicable diseases and/or bioterrorism events.
- PHDMC and local response partners have jointly developed a *Strategic National Stockpile Plan*.
- 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.
- PHDMC has established Memoranda of Understanding with ten facilities within Montgomery County to serve as PODs for mass vaccination/prophylaxis.
- PHDMC will initially coordinate the opening and operation of five 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 monthly by the Office of Epidemiology and Emergency Preparedness.

- Primary POD data has been entered into the ODH SNS online program to identify delivery locations for prophylactic medications.
- PODs will be designated for prevention measures (i.e. well, non-exposed 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.
- 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:
 - Individuals directly exposed to the agent;
 - Individuals with face-to-face or household contact with an infected person;
 - First responders and personnel directly involved in the evaluation, care, and transport of infected persons;
 - Laboratory personnel involved in processing specimens;
 - Others likely to have contact with infectious persons/materials.
- 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.
- PHDMC has developed a Biohazard Detection System Response Plan for the US Postal Service (USPS) Dayton Processing and Distribution Center. The plan outlines response guidelines and public health standard operating procedures associated with the detection of spores of *Bacillus anthracis* within the main postal facility
- Imposition of limitations on movement may be used as a disease control measure.
- 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.
- 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.

G. 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 during an emergency.

PHDMC's redundant communications capabilities include landline/cellular/satellite telephone, internet, HAN, OPHCS, pager, 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 digital radio computer system insuring an uninterrupted radio transmission with a high surge capacity threshold and state-wide talk groups organized by both location and service responsibilities.

PHDMC has purchased 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.

H. 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. Assignment of 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. PHDMC's preparedness activities associated with the *preparedness*, *response*, and *recovery* phases of a public health emergency are outlined below.

A. Preparedness Phase

- Maintain and update the Continuity of Operations Plan (COOP) to essential public health programs and services.
- Maintain and update procedures for the rapid notification and mobilization of PHDMC staff.
- Develop an internal ICS organizational structure with written position check lists.
- Integrate public health emergency preparedness planning activities with the Montgomery County EOP.
- Participate in the RMRS planning process to insure regional collaboration and cooperation.
- Participate in planning, design, conduct, and after-action reviews of exercises to evaluate and enhance public health preparedness and response using HSEEP methodologies.
- Develop 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.
- Develop plans and procedures consistent with the NIMS and the NRF.

- Develop a plan with the region to provide prophylaxis and treatment to all Montgomery County and West Central Ohio residents.
- Develop the capacity to rapidly identify disease outbreaks and initiate prevention and control activities.
- Develop the infrastructure for interoperable communications with local response partners.
- Develop the capacity to communicate health/risk information to the public and local response partners.

B. Response Phase

- Function within the incident management system established for Montgomery County.
- Utilize an *Incident Assessment Form* to determine the public health role.
- Address requests for public health assistance and information.
- Notify key PHDMC staff having emergency preparedness roles and responsibilities.
- Notify and mobilize public health-related volunteers if needed.
- Establish the appropriate public health command structure based on incident needs.
- Activate the Public Health Incident Management Team (IMT) & Department Operation Center (DOC)
- Assign Public Health liaisons to the Montgomery County EOC.
- Request coordination and resources from the EOCs supporting agencies.
- Establish immediate priorities for the health and safety of assigned staff and volunteers, requesting initiation of the COOP if needed.
- Determine public health incident objectives and develop an Incident Action Plan (IAP). Examples of roles/responsibilities in an IAP may include:
 - Recommend declaration of a public health emergency
 - Recommend limitations on movement
 - Implement mass vaccination/prophylaxis
 - Conduct epidemiological surveillance
 - Request Strategic National Stockpile assets
 - Recommend closure of facilities
 - Coordinate disposition of deceased/mass burial
 - Conduct public education

- Assign and deploy resources and assets to achieve public health incident objectives.
- Develop guidance for health care professionals and first responders.
 - Nature of the disease
 - Diagnosis
 - Treatment
 - Infection control measures
 - Prophylaxis/immunization and associated contraindications
- Establish communications with first responders, health care organizations, and other appropriate agencies and organizations.
- Develop and release information about the incident to the news media, incident personnel, and other appropriate agencies and organizations.
- Develop orders on public health infection control measures.
- Address the needs of special populations overseen by Public Health.
- Implement the *Regional Epidemiological Response Plan*.
- Prepare for regional, state and national assistance.
- Address mental and behavioral health support needs of staff and volunteers.
- Issue public health advisories.
 - Potable water
 - Food safety
 - Sheltering in place
 - Mass sheltering facilities
 - Health precautions
 - Disinfection/decontamination
 - Wastewater and solid waste disposal
- Insure proper documentation of all response activities.

C. Recovery Phase

- Continue response phase activities as required.
- Request EOC supporting agency coordination and resources to address environmental
- surety:
 - Risk assessment;
 - Modeling/monitoring;
 - Evacuation and safe re-entry criteria;
 - Extent, fate, and effects of environmental contaminants;
 - Level of decontamination;
 - Cleanup standards and methods;

- Final disposition of affected property;
- Vector control
- Assess short-term and long-term public health recovery actions.
- Restore essential public health services to pre-incident status.
- Document expenditures for reimbursement purposes.

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.

VI. Authorities and References

- Centers for Disease Control and Prevention’s “Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10”.
- PHDMC Public Health Emergency Preparedness Plan for Montgomery County
- Emergency Support Function #8 of the Montgomery County Emergency Operations Plan
- PHDMC ANTIVIRAL DISTRIBUTION PLAN, August 2010.
- Standard Operation Guideline, Office of the Health Commissioner, Epidemiology and Emergency Preparedness, Strategic National Stockpile (SNS) Plan
- Division of Strategic National Stockpile, Local Technical Assistance Review (L-TAR), March 2011
- Ohio Administrative Code Chapters 3701-3-02, 3701-3-05, and 3701-3-12
- Ohio Revised Code Sections 3707.04 through 3707.34

VII. Supporting Documentation:

Emergency Preparedness Office Standard Operating Guidelines

Isolation and Quarantine

Incident Management

Emergency Communications

Mass Vaccination/Prophylaxis; Dispensing and Vaccination ...

Strategic National Stockpile

Antiviral Distribution Plan

Crisis Communication

Training and Exercises

Specific Event Response Plans

-- Regional Epidemiology Response Plan

-- Isolation and Quarantine

-- United States Postal Service (USPS) Biohazard Detection System Response Plan

-- Pandemic Influenza Preparedness and Response

-- Community Strategy for Pandemic Influenza Mitigation

-- Continuity of Operations Plan

Acronyms:

AOHC – Association of Ohio Health Commissioners

CDC – Center for Disease Control

COOP – Continuity of Operations Plan

EOP – Emergency Operations Plan

EMS – Emergency Medical Services

HAN – Health Alert Network

HAZMAT – Hazardous Materials

ICS – Incident Command System

IMT – Incident Management Team

LHD – Local health Department

MARCS – Multi-Agency Radio Communications System

MCOEM – Montgomery County Office of Emergency Management

NIMS – National Incident Management System

NRF – National Response Framework

ODH – Ohio Department of Health

OPHCS – Ohio Public Health Communication System

OTC – Over the Counter

PHDMC – PUBLIC Health Dayton & Montgomery County

POD – Point of Dispensing

RMRS – Regional Medical Response System

SNS – Strategic National Stockpile

SOG – Standard Operating Guideline

USPS – United States Postal Service

WCO – West Central Ohio

Appendix A: Hazard Analysis PHDMC

| December 1, 2011 | Magnitude | Frequency | Duration | Speed of Onset | Total | Historical Occurrence |
|---|------------------------|-------------------|----------|----------------|-------|--|
| Natural disaster | 12 | 10 | 4 | 12 | 38 | * See Below 23 years 1986 Train Derailment Annually |
| Mass Casualty/ Terrorism/CBRNE | 11 | 6 | 9 | 12 | 38 | |
| Epidemic | 12 | 6 | 12 | 3 | 33 | |
| HAZMAT | 8 | 9 | 3 | 12 | 32 | |
| Extreme Temp/Winter event | 8 | 9 | 3 | 4 | 24 | |
| Historical Information Breakdown | | | | | | |
| Tornado's | 1950-Present | 7 total | 1-F3 | 5-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 | | | | 23 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 |
| Natural Disaster -Earthquake -Flood -Tornado | <ul style="list-style-type: none"> -Mold -Communicable Disease -Contaminated Water/Wells -Vector Control -Debris Removal--- Landfill -Animal Decomposition -Contaminated food service -Mass Casualty/Mass Fatality | <u>Lead Agency:</u> MCOEM <u>Support Agencies:</u> PHDMC, 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 | <ul style="list-style-type: none"> -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 Large PHDMC staff ANCDP IMT POD supplies <u>Potential hazard Impact to PH resources listed:</u> -Damage to PH facilities -Lack of personnel -Supply issues -Communication issues | <ul style="list-style-type: none"> -Open Dept Ops Center -PIO information release -Activate COOP -Send staff to EOC if open -open small POD if needed -Assist other WCO LHDs |

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

| | | | | | |
|---|---|---|---|--|--|
| <p>HAZMAT</p> | <ul style="list-style-type: none"> -Chemical Exposure -Shelter-in-Place vs Evacuation -Duration of Emergency -Respiratory Ailments | <p><u>Lead Agency:</u> Dayton Regional HAZMAT Team</p> <p><u>Support Agencies:</u> PHDMC, MCOEM, LE, Fire/EMS,</p> <p><u>Responder Risks:</u> -Exposure -Over exertion</p> | <ul style="list-style-type: none"> -Public Information -Chemical Health - Advisories -Inspections -Surveillance -Decontamination | <p><u>List Public Health Resources:</u> IMT</p> <p><u>Potential hazard Impact to PH resources listed:</u> Facility loss Infrastructure loss Reduced personnel Lack of supplies</p> | <ul style="list-style-type: none"> -Open DOC -Staff to EOC -Public Information messages -Epi & Surveillance -POD activation |
| <p>Extreme Temp/Winter Event</p> | <ul style="list-style-type: none"> -health of elderly and at-risk populations -Hypothermia -Heat Stoke, exhaustion -Respiratory Ailments -driving difficulties -carbon monoxide | <p><u>Lead Agency:</u> PHDMC/MCOEM</p> <p><u>Support Agencies:</u> LE, Fire, JFS, EMS, GDAHA</p> <p><u>Responder Risks:</u> -Heat/cold Related Injuries: hypothermia/Heat stroke -Hazardous Roads -Dehydration</p> | <ul style="list-style-type: none"> -PIO release safety information for Extreme heat or cold safety -Promote flu per ODH yearly guidelines | <p><u>List Public Health Resources:</u> IMT Communicator PHDMC Vehicles</p> <p><u>Potential hazard Impact to PH resources listed:</u></p> | <ul style="list-style-type: none"> -Open DOC -Public Information messages |