

**STATE OF OHIO EMERGENCY OPERATIONS PLAN
TAB C TO EMERGENCY SUPPORT FUNCTION #8
PUBLIC HEALTH AND MEDICAL SERVICES
HUMAN INFECTIOUS DISEASE INCIDENT PLAN**

Primary Agency: Ohio Department of Health (ODH)

Support Agencies: Attorney General of Ohio (AG)
Ohio Community Service Council (OCSC)
Ohio Department of Administrative Services (DAS)
Ohio Emergency Medical Services (EMS)
Ohio Department of Agriculture (ODA)
Ohio Department of Mental Health (ODMH)
Ohio Department of Natural Resources (ODNR)
Ohio Department of Transportation (ODOT)
Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene (BWC)
Ohio Emergency Management Agency (OEMA)
Ohio Environmental Protection Agency (OEPA)
Adjutant General's Department, Ohio National Guard (ONG)
Ohio State Board of Pharmacy (OSBP)
Ohio State Highway Patrol (OSHP)
American Red Cross (ARC)
Ohio Funeral Directors' Association (OFDA)

I. INTRODUCTION

A. Purpose

1. The Human Infectious Disease Annex addresses emergency management responsibilities for state-level organizations in the event of a human infectious disease emergency that requires actions that are beyond the capabilities of ODH and may require a declaration of emergency by the governor. The primary goal is to coordinate state and federal efforts to prevent, stop and/or eliminate the spread of human infectious disease.
2. Infectious diseases that pose a serious threat to humans in Ohio are diseases referenced in Ohio Revised Code (ORC) Section 3701.23 and in Ohio Administrative Code (OAC) Sections 3701-3-02. The Director of Health may require additional information about a known disease or health condition or information about an unknown or emerging disease or health condition by executive order. For the purposes of this plan, the word disease always refers to diseases referenced in OAC Section 3701-3-02. Please refer to Appendix 1, below, for a list of these diseases ("Know your ABCs: a quick guide to reportable diseases in Ohio").

B. Scope

The Human Infectious Disease Annex involves supplemental assistance to local governments in identifying the health and medical needs of victims of a human infectious disease emergency whether naturally occurring or terrorism related. Activities related to the criminal investigation if the emergency is suspected to be terrorism related are addressed in the State Terrorism Annex. The response is categorized in the following functional areas:

1. Health surveillance and epidemiological investigation
2. Laboratory testing and analysis
3. Infection control practices (limitation on movement, including quarantine)
4. Mass prophylaxis/vaccination
5. Health/medical equipment and supplies
6. Health care personnel augmentation
7. Patient evacuation
8. Hospital care
9. Public health information
10. Vector control
11. Worker health safety
12. Environmental Concerns-Drinking Water and Waste Management
13. Victim identification/mortuary services
14. Mental health care
15. Law enforcement support
16. Recovery activities

II. AUTHORITY

Appendix 2 contains a listing of rules and regulations in Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 that provide authority to ODH and local health jurisdictions with respect to human infectious diseases and address the following issues:

- A. Reporting of diseases, unusual clusters and suspicious events
- B. Identification of exposed persons
- C. Mandatory medical examinations, collecting laboratory specimens and performing tests, and mandatory vaccination and drug treatments
- D. Rationing of limited stockpiles
- E. Quarantine/isolation of individuals
- F. Tracking/follow-up of individuals
- G. Right of access to suspicious premises
- H. Emergency closure of facilities
- I. Temporary use of hospitals
- J. Procurement or confiscation of medicines and vaccines
- K. Decontamination
- L. Seizure and destruction
- M. Logistical authority for patient management
- N. Disposal of corpses

III. SITUATION

A. General Condition

1. Human infectious diseases continually occur in Ohio.
2. The emergence of “new” infectious diseases and the re-emergence of “older” infectious diseases can occur at any time in Ohio.
3. Some human infectious diseases are transmissible from person-to-person and require an immediate response to prevent the spread of the disease.
4. ODH provides statewide coordination for public health issues with a central office located in Columbus, Ohio. In addition, there are 136 local health departments in Ohio (88 county and 48 city health departments).

B. Emergency Condition

1. A significant human infectious disease emergency is one that may rapidly exhaust local and/or state resources or capabilities.
2. Medical care facilities may become overwhelmed with ill patients affected by the human infectious disease emergency, as well as individuals who worry about being affected (“the worried well”).
3. Due to a massive increase in demand, medical supplies and pharmaceuticals may be in short supply for the immediate care or treatment of individuals.
4. Disruption in communications and transportation may adversely affect the supply of pharmaceutical and medical equipment.

C. Assumptions

1. ODH is made aware of a local human infectious disease emergency.
2. ODH communicates with the local health department(s) (LHDs) and responds to request(s) for assistance.
3. The Governor declares an emergency.
4. The infectious disease emergency event overwhelms or is expected to overwhelm the ability of the local health jurisdictions to mount an adequate response.
5. Although a primary human infectious disease event may not initiate a public health emergency, secondary events stemming from the initial event may do so.
6. Assistance in maintaining the continuity of health and medical services will be required.
7. Mobilized state capabilities will be urgently needed to assist local health jurisdictions and private medical organizations to triage and treat cases in the emergency area.
8. Disruption of sanitation services and facilities, loss of power and massing of people in shelters increases the potential for disease.

IV. CONCEPT OF OPERATIONS

Upon determination of a human infectious disease emergency, ODH will notify the appropriate LHDs and OEMA. ODH in coordination with OEMA may request the activation of the state Emergency Operations Center (EOC) and may request a disaster declaration.

A. Primary Agency for a Human Infectious Disease Emergency

1. ODH, as the primary agency, is the lead for human infectious disease emergency response. In this role, ODH's coordinates activities include public health surveillance, epidemiologic investigation, laboratory, mass prophylaxis/vaccination, public health surge capacity, public health information and education activities; and guidance on infection control practices, including isolation and quarantine. ODH will assist support agencies who may have the lead for other aspects of the human infectious disease emergency listed under section IB.
2. ODH liaisons located in the Ohio EOC will coordinate with response personnel at the site of the emergency and work with other support organizations in the Ohio EOC to respond to the needs of the affected communities.
3. 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.

B. Notification and Communications

1. 24/7/365 Availability

Health care providers, laboratories and other infectious disease reporters contact local health jurisdictions (LHDs) by telephone 24/7/365 to report Class A (1) diseases. These are infectious diseases of major public health concern because of the severity of disease or potential for epidemic spread – they need to be reported by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists. LHDs report them to ODH immediately by telephone 24/7/365. Occasionally (due to an inability to contact the LHD directly), ODH may be notified first.

2. Upon the occurrence of a human infectious disease emergency, ODH will notify OEMA and ODH's partner agencies according to the ODH infectious disease on call protocol through the Health Alert Network.
3. Ohio Public Health Communication System (OPHCS)

During a human infectious disease emergency, ODH will utilize OPHCS to convey important and timely information to state partners, LHDs, and numerous external public health partners across Ohio.

- a. OPHCS is a secure, web-based system of communication technologies that enables Ohio's local health departments and public health partners to rapidly share information and guidance, such as Health Alert Network (HAN) messages, via email, pager, phone, fax or the web.
 - b. The HAN is the "alerting" component for a message of guidance and/or critical directions issued either by the Centers for Disease Control and Prevention (CDC) or ODH.
 - c. Numerous external public health partners receive HAN messages. This list of partners can be expanded or collapsed according to the nature of the communication. The audiences that can receive a HAN message from ODH include all Ohio LHDs, key ODH staff, key state agency partners and other ODH partners across the state (e.g. regional public health, hospital and regional medical response system (RMRS) coordinators, hospital emergency departments (EDs), poison control centers, MMRS coordinators, professional health organizations, and CDC). When a local health department or organization receives a HAN message, ODH encourages each entity to forward the HAN message to all appropriate parties.
4. Ohio's Multi-Agency Radio Communication System (MARCS)
- a. ODH will utilize the MARCS system to communicate with state and local partners during public health and cross systems activities related to the human infectious disease emergency or when other methods of communication fail.
 - b. ODH, LHD and hospital MARCS radio talk group configurations support an incident management communication structure and statewide interoperability via incident management talk groups and the MCALL and ECALL talk groups shared by all state agencies. Should additional statewide expansion be needed, ODH and OEMA will work with DAS/MARCS Office to reprogram radios.
 - c. Standard operating guidelines (SOGs) that contain specific talk group listings and MARCS user radio protocol are maintained by each agency and their local partners.
 - d. More detailed communications information can be found in ESF 2.

C. Unified Command

1. In the event that a public health infectious disease emergency is declared in Ohio, unified command will be activated. Unified command will be composed of personnel from ODH, OEMA, EMS, OSHP, DAS and ODMH, OEPA. ODA would be part of the unified command if food safety is involved.
2. There may not be a specific "incident" site for a public health emergency; however, unified command may be activated in the area(s) where the emergency is occurring.
3. Overall statewide emergency coordination of human infectious disease response and recovery is the responsibility of the Ohio EMA (ORC Sec. 5502).
4. At the local level, emergency response coordination may be facilitated by local unified command.

D. Response Actions

1. Health Surveillance and Epidemiological Investigation

- a. The organizations that have responsibilities for human infectious disease surveillance activities in Ohio are ODH (lead), LHDs, health care providers and laboratories. Public health will monitor the general population and special high-risk population segments; carry out field studies and investigations; monitor disease patterns; and provide technical assistance and consultations on disease prevention.

The organizations that have responsibilities for concurrent animal disease surveillance during a human infectious disease emergency are ODA, ODNR and Ohio licensed veterinarians. They will provide animal surveillance information to ODH.

- b. Coordination of surveillance and epidemiology activities to include active surveillance to identify additional cases, conducting active investigations of suspected cases and performing epidemiological investigations.

2. Laboratory Testing and Analysis

- a. The organizations that have responsibilities for human infectious disease related laboratory activities during a human infectious disease emergency in Ohio are ODH (lead), ODA and OEPA.
- b. Laboratory activities coordination to include provide guidance on specimen collection and transport to the Ohio Department of Health Laboratories (ODHL) for specimen confirmation; when needed, coordinate shipment of specimens to CDC laboratories.

3. Infection Control Practices

- a. The organizations that have responsibilities for guidance on human infectious disease infection control practices in Ohio are ODH (lead) and LHDs, in coordination with the CDC, the Governor's Office, AGO, OEMA, EMS, OSHP, ODNR, OEPA and ONG.
- b. Coordination of infection control practices to include specific containment, prevention and treatment guidance for the infectious disease that causes the emergency; provide guidance on any type of disinfection that may be required; and provide guidance on limitation on movement (e.g. quarantine orders) to limit the spread of the infectious disease to other areas within the state, for governing the receipt and conveyance of remains of the deceased, and for other sanitary matters (ORC 3701.13 and 3701.14).
- c. If an environmental release is linked to or responsible for the human infectious disease emergency, OEPA will provide coordination regarding site assessment activities.

4. Mass Prophylaxis/Vaccination

- a. The organizations that have responsibilities for mass prophylaxis and/or vaccination activities in Ohio are ODH (lead), LHDs and OSBP. ODH will coordinate activities related to the Strategic National Stockpile (SNS).
- b. Coordination of mass prophylaxis/vaccination to include determining priority guidelines for chemoprophylaxis/vaccination administration and ensuring access to vaccine or pharmaceuticals to identified populations.

5. Health/Medical Equipment and Supplies

The organizations that have responsibilities for health and medical equipment and supplies are DAS (lead), OEMA, ODH, EMS and the American Red Cross. They are tasked to coordinate health and medical equipment and supplies, including biological products, blood and blood products in support of NDMS DMAT Operations (if a Presidential disaster declaration has been declared) and for restocking medical care facilities in the area affected by the human infectious disease emergency.

6. Health Care Personnel Augmentation

The organizations that have responsibilities for health care personnel are ODH (lead) and the Ohio Community Service Council. A mass casualty incident will require personnel augmentation of public health agencies, hospitals and other health provider organizations. Current personnel augmentation will rely on current agency or organization plans. Such plans may call for existing staff to work extended hours or for recruitment of volunteers. The ODH will coordinate with the OEMA and appropriate federal agencies to request support from various NDMS teams. NDMS DMATs are a potential source of assistance if there is a Presidential disaster declaration.

7. Patient Evacuation

OEMS will coordinate resources for the movement of seriously ill patients from the area affected by a human infectious disease emergency to locations where definitive medical care is available.

8. In-Hospital Care

ODH will coordinate with hospitals. Ohio hospitals will provide definitive medical care to victims who become seriously ill as a result of the human infectious disease emergency. NDMS has established and maintains a nationwide network of voluntarily pre-committed, non-federal, acute care hospital beds in the largest US metropolitan areas, which will be a potential source of assistance if there is a Presidential disaster declaration.

9. Public Health Information

- a. Organizations that have responsibilities for public health information are ODH (lead), OEMA, ONG, ODA, ODNR, ODMH, OEPA, OSHP, and public information personnel in local EOCs in the affected areas.
- b. ODH will operate a toll-free information line to respond to questions about the disease from the general public.
- c. A joint information center (JIC) will be maintained at the Ohio EOC throughout the emergency. The JIC will be led by the public information officer from ODH (lead agency) and supported by PIOs from all other organizations having responsibilities to address the human infectious disease emergency. Organizations on this team will ensure that maps, guidance, alerts and warnings concerning the human infectious disease emergency in Ohio will be widely distributed and available to the public. (Refer to the Public Affairs Support Annex in the Ohio Emergency Operations Plan (Ohio EOP) for additional information about this function.)

10. Vector Control

- a. The organizations responsible for oversight and coordination of vector control are ODH (lead), ODA and ODNR (as it relates to wild animals spreading infectious diseases).
- b. Coordination of vector control activities will include assessing the threat of vector-borne diseases related to the human infectious disease emergency; providing technical assistance and consultation on protective actions regarding those diseases; and providing technical assistance and consultation on the medical treatment of victims of vector-borne diseases.

11. Worker Health Safety

The lead agency for worker health safety is the Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene. This agency assists with monitoring health and well-being of emergency workers and providing technical assistance and consultation on worker health and safety measures and precautions.

12. Environmental Concerns-Drinking Water and Waste Management

The organization with the lead responsibility in assessing environmental concerns is OEPA. This agency will:

- a. Provide technical assistance regarding drinking water availability in consultation with local authorities.
- b. Provide technical assistance regarding waste water disposal issues and the protection of waters of the State of Ohio.
- c. Provide lists of registered transporters of infectious wastes and provide expedited registration for new transporters in an emergency situation. Provide information regarding location of infectious waste treatment facilities and technical assistance regarding the management of infectious wastes.
- d. Provide technical assistance regarding solid waste disposal.

- e. Provide technical assistance and consultation to ODH for private water supply and household sewage system issues.
- f. Assist ODH with decontamination issues.
- g. Accept assistance from ODH with health risk assessments.

13. Victim Identification/Mortuary Services

- a. The agencies that have responsibilities for providing victim identification and mortuary services include: OEMA, OFDA, ODH, LHDs, local hospitals, local EMAs, OEPA, OSHP.
- b. Assist in providing temporary morgue facilities and processing, preparation, and disposition of remains.
- c. If human remains need to be disposed of immediately for the protection of others, they will be disposed of according to ORC 3707.19. (Disposal of body of person who died of communicable disease.) Pursuant to ORC 3701.13, ODH “may make special or standing orders or rules for governing the receipt and conveyance of remains of deceased persons, and for such other sanitary matters as are best controlled by a general rule.”
- d. ODH will maintain and operate the vital records system throughout Ohio.
- e. Security issues related to victims and their effects will be coordinated by law enforcement (Refer to ESF 13).

14. Mental Health Care

ODMH is the lead agency responsible for coordinating mental health care activities.

- a. In collaboration with local behavioral health authorities and community providers, assess mental health needs of first responders, emergency workers, recovery workers, victims, families and communities.
- b. ODMH will coordinate with local behavioral health authorities to assess appropriate behavioral health interventions needed and provide resources as available to meet mental health needs of persons and communities impacted.
- c. Provide culturally appropriate disaster mental health materials, risk communication, information and messages to bolster resiliency and provide psychological strength to persons and communities impacted.

15. Law Enforcement Support

- a. The organizations responsible for law enforcement support activities are OSHP (lead), ONG, AGO and ODNR.
- b. Large numbers of law enforcement personnel may be required to provide security around the perimeters of restricted areas in order to prevent the spread of the disease and enforce legal requirements. Unified command at the site will determine the numbers of personnel needed, the shifts they will maintain, the protocols they will follow for human infectious disease emergencies (as recommended by ODH and CDC/DHHS/DHS). State law enforcement

personnel may support or assist the local law enforcement organizations within the scope of their jurisdiction and authority.

16. Recovery Activities

- a. These organizations have responsibilities for recovery activities for a human infectious disease emergency in Ohio: OEMA (lead) Governor's office, AGO, DAS, ODH, ODA, ODNR, ODMH, OEMA, ONG, OSHP, DOT, OEPA, LHDs and local EMAs.
- b. OEMA will be the lead for most recovery issues including but not limited to reimbursement for activities between local agencies and organizations, the state and federal agencies.
- c. 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 Ohio.

E. Relationships between Levels of Government

1. Federal

General Public Health Emergency Powers. The Secretary of the Department of Health and Human Services (DHHS) may declare a public health emergency to respond, conduct and support investigations into the cause, treatment or prevention of a disease or disorder. 42 U.S.C. § 247d(a). A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of whether: (1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists. 42 U.S.C. § 247d(a).

2. State

- a. Human infectious disease response and recovery organizations will maintain a working relationship throughout the emergency to ensure that emergency needs are identified, assessed, prioritized and addressed.
- b. Human infectious disease response and recovery organizations will coordinate with federal peer organizations and counterpart organizations from adjacent states during the emergency.
- c. Human infectious disease response and recovery organizations will bring federal, state and local responders together.

3. Local

- a. Local level emergency requests for state resources and services communicated to the Ohio EOC will be directed to agencies as appropriate. State agency field personnel may act as liaison between local emergency management and the state during these emergencies. (Refer to the EOC Standard Operating Procedures.)

- b. County emergency management agencies in the affected areas will activate their EOCs as needed to provide support for local human infectious disease operations. Local organizations that will have roles to play in human infectious disease response and recovery are listed, but are not limited to the organizations that appear in the “Local Organizations” column in the chart below. County EMAs should develop guidance that addresses the roles of these organizations and other organizations that may be involved on the local level.

The comparison chart below shows counterparts at state, federal and local levels with emergency management responsibilities for human infectious disease response and recovery. During emergencies these organizations may work together as teams in order to act as expeditiously as possible to identify, control and prevent the spread of the disease. This comparison chart ensures that these organizations have the proper interface when activated during an emergency.

Comparison Chart for Human Infectious Disease Response and Recovery		
State Organizations	Federal Organizations	Local Organizations
Ohio Department of Health	CDC/NIOSH/USPHS/FDA/HRSA/DHS (NDMS)	Local Health Departments
Ohio National Guard	DOD/NGB	Local Law Enforcement
Attorney General	DOJ	County Prosecutor/City Attorney/Law Director
Ohio EMA	DHS (FEMA)	County EMAs
Ohio Department of Agriculture	USDA/APHIS/VS USFDA	Accredited Veterinarians
Ohio Department of Natural Resources	USDA, DHS (Coast Guard) and Dept of Interior	County Wildlife Officer
Ohio State Highway Patrol	FBI/DHS/ Federal Marshal	County Sheriff/Local Police
Ohio Department of Transportation	US DOT	County Engineer
Ohio Environmental Protection Agency	US EPA	Local Health Departments / Local Air Agencies
Ohio Department of Mental Health	SAMHSA/CMHS	ADAMH Boards, Provider Agencies
Division of Safety and Hygiene, Ohio Bureau of Workers' Compensation	OSHA	Local Health Departments
American Red Cross	American Red Cross	Local ARC Chapter
Ohio Funeral Directors' Association	US Department of Justice	County Coroner

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ODH will notify its LHD partners, clinicians and OEMA in the event of a human infectious disease emergency via OPHCS/HAN. ODH will notify the CDC by telephone.

If assessments indicate that a state-level response and recovery operation may be required, OEMA will notify the appropriate organizations listed in this plan based on the needs of the event. Primary and support agencies will coordinate with each other in the Ohio Emergency Operations Center to ensure the most effective use of personnel and equipment to avoid redundant activities and to cooperate on emergency response activities.

A. Assignment of Responsibility

1. Primary Agency

Ohio Department of Health (ODH)

- a. Lead state-level human infectious disease emergency response and recovery.
- b. Notify OEMA when a human infectious disease emergency is identified.
- c. Coordinate with CDC, other state and local health departments, and hospitals.
- d. Conduct human infectious disease assessments to determine needs and priorities.
- e. Coordinate enhanced surveillance activities and the epidemiologic investigation.
- f. Assist DAS, OEMA, ONG, ODOT and other state agencies as needed in determining the need for location and establishment of staging areas.
- g. Upon analysis of environmental, clinical and other patient information, diagnosis and prognosis, provide specific containment, prevention and treatment guidelines in coordination with CDC.
- h. Provide guidance on infection control practices.
- i. Issue orders of limitation on movement as needed (including quarantine orders).
- j. Issue advisories for mass prophylaxis/vaccination as needed.
- k. Request the Strategic National Stockpile (SNS) as needed.
- l. Make vaccine and antibiotics available through the SNS as needed.
- m. Coordinate with appropriate organizations for the deployment of personnel for human infectious disease response and recovery.
- n. Provide medical advisories.
- o. Provide advisories and related public information.
- p. Coordinate public information and rumor control efforts throughout the emergency.
- q. Provide or coordinate testing capability for clinical and environmental specimens.
- r. Coordinate with law enforcement organizations for site security (laboratory, pharmaceutical transport, mass clinics) and related issues.
- s. Provide information and directions to support agencies on human infectious disease transmission, treatment, overall infection control practices, including isolation/quarantine and disinfection/ decontamination, and personal protective equipment.

- t. Coordinate with OEPA on drinking water, waste water, and waste management issues.
- u. Coordinate with ODA on food safety issues.

B. Supporting Agencies

1. Ohio National Guard (ONG)

Provide personnel to assist in response and recovery operations as needed at staging areas, in local EOCs and at the Ohio EOC.

2. Attorney General (AGO)

Provide legal advice to state agencies and departments concerning human infectious disease issues, including limitation on movement (e.g. quarantine orders), indemnification and human resource issues, as needed.

3. Ohio Department of Administrative Services (DAS)

- a. Assist in the identification of resource providers and purchasing supplies, equipment and services needed during a state-level human infectious disease emergency.
- b. Provide logistical support for responders to include coordination with OEMA to shelter and feed responders as well as to address other needs.
- c. Coordinate with other state, federal and local agencies as needed to assist in the movement and positioning of personnel and supplies.
- d. Coordinate with OEMA, ODH, HHS, FEMA and local emergency management agencies as needed for staging areas.
- e. Provide support for toll-free information lines.
- f. Coordinate with OEMA for reimbursement from the federal government.

4. Ohio Department of Agriculture (ODA)

- a. Coordinate with ODH if a zoonotic condition exists.
- b. Provide surveillance information for disease in animals.
- c. Coordinate with ODH on food safety issues.
- d. Support public information and rumor control efforts.
- e. Provide epidemiological support to ODH as requested during an emergency.
- f. Provide personnel to assist in response and recovery operations as needed.
- g. Provide recommendations to ODH concerning potential effects on animal health.
- h. Provide recommendations to ODH concerning potential effects on food safety.
- i. Coordinate animal disposal activities as needed.
- j. Provide laboratory surge capacity to ODH as needed.
- k. Coordinate food disposal activities as needed.

5. Division of Safety and Hygiene, Ohio Bureau of Workers' Compensation
 - a. Monitor health and well-being of emergency workers.
 - b. Provide technical assistance and consultation on worker health and safety measures and precautions.

6. Ohio Department of Mental Health (ODMH)
 - a. Coordinate and assist local behavioral health authorities to provide behavioral health support and services to victims, first responders, recovery workers, healthcare workers, families, children, organizations, and the community-at-large.
 - b. In collaboration with local behavioral health authorities assure appropriate level behavioral health interventions (e.g. crisis intervention, information and referral, debriefing, psycho-education, community outreach) are available and accessible to persons and communities that may be impacted.
 - c. In collaboration with behavioral health authorities provide disaster mental health communication materials and information to persons impacted, emergency response partners and the general public.
 - d. Provide ODMH resources, facilities as determined appropriate and necessary to support recovery.

7. Ohio Department of Natural Resources (ODNR)
 - a. When indicated, provide surveillance for disease in wild animals.
 - b. Establish appropriate regulatory wild animal controls.
 - c. Support public information and rumor control efforts throughout the emergency.
 - d. When appropriate, assist with disposal of infected animals.
 - e. Provide personnel to assist in response and recovery operations as needed.

8. Ohio Emergency Management Agency (OEMA)
 - a. Support ODH by providing statewide coordination during human infectious disease response and recovery emergencies.
 - b. Facilitate public information and rumor control efforts throughout the emergency through the JIC.
 - c. Provide personnel to assist in response and recovery operations as needed.
 - d. Implement the Ohio Emergency Operations Center Standard Operating Procedures.

9. Ohio Emergency Medical Services (OEMS)

Provide personnel to assist in response and recovery operations as needed.

10. Ohio State Highway Patrol (OSHP)
 - a. Coordinate with local law enforcement.
 - b. If the event is not related to terrorism, coordinate with the Office of the Inspector General (OIG) for federal law enforcement support.

- c. If the event is terrorism related, coordinate law enforcement activities with the FBI.
- d. If a quarantine has been issued by public health, collaborate with local law enforcement to enforce limitation on movement measures (e.g. quarantine).
- e. Provide personnel to assist in response and recovery operations as needed.

11. Ohio Department of Transportation

- a. Assist in the movement of state resources during a human infectious disease emergency.
- b. If quarantine has been issued by public health, coordinate access to or closure of transportation routes if needed.
- c. Provide personnel to assist in response and recovery operations as needed.

12. Ohio Environmental Protection Agency (OEPA)

- a. Coordinate safety of the public water supply.
- b. Provide recommendations in coordination with ODH concerning the potential effects on the public water supply and waters of the state.
- c. Provide recommendations in coordination with ODH regarding the management of waste waters, especially in association with decontamination efforts.
- d. Provide personnel to assist in response and recovery operations as needed.
- e. Provide information and direction regarding treatment and disposal infectious waste and disposal of solid waste.
- f. Conduct site assessments when the human infectious disease emergency is linked to an environmental release.

13. Ohio State Board of Pharmacy (OSBP)

- a. Provide recommendations to ODH concerning pharmaceutical issues.

14. American Red Cross

- a. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to human infectious disease emergency victims in mass shelters and other sites deemed necessary by the primary agency.
- b. Assist community health personnel subject to the availability of staff.
- c. Provide supportive counseling for the family members of the dead and injured.

C. Non-State Agency Support Organization

1. Ohio Funeral Directors Association (OFDA)

- a. Supply personnel and materiel to support mass fatality response and expanded mortuary services in affected jurisdictions.

Appendix 1 to the Human Infectious Disease Incident Plan Ohio Emergency Operations Plan

Know your ABCs: a quick guide to Reportable Infectious Diseases in Ohio

Ohio Administrative Code 3701-3-02 revised April 2003; 3701-3-13 revised October 2002; 3701-3-12 revised June 2002 and 3701-3-05

Class A Diseases

(1) Diseases of major public health concern because of the severity of disease or potential for epidemic spread--report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Diphtheria	Plague	Smallpox
Botulism, food borne	Measles	Rabies, human	Viral Hemorrhagic Fever (VHF)
Cholera	Meningococcal disease	Rubella (not congenital)	Yellow Fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

(2) Diseases of public health concern needing timely response because of potential for epidemic spread--report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Chancroid	Foodborne disease outbreaks	Malaria	<i>Staphylococcus aureus</i> , with intermediate resistance or resistance to Vancomycin (VISA, VRSA)
Cyclosporiasis	Granuloma inguinale	Meningitis, aseptic, including viral meningoencephalitis	Syphilis
Dengue	<i>Haemophilus influenzae</i> (invasive disease)	Mumps	Tetanus
<i>E. coli</i> O157:H7 and other enterohemorrhagic (Shiga toxin-producing) <i>E. coli</i>	Hantavirus	Pertussis	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
Encephalitis, Eastern equine	Hemolytic uremic syndrome (HUS)	Poliomyelitis (including vaccine-associated cases)	Tularemia
Encephalitis, LaCrosse (California group)	Hepatitis A	Psittacosis	Typhoid fever
Encephalitis, St. Louis	Legionnaires' disease	Q fever	Waterborne disease outbreaks
Encephalitis, West Nile	Listeriosis	Rubella (congenital)	
Encephalitis, including other arthropod-borne	Lymphogranuloma venereum	Rubella (congenital)	
		Salmonellosis	
		Shigellosis	

(3) Diseases of significant public health concern -- report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Encephalitis, post-infection	Kawasaki disease (mucocutaneous lymph node syndrome)	Streptococcal disease, group B, in newborn
Botulism, wound	Giardiasis	Leprosy (Hansen Disease)	Streptococcal toxic shock syndrome (STSS)
Botulism, infant	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis and neonatal conjunctivitis)	Leptospirosis	<i>Streptococcus pneumoniae</i> , invasive disease (ISP)
Brucellosis	Hepatitis B	Lyme disease	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis C	Meningitis, including other bacterial	Toxoplasmosis (congenital)
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis and pneumonia)	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis	Trichinosis
Creutzfeldt-Jakob disease (CJD)	Hepatitis E	Pelvic inflammatory disease (PID)	Typhus fever
Cryptosporidiosis	Hepatitis, acute viral, undeterminable etiology	Rheumatic fever	Varicella (deaths only)
Cytomegalovirus (CMV) (congenital)	Herpes (congenital)	Rocky Mountain spotted fever (RMSF)	Vibriosis
Ehrlichiosis		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis
Encephalitis, other viral			

Class B Diseases *the number of cases is to be reported by the close of each working week*

Chickenpox Herpes (genital) Influenza

Class C Diseases - *report an outbreak, unusual incidence, or epidemic by the end of the next working day*

Blastomycosis Conjunctivitis, acute Histoplasmosis Nosocomial infections of any type
Pediculosis Scabies Sporotrichosis Staphylococcal skin infections
Toxoplasmosis

Outbreak, unusual incidence, or epidemic of other infectious diseases of known etiology not categorized as Class A, Class B or Class C

Except as otherwise required for the Class A(1) diseases, reports of cases and suspect cases and positive laboratory results shall be in writing, and shall include the name and address of the case, suspect case, or person from whom the specimen was taken. A Board of Health may accept verbal reports by telephone or other electronic systems approved by the Director within the same time limitations. Reports shall include supplementary information relevant to the case or laboratory reports as needed to complete official surveillance forms provided or approved by the Director.

Cases of AIDS (acquired immune deficiency syndrome), AIDS-related conditions, HIV (human immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.

Appendix 2 to the Human Infectious Disease Annex Ohio Emergency Operations Plan

List of Selected Authorities: Ohio Revised Code and Ohio Administrative Code

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 Department of Health
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. 3707.04:	Quarantine Regulations
O.R.C. 3707.06:	Notice to be given of Prevalence of Infectious Disease
O.R.C. 3707.07:	Complain 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 of 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

State of Ohio
Ohio Emergency Operations Plan ESF #8
Tab C: Human Infectious Disease Plan

Attachment 1: Ohio Pandemic Influenza Response Plan

Lead Agency: Ohio Department of Health (ODH)

State-Level Agencies that would be Likely to Carry Out Missions in Support of a Pandemic Influenza Response:

Adjutant General's Department, Ohio National Guard (ONG)
Ohio Department of Administrative Services (DAS)
Ohio Department of Agriculture (ODA)
Ohio Attorney General's Office (AG)
Ohio Community Service Council (OCSC)
Ohio Department of Development (ODOD)
Ohio Department of Education (ODE)
Ohio Emergency Management Agency (OEMA)
Ohio Emergency Medical Services (OEMS)
Ohio Environmental Protection Agency (OEPA)
Ohio State Fire Marshal (SFM)
Ohio State Highway Patrol (OSHP)
Ohio Homeland Security (OHS)
Ohio Medical Transportation Board (OMTB)
Ohio Department of Mental Health (ODMH)
Ohio Department of Mental Retardation and Developmental Disabilities (ODMR/DD)
Ohio Department of Natural Resources (ODNR)
Ohio State Board of Pharmacy (OSBP)
Ohio Department of Rehabilitation and Correction (ODRC)
Ohio Department of Transportation (ODOT)
Ohio Voluntary Organizations Active in Disasters (Ohio VOAD)
Public Utilities Commission of Ohio (PUCO)

Non-State Agency Support Organizations that would be Likely to Carry Out Missions in Support of a Pandemic Influenza Response:

American Red Cross (ARC)
Ohio Funeral Directors' Association (OFDA)

I. INTRODUCTION

A. Purpose

1. This Ohio Pandemic Influenza Response Plan addresses public health and emergency management responsibilities for state-level organizations

in the event of a pandemic influenza outbreak. An influenza pandemic may require response actions that are beyond the capabilities of local government, local health departments, and the Ohio Department of Health (ODH), and may require a Governor's declaration of emergency and/or a federal disaster declaration. The primary goal of this Plan is to coordinate state-level efforts to prepare for, delay the onset, and mitigate the impact of a highly contagious and potentially highly fatal influenza pandemic, and to initiate a long-term recovery plan in response to a potentially devastating pandemic.

2. Influenza (flu) is a highly contagious disease that can pose a threat to humans. In the event of a pandemic, influenza can pose a very serious threat to human life, with potentially severe economic impacts that could result from even a moderate outbreak. During a Pandemic Flu incident, the Director of the Ohio Department of Health (Director) will monitor the disease outbreak worldwide and in Ohio. Through use of the Incident Command System (ICS) based structure at ODH, and through the state's Emergency Operations Center Ohio EOC, the Director will issue protective orders to mitigate the serious effects of a contagious outbreak of a novel influenza strain for which humans have no natural or acquired immunity and for which no vaccine currently exists.
3. Strategies to limit transmission such as social distancing, isolation, staying at home, hand-washing and respiratory etiquette (e.g. covering your cough) are measures that can be taken to mitigate the disease's spread and impact. For preparations to have maximum impact, they need to be made before a pandemic occurs. In that context, the purpose of this plan and its supporting procedures are to:
 - a. reduce morbidity,
 - b. reduce mortality,
 - c. minimize social disruption, and
 - d. facilitate planning for recovery.
4. This Ohio Pandemic Influenza Response Plan (PIRP) serves as the strategic plan for state agencies. The Ohio Department of Health (ODH) will serve as the Lead Agency for the State's overall response to an influenza pandemic. The purpose of this plan is to prepare for, identify, respond to, and attempt to control an influenza pandemic, and to mobilize state agency resources to support local emergency response. Local preparedness is the foundation of pandemic readiness and response. State and federal resources cannot be relied on to be the sole source of response because of the potential extent of an outbreak and potential depth of the impact of an influenza pandemic.

To meet this challenge, this strategic plan includes significant communication and education components. These components include

changing the concepts of mass care, medical surge, level of care, fatality management, and the approach to urgent care.

5. The State of Ohio will coordinate its level of response according to the World Health Organization (WHO) pandemic influenza phases, with preparedness activities identified for phases 1 through 4 and response activities for phases 5 and 6. Although WHO phase 5 (“large clusters but human to human spread still localized”) is a pandemic alert phase and phase 6 signifies the pandemic period, these two phases are both considered response phases for the State of Ohio, since a designation of pandemic influenza phase 5 would lead to the initiation of response activities at the Ohio Department of Health, and possible activation of Assessment and Monitoring activities on the part of OEMA or the activation of the Ohio EOC.

B. Scope

This Ohio Pandemic Influenza Response Plan (PIRP) is an Attachment to the Human Infectious Disease Plan tab to Emergency Support Function #8 (Public Health and Medical Services) of the State Emergency Operations Plan (EOP). The PIRP is associated with ODH’s statewide Pandemic Influenza Preparedness and Response Plan (ODH PIPRP). The PIRP coordinates state-level resources providing support and assistance to local jurisdictions and local health departments (LHDs) and provides guidance for identifying the health and medical needs of victims of a pandemic influenza emergency. Preparation and response are categorized in the following functional areas:

- a. Command, Control and Management
 - i. On-site Incident Management
 - ii. Emergency Operations Center (EOC) Management
 - iii. Public Health Command Center Operations
 - iv. Critical Resource Logistics
- b. Communications
 - i. Ohio Public Health Communication System (OPHCS)
 - ii. Health Alert Network (OPHCS/HAN)
 - iii. MARCS Radio System
 - iv. Public News Media
 - v. Ohio EOC: Ops Center Software
- c. Surveillance
 - i. Health Surveillance and Epidemiological Investigation
 - ii. Disease Reporting and Tracking
 - iii. Public Health Laboratory

- d. Vaccination and Antiviral Preparedness and Response
 - i. Vaccine and/or Pharmaceutical Delivery
 - ii. Mass Vaccination / Antiviral Drugs
- e. Strategies to Limit Transmission
 - i. Educational Communication and Emergency Public Information
 - ii. Limitation on Movement (Social Distancing)
 - iii. Limitation on Movement (Isolation and Quarantine)
 - iv. Mass Prophylaxis
- f. Community Healthcare Response
 - i. Emergency Medical and Other Resources
 - ii. Medical Supplies Management and Distribution
 - iii. Mental Health
- g. Preparedness in Healthcare Facilities
 - i. Scenario One: Limited ODH Involvement
 - ii. Scenario Two: Expanded ODH Involvement
- h. Other Support Operations
 - i. Fatality Management
 - ii. Volunteer Management and Donations
 - iii. Mass Care
 - iv. Environmental Health
 - v. Animal Health Emergency Support
- i. Worker Health and Safety
 - i. ODH Worker Safety
 - ii. Responder Operations Support
- j. Recovery Operations
 - i. Agency-specific Continuity of Operations Plan (COOP)
 - ii. Agency-specific Disaster Recovery and Business Resumption Plan
- k. Encouraging and Enabling Local Planning for Pandemic Influenza
 - i. Health and Human Services' (HHS) State and Local Pandemic Influenza Planning Checklist
 - ii. Ohio Department of Health local planning checklists
 - iii. HHS Business Pandemic Influenza Planning checklist

iv. State of Ohio Pandemic Coordinating Committee

Recovery

The recovery phase of even a moderate pandemic can be expected to last many years. It can be expected that a pandemic may cause the following global economic impacts:

1. A pandemic may come and go in waves, each of which can last 6 to 8 weeks. An especially severe influenza pandemic could lead to high levels of illness, death, social disruption, and economic loss. It is estimated that over 675,000 individuals in the United States died in the 1918 influenza pandemic of 1918.
2. Economic fallout of a pandemic would cause negative impacts across sectors and around the globe; airlines may be grounded, transport of goods may cease, tourism and hospitality industries could be negatively impacted, and the impact on exports could be devastating.
3. Food shortages may occur; and with a lack of material resources, public unrest is likely to follow. Businesses may close, at least temporarily, and people would be left out-of-work. In this context, the time to prepare Ohio's response to a pandemic flu outbreak is before an outbreak occurs; and it is important to remain prepared on an ongoing basis.

II. STATUTORY AUTHORITY

Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and local health districts (LHDs) with respect to human infectious diseases. O.R.C. 3701 deals with the authority of ODH, and O.R.C. 3707 and 3709 deal with the authority of local health boards and districts, respectively. The authority of ODH and LHDs is outlined in greater detail in ESF-8, Tab C: Human Infectious Disease Plan (formerly the Human Infectious Disease Annex).

Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provides authority to ODH and local health jurisdictions with respect to human infectious diseases, including pandemic influenza.

III. SITUATION

A. General Condition

1. Influenza (flu), like other human infectious diseases, continually occurs in Ohio.
2. The emergence of novel strains of influenza and the re-emergence of “older” influenza strains can occur at any time in Ohio.
3. Influenza is a highly contagious human infectious disease that is transmissible from person-to-person and requires an immediate response to control or limit the spread of the disease. The spread of influenza cannot be prevented. Initial actions in early phases of an outbreak will serve to contain the spread of the disease to allow time for production and distribution of vaccine and antivirals. However, for a novel influenza virus strain that lead to a pandemic, there is little that can be done to stop the disease until immunities are developed in the population, and vaccines are created. The extent of the pandemic will rest on the morbidity and mortality rate of the influenza strain.
4. ODH provides statewide coordination for public health issues with a central office located in Columbus, Ohio. In addition, there are 135 local health departments in Ohio (88 county and 47 city health departments).
5. ODH coordinates statewide public health emergency actions from the Department Operations Center, here-to-after referred to as the Ohio Department of Health’s Public Health Command Center (PHCC), centrally located at ODH’s Columbus, Ohio office; and from the State EOC when it is activated.

B. Emergency Condition

1. An outbreak of a novel influenza strain that transmits from human to human is an emergency condition that may rapidly exhaust public health, local and state resources and capabilities.
2. Medical care facilities may quickly become overwhelmed with ill patients infected with influenza, as well as with individuals who worry about being infected (“the worried well”).
3. Due to a massive increase in demand, medical supplies and pharmaceuticals may be in short supply for the immediate treatment of the victims. Because a pandemic represents a “new” viral strain, there may be no effective vaccine available to combat the onset of disease. At worst, Ohio may expect one-third of its residents to fall ill. Worldwide, millions of deaths may be expected.

4. Disruption in communications and transportation may result from a pandemic, adversely affecting the supply of pharmaceutical and medical equipment.
5. Public utilities may be affected because of insufficient staff to keep systems operating.

C. Assumptions

1. Illness and death can be minimized by having a comprehensive response plan in place.
2. An influenza pandemic will occur; the unknowns are the time, extent, amount of warning, and origin of the novel virus.
3. In our mobile society, multiple geographic areas may be affected simultaneously, incapacitating large numbers, including those responsible for both health and non-health related emergency services.
4. ODH will be made aware of an influenza outbreak determined to be due to an “unknown” or “new” influenza strain. ODH will communicate with the local health departments (LHDs) and respond to request(s) for assistance.
5. An influenza emergency event will overwhelm the ability of local health jurisdictions to mount an adequate response.
6. LHDs can assume a limited response by an overwhelmed ODH.
7. Shortages of essential resources will occur (e.g. pharmaceutical supplies for influenza as well as other chronic diseases, reagents for diagnostic services, life-saving equipment, hospital beds, decontamination and sterilization facilities and protective equipment, morgue sites, and refrigerated storage for bodies and perishable resources).
8. Given the shortages of essential medical resources, changes in the usual standards of health and medical care will be required.
9. Rather than doing everything possible to save every life, it will be necessary to allocate scarce resources in a different manner to save as many lives as possible.
10. Altered standards of care will include providing medical care without the usual equipment and without trained personnel that is currently used in today’s pre-pandemic status.
11. An influenza vaccine specific to the pandemic strain will not be available at the beginning of a pandemic.

12. Once a novel virus is identified, it may take as long as 6 to 8 months, or even longer, before vaccine is available for distribution.
13. Secondary events stemming from a pandemic will contribute to an even greater state of emergency or disaster.
14. Assistance in maintaining the continuity of health and medical services will be required; however, local jurisdictions can not assume they will get state or federal support and must take actions to respond within their jurisdiction with little or no mutual aid.
15. Disruption of sanitation services and facilities, loss of power and massing of people in shelters will increase the potential for disease.
16. All primary and support state agencies are familiar with and know how to activate this emergency support function.
17. All State agencies' personnel have been trained in the types of response they may need to perform.
18. All State agencies have the capability of protracted operations. A pandemic event will result in sustained operations of the State EOC for a period of one year in the acute phase, and may result in many years of recovery activities.
19. All primary and support state agencies have developed SOPs in support of their responsibilities and response actions; have current lists of personnel and equipment, and those personnel and equipment will be available during an incident.
20. The public will be kept advised of the situation, potential risks, and precautionary actions they should take.
21. Agreements exist with the media to broadcast the necessary information to the public.
22. A proportion of the public will not listen to and heed warnings and protective action instructions.
23. Public safety and security will be challenged, and it may be difficult to protect hospitals, local health departments, points of dispensing, pharmacies, etc.
24. Proper execution of this plan will mitigate the devastating effects of the pandemic influenza outbreak, and will hasten recovery efforts.

25. There are a number of assumptions regarding influenza vaccine during a pandemic:
- a. Once a novel virus is identified, it may take several months before vaccine is available for distribution.
 - b. If, and when vaccine is available, individuals will need an initial priming dose of influenza vaccine followed by a second dose about 30 days later to achieve protection.
 - c. The first vaccine produced will be purchased by the federal government and distributed to state agencies to vaccinate priority groups.
 - d. Not everyone will be able to receive vaccine when it first becomes available. ODH will maintain a prioritization scheme for early vaccination in accordance with CDC recommendations.
 - e. If, and when vaccine first becomes available, it will take months for pharmaceutical companies to produce an adequate supply of vaccine for the entire U.S. population.
 - f. CDC will develop a standard vaccine information sheet (VIS) that details the risks and benefits of the disease and the vaccine.
 - g. Since prior influenza vaccination(s) may offer some protection (even against a novel influenza variant), the annual influenza vaccination program, supplemented by pneumococcal vaccination, when indicated, will remain a cornerstone of prevention.
26. The federal government will assume primary responsibility for coordinating national and international disease surveillance, developing an adverse event surveillance system, assessing need for and scope of a vaccine liability program, developing a central information database, and providing information templates for state use and guidelines for curtailing disease transmission.

IV. Concept of Operations

Upon determination of a new novel virus strain anywhere in the world, ODH will notify the appropriate LHDs, clinics, hospitals and OEMA. ODH will initially monitor influenza and influenza outbreak, and upon confirmation of a “new” influenza strain, ODH will initiate its ICS. At the WHO pandemic alert phase five (5), ODH will activate its department operations center, called the PHCC, and the State EOC will be activated.

A. Lead Agency for Pandemic Influenza Emergencies

1. ODH is the Primary Agency for ESF-8, the lead agency for human infectious disease emergency responses and the disease-specific influenza pandemic response.
 - a. In this role, ODH will coordinate public health surveillance, epidemiologic investigation, laboratory, mass prophylaxis/vaccination, public health surge capacity, public health information and education activities, and guidance on infection control practices, including isolation and quarantine.
 - b. The PHCC will be in constant communication with the State EOC, where ODH will share information from public health surveillance and response activities.
 - c. For immediate decision making and oversight of routine activities, the PHCC will lead ODH's activities.
 - d. For operational decision making affecting public health, but requiring coordination of activities by other state agencies, the PHCC will pass those requests to the State EOC for assignment and action. ODH will have the authority to direct the ODH portion of those activities, under the coordinating authority of OEMA or the appropriate lead agency for the related Emergency Support Function (ESF).
 - e. For operational decision making outside public health, but still involving ODH, ODH will communicate those decisions through the State EOC Executive Group. ODH will transmit mission requests to the State EOC for assignment and action.
 - f. The State EOC will coordinate pandemic-related mission and response decisions with the PHCC prior to the assignment and action of state agencies.
 - g. For strategic decision making and policy matters, the Executive Group will have decision making authority and will pass those decisions to the State EOC, which will transmit appropriate directions to the affected agencies and ODH at the PHCC.
2. As the lead agency for the State of Ohio's response to pandemic influenza, ODH will provide staff to the State EOC, and will guide the State's response to a pandemic regarding public health issues.
 - a. ODH will make requests for operational and strategic matters that require the coordination of state agency-level activities through the State EOC.

- b. ODH will respond to requests of other ESFs and agencies through ESF-8 at the State EOC.
 - c. ODH will provide subject-matter expert staff to the State EOC's Assessment Room, a liaison to the State EOC's Executive Room, and will staff the ESF-8 desk.
3. The State EOC will coordinate/assist support agencies that may have the lead for other aspects or emergencies when the pandemic influenza emergency is occurring.

B. Notification and Communications

1. ODH will learn of novel influenza outbreaks from one of many sources, including the Centers for Disease Control (CDC), the World Health Organization, or possibly one of Ohio's own public health laboratories.
2. Upon learning of a novel influenza outbreak that could potentially affect the State of Ohio, ODH will immediately notify the State of Ohio EOC Duty Officer.
3. ODH will employ available communications methods to immediately report a confirmed case or outbreak of a novel influenza virus strain. These may include:
 - a. Ohio Public Health Communication System (OPHCS), Health Alert Network (HAN) will be immediately used to report a case of and outbreak of a novel influenza virus strain.
 - b. MARCS radio system
 - c. Public News Media.
4. There will not be a specific "incident" site for a pandemic influenza public health emergency; however, County EOCs will be activated under NIMS because the outbreak will, in a very short time, be widespread. Incident command will be activated in specific area(s) where the emergency is occurring to support local operations.
 - a. Local governments will activate incident command structures.
 - b. The large number of local incident commands will create communications and command/control issues that will tax State resources in management alone.
 - c. Ohio will encourage local Incident Commanders to coordinate their resources and resource requests on a regional level, which will improve Ohio's communications and resource management.

- d. By encouraging regional coordination, Ohio will be able to better serve local needs and respond better to the influenza pandemic.

C. Response Actions

1. Health Surveillance and Epidemiological Investigation

- a. The organizations that have responsibilities for human infectious disease surveillance activities in Ohio are ODH (lead), LHDs, health care providers and laboratories. The public health system will monitor the general population and special high-risk population segments, carry out field studies and investigations, monitor disease patterns and provide technical assistance and consultations on disease prevention.
- b. The organizations that have responsibilities for concurrent animal disease surveillance during a human infectious disease emergency are ODA, ODNR and Ohio licensed veterinarians. They will provide animal surveillance information to ODH.
- c. Coordination of surveillance and epidemiology activities includes active surveillance to identify additional cases, conducting active investigations of suspected cases and performing epidemiological investigations.

2. Laboratory Testing and Analysis

- d. The organizations that have responsibilities for human infectious disease related laboratory activities during a human infectious disease emergency in Ohio are ODH (lead), ODA and OEPA.
- e. Laboratory activities include providing guidance on specimen collection and transport to the Ohio Department of Health Laboratories (ODHL) for specimen confirmation; and, when needed, coordinating shipment of specimens to CDC laboratories.

3. Strategies to Limit Transmission: Infection Control Practices

- a. The organizations that have responsibilities for guidance on human infectious disease infection control practices in Ohio are ODH (lead) and LHDs, in coordination with the CDC, the Governor's Office, AGO, OEMA, OEMS, OSHP, ODNR, OEPA and ONG.
- b. Limitation of Movement in the form of Social Distancing will be a primary means to control the outbreak of pandemic influenza. Communication of these strategies will be the prime message of all state agencies.

- c. Limitation of Movement in the form of Isolation and Quarantine will be used as an infection control practice and will include specific containment, prevention and treatment guidance related to the infectious disease that causes the pandemic. Guidance will be provided on any type of disinfection that may be required; on limitation of movement (e.g. quarantine orders) to limit the spread of the infectious disease to other areas within the state; for governing the receipt and conveyance of remains of the deceased; and for other sanitary matters (ORC 3701.13 and 3701.14).
 - d. Isolation and quarantine will be used early in an outbreak of a novel virus, to contain the spread as long as possible. In the event of widespread outbreak, when the influenza pandemic is prevalent, isolation and quarantine will have a more limited role.
4. Vaccination and Antiviral Preparedness and Response (Mass Prophylaxis/Vaccination)
- a. The organizations that have responsibilities for mass prophylaxis and/or vaccination activities in Ohio are ODH (lead), LHDs, ESF-1 Agencies and OSBP. ODH will coordinate activities related to the Strategic National Stockpile (SNS). Additionally, ODH will lead activities for pre-distribution of antivirals and other pharmaceuticals that can be used for treatment or prophylaxis in an outbreak. ODH will develop policies for the use of antivirals and will convey those policies as part of the Agreements used in distribution of antivirals.
 - b. Coordination of mass prophylaxis/vaccination will include determining priority guidelines for chemoprophylaxis/vaccination administration and ensuring access to vaccine or pharmaceuticals to identified populations.
5. Health/Medical Equipment and Supplies
- a. The organizations that have responsibilities for health and medical equipment and supplies are DAS (lead), OEMA, ODH, OEMS and the American Red Cross. They are tasked to coordinate health and medical equipment and supplies in support of NDMS DMAT Operations (if a Presidential disaster declaration has been declared) and for restocking medical care facilities in the area affected by the human infectious disease emergency.
 - b. Critical medical supply shortages are expected to occur early in a pandemic response. Affected supplies could include ventilators and other respiratory care equipment. A medical surge is expected to quickly occur that will be beyond the capacity of local hospitals and other health care facilities and resources.

6. Health Care Personnel Augmentation

- a. The organizations that have responsibilities for health care personnel are ODH (lead) and the Ohio Community Service Council. A mass casualty incident will require personnel augmentation of public health agencies, hospitals and other health provider organizations. Current personnel augmentation will rely on current agency or organization plans. Such plans may call for existing staff to work extended hours or for recruitment of volunteers. The ODH will coordinate with the OEMA and appropriate federal agencies to request support from various NDMS teams. NDMS DMATs are a potential source of assistance if there is a Presidential disaster declaration.

7. Patient Evacuation

- a. Local EMS will coordinate resources for the movement of seriously ill patients from the area affected by a human infectious disease emergency to locations where definitive medical care is available. In an influenza pandemic, with medical care institutions overwhelmed and widespread outbreak, this movement of patients can be expected to be minimal because of limited surge capacities.

8. Community Healthcare

- a. ODH will coordinate with hospitals. Ohio hospitals will provide definitive medical care to persons who become seriously ill as a result of the pandemic.
- b. The hospitals may quickly become overwhelmed in an influenza pandemic. ODH will work with hospitals, LHDs and community healthcare systems to enable alternative healthcare.
- c. NDMS has established and maintains a nationwide network of voluntarily pre-committed, non-federal, acute care hospital beds in the largest US metropolitan areas, which will be a potential source of assistance if there is a Presidential disaster declaration. With an influenza pandemic, nationwide resources will be overwhelmed, so limited resources will be available for this surge.
- d. Alternate care facilities and altered standards of care will have to be enacted to meet the surge in medical needs in an influenza pandemic.

9. Mass Care

- a. Mass care may be a major local need very early in an influenza pandemic. Supply and transport systems may be overwhelmed due to loss of staff, isolation and public fear. Sheltering and self-isolation may be a complicating factor of operations.

- b. ESF-6 mass care solutions must be initiated early in the event to provide for public needs, and to identify and assist in special needs as well.

10. Public Health Information

- a. Organizations that have responsibilities for public health information are ODH (lead), OEMA, ONG, ODA, ODNR, ODMH, OEPA, OSHP, and public information personnel in local EOCs in the affected areas.
- b. ODH will operate a toll-free information line to respond to questions about the disease from the general public.
- c. A joint information center (JIC) will be maintained at the Ohio EOC throughout the emergency. The JIC will be led by the public information officer from ODH and will be supported by PIOs from all other organizations having responsibilities to address the human infectious disease emergency.

Organizations on this team will ensure that maps, guidance, alerts and warnings concerning the human infectious disease emergency in Ohio will be widely distributed and available to the public.

(Refer to the Public Affairs Support Annex in the Ohio Emergency Operations Plan (Ohio EOP) for additional information about this function.)

11. Worker Health Safety

- a. The lead agency for worker health safety is the Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene. This agency assists with monitoring health and well-being of emergency workers and providing technical assistance and consultation on worker health and safety measures and precautions.

12. Environmental Concerns-Drinking Water and Waste Management

The organization with the lead responsibility in assessing environmental concerns is OEPA. This agency will:

- a. Provide technical assistance regarding drinking water availability in consultation with local authorities.
- b. Provide technical assistance regarding waste water disposal issues and the protection of waters of the State of Ohio.

- c. Provide lists of registered transporters of infectious wastes and provide expedited registration for new transporters in an emergency situation. Provide information regarding location of infectious waste treatment facilities and technical assistance regarding the management of infectious wastes.
- d. Provide technical assistance regarding solid waste disposal.
- e. Provide technical assistance and consultation to ODH for private water supply and household sewage system issues.
- f. Assist ODH with decontamination issues.
- g. Accept assistance from ODH with health risk assessments.

13. Victim Identification/Mortuary Services

- a. Mortuary services will be quickly overwhelmed in an influenza pandemic.
- b. The draft Ohio Mass Fatalities Plan, a Tab to ESF-8, provides details of state agency-level response during a mass fatalities incident.

14. Mental Health Care

ODMH is the lead agency responsible for coordinating mental health care activities.

- a. In collaboration with local behavioral health authorities and community providers, assess mental health needs of first responders, emergency workers, recovery workers, victims, families and communities.
- b. ODMH will coordinate with local behavioral health authorities to assess appropriate behavioral health interventions needed and provide resources as available to meet mental health needs of persons and communities impacted.
- c. Provide culturally appropriate disaster mental health materials, risk communication, information and messages to bolster resiliency and provide psychological strength to persons and communities impacted.

15. Law Enforcement Support

- a. The organizations responsible for law enforcement support activities are OSHP (Primary), ONG, AGO and ODNR. These agencies will perform their duties as prescribed in ESF-13 – Law Enforcement.

- b. Large numbers of law enforcement personnel may be required to provide security around the perimeters of restricted areas in order to prevent the spread of the disease and enforce legal requirements. Unified Command at the site will determine the numbers of personnel needed, the shifts they will maintain, the protocols they will follow for human infectious disease emergencies (as recommended by ODH and CDC/DHHS/DHS). State law enforcement personnel may support or assist the local law enforcement organizations within the scope of their jurisdiction and authority.

16. Recovery Activities

- a. Many state-level agencies will be involved in responding to recovery missions following a pandemic incident. The following state agencies have responsibilities for recovery activities in response to a human infectious disease emergency in Ohio: OEMA (Lead) Governor's office, AGO, DAS, ODH, ODA, ODNR, ODMH, ONG, OSHP, DOT, OEPA, LHDs and local EMAs. These agencies will perform their duties as prescribed in the Recovery Annex.
- b. OEMA will be the lead agency for most recovery issues including but not limited to reimbursement for activities between local agencies and organizations, the state and federal agencies.
- c. 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 Ohio.

D. Relationships between Levels of Government

1. Federal

- a. General Public Health Emergency Powers - The Secretary of the Department of Health and Human Services (DHHS) may declare a public health emergency to respond, conduct and support investigations into the cause, treatment or prevention of a disease or disorder (42 U.S.C. § 247d(a)). A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of whether: (1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists (42 U.S.C. § 247d(a)).

2. State
 - a. Human infectious disease response and recovery response agencies will maintain a working relationship throughout the emergency to ensure that emergency needs are identified, assessed, prioritized and addressed.
 - b. Human infectious disease response and recovery response agencies will coordinate with federal peer organizations and counterpart organizations from adjacent states during a pandemic event.
 - c. Human infectious disease response and recovery response agencies will bring federal, state and local responders together.
3. Local
 - a. Local-level requests for state resources and services communicated to the Ohio EOC will be directed to agencies as appropriate. State agency field personnel may act as liaison between local emergency management and the state during these emergencies.
 - b. County emergency management agencies in affected areas will activate their EOCs as needed to provide support for local human infectious disease operations. Local organizations have the major role in an influenza pandemic response and recovery. These local response entities include, but are not limited to, the organizations that appear in the “Local Organizations” column in the chart below. County EMAs should develop guidance that addresses the roles of these organizations and other organizations that may be involved on the local level.

V. Organization and Assignment of Responsibilities

ODH will notify its LHD partners, clinicians, hospitals, and the Ohio EOC Duty Officer in the event of a confirmed novel virus strain, or confirmed human-to-human transmission of a novel virus strain that could affect the State of Ohio. If the event occurs first in Ohio, ODH will notify the CDC by telephone.

A state-level response and recovery operation may be required in an influenza pandemic. OEMA will immediately notify appropriate state-level agencies, and will activate the State EOC when a confirmed human-to-human novel virus strain is detected in Ohio, or at a Phase 6 influenza pandemic. Primary and support agencies will coordinate with each other in the Ohio Emergency Operations Center to ensure the most effective use of personnel and equipment

to avoid redundant activities and to cooperate on emergency response activities.

A. Assignment of Responsibility

1. Primary Agency

Ohio Department of Health (ODH)

- a. Lead state-level planning and preparedness actions in advance of an influenza pandemic. Develop state and local planning tools for statewide preparation. Develop and implement a continuous education and communications plan that is tailored to the phases of pandemic.
- b. Lead state-level human pandemic influenza emergency response and recovery.
- c. Develop and communicate priority schemes for vaccine and antivirals.
- d. Develop/maintain a state-level pandemic influenza preparedness and response plan.
- e. Notify OEMA when a novel virus strain has been identified, and when the first cases of human-to-human transmission of this new virus strain have been confirmed. Implement the ODH pandemic influenza preparedness and response plan. Request State EOC activation when warranted by the outbreak.
- f. Coordinate with CDC, state and local health departments, hospitals, and community health centers.
- g. Issue public health alerts as needed through HAN and OPHCS.
- h. Conduct disease assessments to determine needs and priorities.
- i. Coordinate enhanced surveillance activities and the epidemiologic investigation. Employ disease reporting in recommendations and decision making for antiviral and vaccine distribution.
- j. Adjust vaccine and antiviral distribution priority schemes as needed .
- k. Upon analysis of clinical and other patient information, diagnosis and prognosis, provide specific containment, prevention and treatment guidelines in coordination with CDC.
- l. Provide guidance on infection control practices and strategies to limit transmission.
- m. Issue orders of limitation on movement as needed (including isolation and/or quarantine orders).
- n. Make vaccine and antivirals available, either through the SNS or outside the SNS, as needed and when available for distribution. Early in the outbreak, vaccine will not be available. When manufactured and made available, recommend distribution of vaccine based on the outbreak pattern and target population of the disease.

- o. Issue advisories for mass prophylaxis/vaccination as needed.
 - p. Issue orders to release pre-distributed supplies of antiviral drugs for treatment, when indicated by the outbreak and confirmation.
 - q. Request the Strategic National Stockpile (SNS) as needed.
 - r. Coordinate with appropriate organizations for the deployment of personnel for response and recovery. It is unlikely that any routine deployment will occur, but a deployment may result due to the failure of any given local health department.
 - s. Provide medical advisories.
 - t. Provide advisories and related public information.
 - u. Coordinate public information and rumor control efforts throughout the emergency.
 - v. Provide or coordinate testing capability for clinical and environmental specimens.
 - w. Coordinate with law enforcement organizations for site security (laboratory, pharmaceutical transport, mass clinics) and related issues.
 - x. Provide information and directions to support agencies on pandemic influenza transmission, treatment, overall infection control practices, including isolation/quarantine and disinfection/decontamination, and personal protective equipment.
 - y. Coordinate with OEPA on drinking water, waste water, and waste management issues.
 - z. Coordinate with ODA on food safety issues.
2. Critical Missions for Pandemic Incidents by Pandemic Alert Phase and Emergency Support Function

For this Pandemic Influenza Response Plan, Assignments of Responsibility are by ESF, by Pandemic Alert Phase (Phases 5 and 6). ESFs will work as teams to assess presented missions and to decide within the ESF on the assignment of the mission to the appropriate agency based on available staff and other resources.

a. Pandemic Alert Phase 5

ESF-1 – Transportation (ODOT, ONG, ODNR, OEMA, OSHP)

- i. Transport of epidemiologist surveillance teams. ODOT has entered into agreement with ODH to take the lead on providing this resource, although the final assignment of this mission will be determined based on availability at the time.
- ii. Transport of priority samples from local jurisdictions to Public Health Laboratories (may require patrol or aviation assets)
- iii. Transport of antivirals outside of and ahead of SNS. ODH has produced a PPE Plan and ODH and OSHP have produced a Security Plan to support this mission.

- iv. Distribute medical supplies and vaccine within SNS. This will occur sporadically and when vaccine becomes available, in waves of distribution.
- v. Assist in the movement of state resources during a pandemic influenza emergency.
- vi. Implement actions for the coordination of access to or closure of transportation routes if needed.
- vii. Provide emergency service, repair, support of vehicles used in transport missions.
- viii. Transport solid waste, infectious waste, animal carcasses.

ESF-2 – Communication (OEMA, ONG, DAS, SFM, ODNR, OSHP, PUCO, ODOT, ODH)

- i. Ensure that appropriate communication equipment and procedures are available during transportation and at nodes and Point-of-Dispensing Sites (PODS). The OHS Alert Plan will be used to support this mission.
- ii. Ensure provision of redundant communications equipment at PODS, hospitals, county coroner’s offices, alternate care facilities, and LHDs.

ESF-6 – Mass Care (ODA, OCSC, ODE, ODH, OEPA, ODMH, ODMR/DD, ARC, OH-VOAD)

- i. Support shelter-at-home operations.
- ii. Support bulk distribution of supplies.
- iii. Support recommendations for school closure as a strategy to limit transmission of the influenza pandemic.
- iv. Develop policies for addressing days lost to school closures.
- v. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to human infectious disease emergency victims in alternate health care settings and other sites deemed necessary by the primary agency.
- vi. Provide supportive counseling for the community.

ESF-7 – Resource Support (DAS, OEMA, OHFA, OSHP, ODOD, ODRC, ODOT, ARC, OH-VOAD)

- i. Acquire, warehouse and release supplies in support of shelter-in-home operations.
- ii. Identify resource providers and purchase supplies, equipment and services needed during a state-level pandemic influenza emergency.
- iii. Provide logistical support for responders to include coordination with OEMA to shelter and feed responders as well as to address other needs.

ESF-8 – Public Health and Medical Services (ONG, DAS, ODA, SFM, OEPA, ODH, OEMS, OEMA, OMTB, OSPB, ARC)

- i. Dispatch epidemiologists for surveillance and investigation, as needed.
- ii. Provide recommendations in coordination with ODH concerning the potential effects on the public water supply and waters of the state.
- iii. Provide information and direction on the management, treatment and disposal of infectious waste and solid waste.
- iv. Provide recommendations to ODH concerning pharmaceutical issues.
- v. Decontaminate equipment.
- vi. Make recommendations and undertake appropriate actions regarding food safety.

ESF-12 – Energy (ODOD, OEMA, PUCO, ODOT)

- i. Ensure appropriate actions are taken in support of the continuity of public utility services.

ESF-13 – Law Enforcement (ONG, AG, ODNR, OSHP, OHS)

- i. Assist local jurisdictions with security assistance at PODS as requested (antivirals and possibly flu vaccine).
- ii. Transport small packages of product through to PODS.
- iii. Provide security for transit of product through to PODs and at RSS.
- iv. Employ the Law Enforcement Response Plan in support of security operations throughout the response.

ESF-15 – Emergency Public Information and External Communications (All Agencies)

- i. Produce and disseminate public messages, especially messages for last-moment preparations.

b. Pandemic Alert Phase 6

ESF-1 – Transportation (ODOT, ONG, ODNR, OEMA, OSHP)

- i. Transport antivirals outside of and ahead of SNS. ODH has produced a PPE Plan and ODH and OSHP have produced a Security Plan to support this mission.
- ii. Distribute of medical supplies and vaccine within SNS. This will occur sporadically and when vaccine becomes available, in waves of distribution.

- iii. Assist in the movement of state resources during a pandemic influenza emergency.
- iv. Provide emergency service, repair, support of vehicles used in transport.
- v. Transport solid waste, infectious waste, animal carcasses and human remains.

ESF-2 – Communication (OEMA, ONG, DAS, SFM, ODNR, OSHP, PUCO, ODOT, ODH)

- i. Ensure appropriate communication equipment and procedures during transportation and at nodes and PODS. The OHS Alert Plan will be used to support this mission.
- ii. Provide for redundant communications equipment at PODS, hospitals, county coroners offices, alternate care facilities, and LHDs.

ESF-3 – Engineering and Public Works (ONG, DAS, ODOD, OEPA, ODH, ODNR, OEMS, PUCO, ODOT)

- i. Ensure continuity of wastewater treatment, waste management and disposal, drinking water, and other public infrastructure and services.

ESF-5 – Information and Planning (DAS, ONG, OEMA, OSHP, ODNR, ODOT)

- i. Prioritization planning for distribution and administration of antivirals.
- ii. Prioritization planning amendments for vaccine distribution (based on past outbreak locations, percent of population, and exact target population as indicated by the disease)
- iii. Coordinate the deployment of SNS.

ESF-6 – Mass Care (ODA, OCSC, ODE, ODH, OEPA, ODMH, ODMR/DD, ARC, OH-VOAD)

- i. Support of shelter-at-home operations.
- ii. Support bulk distribution of supplies.
- iii. Support recommendations for school closure as a strategy to limit transmission of the influenza pandemic.
- iv. Develop policies for addressing days lost to school closures.
- v. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to individuals ill with pandemic influenza in alternate health care settings and other sites deemed necessary by the primary agency.
- vi. Provide supportive counseling for the community.

ESF-7 – Resource Support (DAS, OEMA, OHFA, OSHP, ODRC, ODOD, ODOT, ARC, OH-VOAD)

- i. Acquire, warehouse and release supplies in support of shelter-in-place operations.
- ii. Identify resource providers and purchase supplies, equipment and services needed during a state-level pandemic influenza emergency.
- iii. Provide logistical support for responders to include coordination with OEMA to shelter and feed responders as well as to address other needs.

ESF-8 – Public Health and Medical Services (ONG, DAS, ODA, OFDA, SFM, OEPA, ODH, OEMS, OEMA, OMTB, OSPB, ARC)

- i. Coordinate with ODA on zoonotic conditions.
- ii. Provide epidemiological analysis and support.
- iii. Make recommendations and undertake actions regarding food safety.
- iv. Dispatch teams to support LHDs with insufficient personnel, as possible.
 - v. Provide recommendations in coordination with ODH concerning any potential effects on the public water supply and waters of the state.
 - vi. Provide information and direction on the management, treatment and disposal of infectious waste and solid waste.
 - vii. Provide recommendations to ODH concerning pharmaceutical issues.
- viii. Support mass care providers regarding special needs populations.
 - ix. Decontaminate equipment.
 - x. Provide guidance and direction regarding fatality management issues.

ESF-12 – Energy (OEMA, PUCO, ODOT)

- i. Ensure appropriate actions are taken in the support of the continuity of public utility services.

ESF-13 – Law Enforcement (ONG, AG, ODNR, OSHP, OHS)

- i. Assist local jurisdictions regarding requests for security assistance for PODS if needed. This would be dependent on the resources of individual jurisdictions and the dynamics of vaccine availability.
- ii. Assist local jurisdictions regarding requests for public safety and security assistance.

- iii. Transport small packages of product through to PODS.
- iv. Provide security for transit of product through to PODS, security at RSS.
- v. If a quarantine has been issued by public health, collaborate with local law enforcement to enforce limitation on movement measures.
- vi. Employ the Law Enforcement Response Plan in support of security operations throughout the response.

ESF-14 – Recovery and Mitigation (ODH, DAS, ODE, OEMA, OEPA, ODNR, PUCO, ODOT, ODOD, ARC)

- i. Implement appropriate recovery planning and operational actions.

ESF-15 – Emergency Public Information and External Communications (All Agencies)

- i. Prepare public messages and provide updates regarding strategies to limit transmission, etc.

VI. DIRECTION AND CONTROL

A. Organization

Direction and control of State response agencies will be as described in the Concept of Operations section IV.A. and IV.C., above, using a Multi-agency Coordination (MAC) with the State EOC service as the Multi-agency Coordinating Entity (MCE).