

ANNEX H – PUBLIC HEALTH AND MEDICAL SERVICES (ESF #8)

I. PURPOSE

The purpose of this annex is to provide for public health services during emergency situations. Factors such as environmental health issues, disease control, water and air quality, food safety, and sanitation are part of public health considerations.

II. MISSION AREAS AND LIFELINES

A. Mission Areas

1. **Prevention:** The public health department works to prevent ill effects of disasters through the implementation of sanitation and environmental codes and regulations that are resilient to disaster circumstances.
2. **Protection:** The public health department helps the community prevent illness by providing vaccinations for an array of infectious diseases. They monitor reportable illnesses as a way to protect the public from an outbreak, and can initiate protective action to slow disease transmission. They conduct food inspections to prevent an outbreak of food-borne illness from food sources or restaurants.
3. **Response:** The public health department responds to disasters when food or water safety is compromised through power outages, contamination, or injury to the sources of food and water; when hazardous materials place the public in danger; or when consequences threaten sanitation systems, water sources or systems, air quality or private sanitation on private and public property.
4. **Recovery:** The public health department facilitates rebuilding of a community through food and water inspections, provision of vaccinations and other prophylactic clinical services, inspection of wells and water sources, and management of vermin and insects that pose a health threat.

B. Lifelines

1. **Safety and Security:** Public health determines the overall public health threat to the community as a result of the disaster, such as dangers of tetanus due to floodwaters or mosquitoes due to standing water and humidity.
2. **Food, Water, Shelter:** Public health protects the safety of the food and water supply through appropriate inspections and corrective actions.
3. **Health and Medical:** Public Health assists with access to strategic medical supplies and pharmaceuticals as well as manages mass fatality operations.
4. **Communications:** Public Health assists with conveyance of critical water, food and illness information to the general public as it relates to a specific incident.
5. **Hazardous Materials:** Public health communicates threats by way of water or air quality to the public, and takes action to drive or correct deficiencies as food and water are distributed to the public.

III. SITUATION AND ASSUMPTIONS

A. Situation

1. Complications affecting the health of the community including diseases, sanitation problems, and the contamination of food and water may occur as a result of emergencies.
2. The Sidney-Shelby County Health Department is a county-wide Public Health Agency serving all communities. The offices are located in the city of Sidney.

B. Assumptions

1. This annex applies primarily to large-scale disasters which would have an impact on the health of the citizens in Shelby County.
2. Although health problems are associated with disasters, there is an adequate local capability to meet the demands of most situations. When necessary, support will be available from State and Federal Health Agencies.
3. The Health Department maintains their own comprehensive Emergency Response Plan (ERP) in accordance with state and federal guidelines.
 - a. The Health Department's ERP Strategic National Stockpile (SNS) Plan is attached as Appendix 1 to this Annex.

IV. CONCEPT OF OPERATIONS

A. Core Capabilities

1. **Planning:** Public health works with other responders to determine specific roles and responsibilities, and to interconnect and exchange information in an incident to the public in a culturally sensitive and understandable manner.
2. **Public Information & Warning:** Public health works with the EMA and other agencies to convey to the public threats to the water or air, diseases that are caused by the incident, or other issues such as victim tracing that are of public concern.
3. **Operational Coordination:** Public health establishes a process to work with other responders in a manner that facilitates relevant communication, integration of services, and seamless coordination of services to incident survivors.
4. **Environmental Response/Health & Safety:** Public health assists in monitoring the local environment for issues relevant to air and water quality that will negatively impact first responders and incident survivors.
5. **Public Health, Healthcare & EMS:** Public health must work with healthcare and EMS to communicate threats and hazards to the public, to provide care guidelines regarding transmissible disease, and to facilitate proper decontamination procedures.
6. **Fatality Management Services:** Public health provides support to the Shelby County Coroner and healthcare agencies as they manage mass fatalities; public health assists with the issuance of necessary documents such as death certificates and burial permits.

B. Local Operations

1. The Sidney-Shelby County Health Department is regulated by local, State and Federal laws. The Shelby County Department Board of Health appoints the Health Commissioner, and advises and assigns additional responsibilities.

2. The Sidney-Shelby County Health Department is responsible for assessing public health threats such as communicable disease or environmental hazards, and for determining the environmental impact of an incident on the county residents, property or resources.
 3. The Sidney-Shelby County Health Department will organize an emergency response using the Incident Command System, covering responsibilities and actions as determined necessary by the type and scope of the incident.
 4. During emergencies, the Sidney-Shelby County Health Department may obtain additional resources from the West Central Ohio Healthcare Region coalition, surrounding counties, the Ohio Department of Health, the American Red Cross, or other established listings of pre-registered and pre-screened volunteers.
 5. Please refer to Annex Q - Hazardous Materials for public health response and recovery activities needed for hazardous materials.
 6. Response in any emergency will follow established procedures that are outlined in the Shelby County Emergency Operations Plan as well as plans and standard operating procedures developed by individual organizations, departments and agencies.
 7. The Sidney-Shelby County Health Department, in coordination with the West Central Ohio Region, administers a Heat Advisory Plan for protection of the public during extreme temperature conditions. The plan addresses public information, cooling centers, and coordination with utility companies.
 8. Other warnings are issued to the public regarding health and wellness, including contagious disease information and warnings as well as environmental, food supply and water safety information and warning.
- C. The County Health Department has three major areas of responsibility:
1. Public Health Nursing
 - a. Involves the investigation of communicable disease and control, school nursing services, immunizations, and a wide variety of clinical services.
 - b. Involves management of communicable disease outbreaks, epidemics and pandemics in conjunction with the State of Ohio Department of Health and other local agencies and department.
 2. Environmental Health and Sanitation
 - a. Responsibility for inspections of commercial swimming pools and beaches, food services and vending operations, household sewage disposal systems, water supplies, and schools.
 - b. Public health is responsible for the investigation of incidents such as rabies cases through investigates nuisance reports.
 - c. Consumer protection, solid waste storage and collection, and mosquito control/surveillance.
 3. Vital Statistics
 - a. Responsible for recording births and deaths within Shelby County.
 - b. Responsible for issuing birth and death certificates for Ohio residents as requested by Shelby County residents and others.

D. Mobilizing Procedures

1. When an incident occurs requiring response by Health Department personnel, the Health Commissioner is notified. An on-call procedure is established and is included as part of the Health Department's Emergency Response Plan.
2. The Shelby County Emergency Operations Center may be requested and opened if the Health Commissioner feels support and service is a necessary incident component; the Departmental Operations Center may also operate in place of the EOC.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. The Shelby County Health Commissioner, or his or her designee, is the authority responsible for decisions and actions taken during emergency response situations.
2. A Core Team has been established within the Health Department to make decisions in the absence of the Health Commissioner.
3. A Departmental Operations Center (DOC) is available at the Health Department office and is used for research, satellite interface, and agency briefings during emergency situations.
4. The DOC is designated and could serve as an alternate County Emergency Operation Center, if needed.

B. Assignment of Responsibilities

1. Shelby County Board of Health
 - a. Declare a public health emergency in Shelby County or specific jurisdictions within Shelby County.
 - b. Order limitations on movement, stay at home, or quarantine of the sick, as deemed necessary during a public health emergency and relevant to specific populations.
 - c. Issue other directives regarding public gatherings, business operations, or closures of business and industry or institutions based upon the threat to the community by communicable or environmental hazards
 - d. May meet by digital means in the presence of extreme conditions.
2. Health Commissioner
 - a. Provide direction and control for health activities during emergencies.
 - b. Report to or provide a liaison for the county EOC, when activated.
 - c. Serve as an Incident Commander in emergencies that are public health in nature.
 - d. Implement the Public Health Annex when necessary.
 - e. The Shelby County Health Commissioner will coordinate with the PIO in the Shelby County EOC concerning releases made to the public. This could include information on protective actions during a public health emergency.
 - f. Declare limitations on movement and gathering, specific protective measures, or quarantine of the sick, as deemed necessary during a public health emergency, when the Board of Health is inaccessible or cannot meet in a timely manner.
3. Sidney-Shelby County Health Department
 - a. Will evaluate the potential health risks associated with the hazard and recommend appropriate corrective measures.

- b. Develop resource plans for health services.
 - c. Inspect for purity and usability and quality control of vital food stuffs, water, drugs, and other consumables.
 - d. Coordinate with the public works or sanitation departments, as appropriate, to ensure an effective sewage system, and sanitary garbage disposal.
 - e. Establish preventive health services, including the control of communicable diseases.
 - f. Provide epidemiologic surveillance, case investigation, and follow-up.
 - g. Monitor food handling, mass feeding and sanitation service in emergency facilities, including increased attention to sanitation in food service facilities and establishments.
 - h. Ensure adequate sanitary facilities are provided in emergency shelters.
 - i. Implement action to prevent or control vectors such as flies, mosquitoes, rodents, and work with veterinarians to prevent the spread of disease through animals.
 - j. Coordinate with neighboring areas and Ohio Department of Health on matters requiring assistance from other jurisdictions.
 - k. Coordinate health-related activities among other local public and private response agencies or groups (to include veterinarians).
 - l. Activate heat advisory plans and other advisories regarding food, air quality, or environmental concerns and release appropriate public information.
 - m. Activate mass vaccination/prophylaxis plan as necessary and coordinate operations for general or mass prophylaxis operations to include emergency immunizations, mass dispensing of medication, or quarantine procedures.
 - n. Public health may need to assist with verification of death certificates and burial permits, when applicable if burial sites have been unearthed or destroyed due to a disaster. This effort will most likely be led by the chief officials of affected jurisdictions where burial sites have been affected; this may be done with state and federal assistance. Death certificates may be used to confirm identification and if burial permits existed, may be used to link identity of the dead to the burial site.
 - o. Support the Shelby County Coroner on mass fatality dispositions and issue burial permits.
4. Hospitals
- a. Maintain liaison with Health officials.
 - b. Provide healthcare, nursing care, hospitalization, and communications as needed/available.
 - c. Provide receipt and storage of regional, state, and federal medical and response supplies.
 - d. See Annex I, Medical for additional responsibilities.
5. American Red Cross
- a. Provide nursing staff as available.
 - b. Handle inquiries and inform families on the status of individuals injured or missing due to the disaster.
 - c. Coordinate shelter status and needs with the activated Emergency Operations Center.

6. School Districts
 - a. Provide available school facilities for emergency medical clinics and reception and care centers.
7. Ohio Department of Health
 - a. Provide support to the County Health Department as requested.
 - b. Provide supplies and resources as requested.
 - c. Provide lab services for analysis of samples.
 - d. Communicate and interpret public health orders and guidance as released to counties during a disease outbreak, epidemic, or pandemic.
8. Ohio EPA
 - a. Monitor contamination and pollution of public raw water supplies, solid waste and waterways, and air quality and contamination.
9. Other agencies, departments, and organizations
 - a. Provide support services as available, including but not limited to: transportation, resources, supplies, and personnel.

VI. DIRECTION AND CONTROL

- A. EOC Activation
 1. The Health Commissioner, Public Health Emergency Planner, or his/her designee, will report to the County EOC upon its activation to coordinate response efforts for health-related activities, advise decision-makers, and maintain contact with other emergency response groups.
 2. Procedures and policies have been developed for management of Health Department resources during emergencies as outlined in the Sidney-Shelby County Health Department Emergency Response Plan.
 3. Emergency field staff (Sanitarians, Epidemiologists, and Nurses) will report all appropriate information regarding their operations to the EOC.

VII. CONTINUITY OF GOVERNMENT

- A. The line of succession for the Health Commissioner is as follows:
 1. The Shelby County Health Commissioner
 2. Environmental Health Director (for matters of an environmental nature) AND/OR Director of Nursing (for matters of a health nature)
 3. Back Up Staff, by priority status, as listed in the Sidney-Shelby County ERP

VIII. ADMINISTRATION AND LOGISTICS

- A. During an emergency the Sidney-Shelby County Health Department will utilize local and regional resources, if possible, before accessing statewide resources. If additional assistance is required the Ohio Department of Health will be contacted through the EOC.
- B. A list of laboratories that provide testing for water, food, environmental contaminants and diseases and sources for equipment, chemicals and medications related to health services activities is maintained at the Sidney-Shelby County Health Department.

1. In the case of a new and unknown disease, laboratories may not all be capable of analyzing laboratory tests; the Ohio Department of Health may issue guidelines and/or provide lab services under these circumstances.
- C. Data related to disease outbreaks will be collected and forwarded to appropriate Ohio Department of Health and Centers for Disease Control authorities, or others as necessary.
 - D. All testing of materials will be accomplished under normal procedures used by the Sidney-Shelby County Health Department.
 - E. The Sidney-Shelby County Health Department maintains current notification/recall rosters, other relevant information about Shelby County.
 - F. Protect all essential records, such as vital records related to transmission of reportable disease, immunizations, etc.
 - G. Assigned response personnel train annually regarding emergency responsibilities both as the health department and in conjunction with other health and healthcare providers.

IX. PLAN DEVELOPMENT AND MAINTENANCE

- A. The Health Commissioner is responsible for coordinating with the County EMA Director for the review and update of this annex, including submitting new/updated information with all necessary changes and revisions.
- B. Updates will be made when deficiencies are identified through exercises, actual occurrences, or changes in governmental structure as recognized by the Health Commissioner and/or the EMA Director.
- C. The EMA Director will coordinate, publish and distribute this annex and will forward all revisions to the appropriate organizations.
- D. The Sidney-Shelby County Health Department has prepared an emergency response plan that details their procedures for disaster response. It is maintained and updated by their staff.
- E. The Sidney-Shelby County Health Department has developed mutual-aid agreements and equipment inventories as directed by the Health Commissioner.

X. AUTHORITIES AND REFERENCES

- A. Authorities
 1. State
 - a. ORC 3709 – Health Departments
 - b. Ohio Attorney General Opinion 926 (1949) HD may impose a quarantine
 - c. ORC 3701.56 Law and health enforcement of quarantine orders

- 2. Local Ordinances
 - a. Shelby County Board of Health

B. References

- 1. Sidney-Shelby County Health Department Emergency Response Plans
- 2. West Central Ohio Regional Biological Response Plan
- 3. CDC Public Health Emergency Response Guide for State, Local, & Tribal Public Health Directors

XI. ADDENDA

Appendix 1 – Sidney-Shelby County Health Department Strategic National Stockpile Operational Plan

XII. AUTHENTICATION

Shelby County Health Commissioner

Date

Shelby County EMA Director

Date

Sidney-Shelby County Health Department (SSCHD)

Strategic National Stockpile Operational Plan

**March 2011
Version 2.0**



Public Health
Prevent. Promote. Protect.

**Sidney-Shelby County Health Department
202 West Poplar Street
Sidney, Ohio 45365**

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**This plan follows the Local Technical Assistance Review (L-Tar) based on sections (1-12) breakdown.*

I. Introduction

The Strategic National Stockpile (SNS) is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, IV administration materials, airway maintenance supplies, and medical/surgical items. The SNS is designed to supplement and re-supply various state and local public health agencies in the event of a national emergency, anywhere and at any time within the United States or its territories.

Shelby County Citizens when there is a public health emergency (e.g., terrorist attack, pandemic influenza or natural disaster) severe enough to cause the depletion of local caches.

The SNS is organized for flexible response. The first and immediate line of support lies with the 12-hour Push Package. These caches of pharmaceuticals, antidotes, and medical supplies are designed to rapidly deliver a broad spectrum of assets. If the incident requires additional pharmaceuticals and/or medical supplies, follow-on Managed Inventory (MI) supplies arrive within 36 hours of the request. If the agent is well defined, MI can be tailored to provide pharmaceuticals, supplies and/or products specific to the suspected or confirmed agent(s).

Purpose

The purpose of this plan is to outline under what circumstances SNS assets can be requested, how they are requested and what types of resources are included within the SNS. Further, this plan outlines how SNS assets may be received and distributed, Memorandums of Understanding/Memo of Agreements (MOU/MOAs) that may be activated, and staff roles during a SNS response.

This plan also outlines necessary tasks for partner agencies throughout Montgomery County to ensure a successful SNS deployment operation that may potentially provide medication and/or vaccine to all citizens over the course of an incident.

Scope

This plan describes SNS operations for Sidney-Shelby County (SSCHD) and partner organizations in Shelby County only. This Plan describes the process for managing the contents of the SNS 12-hour Push Package and Managed Inventory.

II. Situations and Assumptions

Situation

- The protection of life, health and safety of response personnel takes precedence over all response activities.
- Shelby County has a population of 49,423 (2010 Census). The City of Sidney, with an estimated population of 23,253 is the most densely populated area in the county.
- This plan anticipates mass dispensing greater than 30,000 regimens to head of household members at pre identified Points of Dispensing (POD).
- Approximately 20% of the population will be handled by pre-identified closed PODs.
- Agencies and resources tasked in this document are aware of their responsibilities and have agreed to fulfill these responsibilities in an emergency.
- Memorandums of Understanding (MOU) between local public health agencies, community partners and volunteer groups will be relied upon to assist the staffing of PODs.
- The majority of identified volunteers will be available for use in an emergency, including use for staffing a POD.

Assumptions

- SSCHD is the public health authority for Shelby County, and is responsible for the protection of the health and welfare of its citizens.
- A public health emergency in Shelby County may result in multiple casualties and fatalities, displaced individuals, property loss, disruption of essential public services and infrastructure, and environmental damage.
- A public health emergency in Shelby County will require a coordinated, multi-disciplinary, multi-jurisdictional local response, as well as regional, state and national assistance.
- A Mutual Aid Agreement exists among all local health departments in the West Central Region of Ohio to provide emergency mutual aid for reciprocal emergency management aid and assistance during a public health emergency.
- Incident management activities will be conducted under an Incident/Unified Command System structure as outlined in the National Incident Management System (NIMS) and National Response Framework (NRF).
- A large-scale public health emergency may require cancellation of most routine SSCHD programs to direct available resources to emergency public health initiatives.
- SSCHD staff receives appropriate emergency preparedness training regularly, and have been assigned specific emergency responsibilities.
- Public health emergency infection control measures may include mass immunization/prophylaxis, and recommendations for limitations on movement.
- SSCHD has established plans and procedures for crisis communication to provide timely, accurate, and effective public information/education.

III. Concept of Operations

A. Management of SNS (Section 2)

In the majority of SNS deployment events, coordination may take place within the County EOC. However, it is possible that some SNS events may not require EOC activation and may be coordinated from the SSCHD DOC. When the emergency event covers a large geographical area, SNS operations may be coordinated by a unified command center.

The Incident Commander with input from command and general staff will be involved with the determination of POD location(s) and hours of operation for both the PODs and the County Drop-Site (CDS). A Primary and Secondary POD locations have been pre-identified (See Attachment A) and MOUs are in place for each of these facilities. POD and CDS locations with contact information are located in the SSCHD Mass Prophylaxis Plan.

The Incident Commander with input from command and general staff may also determine all POD policies unique to each SNS event, including, but not limited to, how medications may be dispensed, when a head of household can pick up medications for other family members, administration of an Investigational New Drug (IND) and if pre-event clinics may be utilized.

In some circumstances, SNS deployment would not require PODs, but would provide supplies for hospitals and alternate care facilities (ACS). Management of the SNS distribution process would follow the steps listed, including ICS/UCS.

Staff members involved in SNS operations can be notified in a number of ways including, but not limited to, the following:

- Call-down phone tree
- Health Alert Network (HAN) Directory, Attachment D, Emergency Communications SOG

Legal issues applied to Mass Prophylaxis Operations:

- Standing Orders from the State address the medical practitioners authorized to set protocols for dispensing Sites. (See Attachment B)
- Procurement of private property will be through pre-established MOUs
- Liability for Medical Reserve Corps (MRC) volunteers will be handled through the MRC. Liability for Academic Nursing Coalition for Disaster Preparedness (ANCDP) will be handled through the individual schools.
- Workers Compensation for public health employees will follow PHDMC employee policy.
- Staff compensation will also follow the SSCHD's personnel policies.
- Use of Emergency Medical Services (EMS) personnel in some circumstances (e.g., administering vaccinations during the 2009 H1N1 pandemic) requires a gubernatorial declaration of emergency.

Incident Command System (ICS) Structure

All SSCHD SNS operations outlined in this plan are in compliance with the National Incident Management System (NIMS) and follow Incident Command Structure (ICS). ICS terminology for each organizational division is in Figure 1.

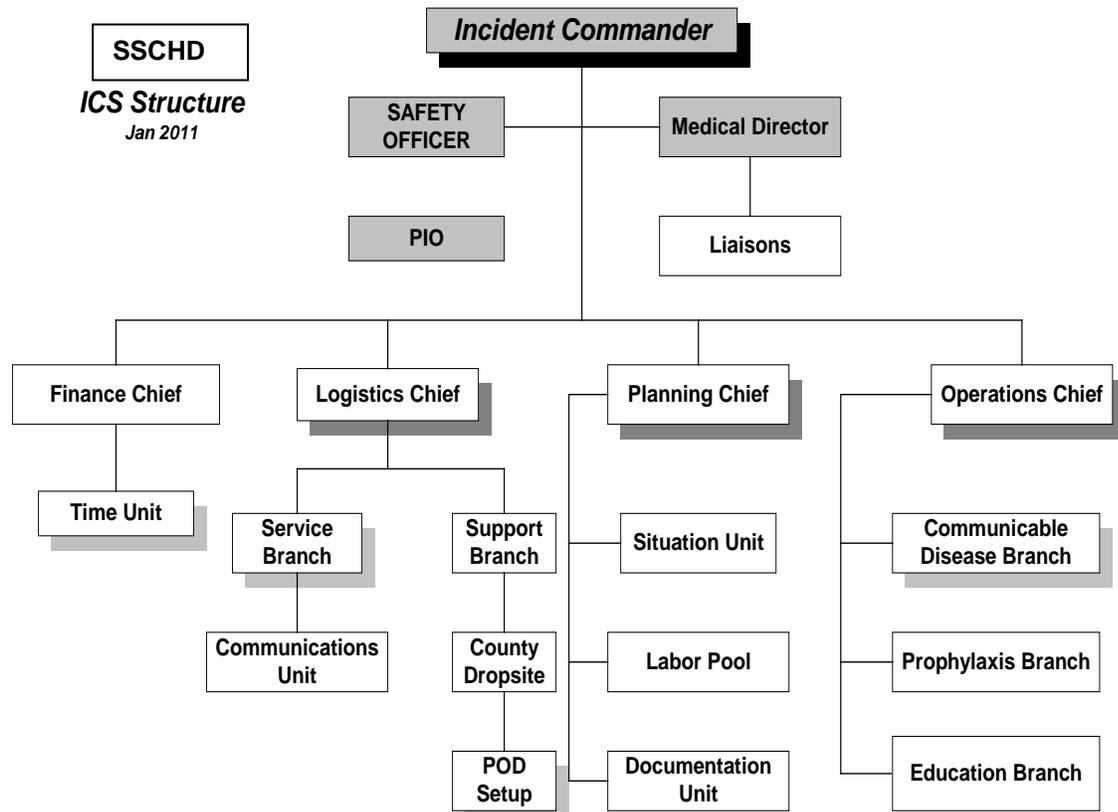


Figure 1

B. Requesting SNS (Section 3)

- Requests for the SNS will only be made when local resources are exhausted or will be exhausted before the mitigation of an incident.
- Key local organizations (SSCHD, GDAHA, MMRS, SCOEM, etc) will meet and jointly discuss and determine if state assistance is required. Locals will use the **request justification** table listed below during discussions.
- Personnel authorized to request the SNS through the SCEOC include specific SSCHD and hospital personnel listed below:
 - SSCHD Health Commissioner*
 - Directors of Environmental Health and Nursing
 - SSCHD Emergency Preparedness Coordinator*
 - Primary and back-up SNS coordinator for each hospital*

*Names and contact information in HAN Directory, Emergency Communications SOG

All requests for the SNS will go through the Shelby County Emergency Operations Center (EOC) to the Ohio EOC and tasked to the Ohio Department of Health (ODH). See request algorithm (figure 3) for requesting SNS from the locals to the state.

Request Justification
<p>Overt release of a chemical, biological, or radiological agent</p> <p>Claim of release by intelligence or law enforcement</p> <p>Indication from intelligence or law enforcement of a likely attack</p> <p>Clinical or epidemiological indications</p> <ul style="list-style-type: none"> ◆ Large number of ill persons with similar disease or syndrome ◆ Large number of unexplained disease, syndrome, or deaths ◆ Unusual illness in a population ◆ Higher than normal morbidity and mortality from a common disease or syndrome ◆ Failure of a common disease to respond to usual therapy ◆ Single case of disease from an uncommon agent ◆ Multiple unusual or unexplained disease entities in the same patient ◆ Disease with unusual geographic or seasonal distribution ◆ Multiple atypical presentations of disease agents ◆ Similar genetic type in agents isolated from temporally or spatially distinct sources ◆ Unusual, genetically engineered, or antiquated strain of the agent ◆ Endemic disease or unexplained increase in incidence ◆ Simultaneous clusters of similar illness in non-contiguous areas ◆ Atypical aerosol, food, water transmission ◆ 3 people presenting the same symptoms near the same time ◆ Deaths or illness among animals that precedes or accompanies human death ◆ Illnesses in people not exposed to common vent systems <p>Laboratory results</p> <p>Unexplainable increase in EMS requests</p> <p>Unexplained increase in antibiotic prescriptions or over-the-counter medication use</p>
Local Resource Considerations For Deploying the SNS
<p>Number of current casualties</p> <p>Projected needs considering the population of the area (including transients), and possible infections versus non-infections</p> <p>Presence of an identifiable coordinated SNS annex to the state or local terrorism response plan</p> <p>Hospital capacity at the time of the event, including intensive care unit beds and ventilator needs</p> <p>State resources identified, including pharmacy distributors, oxygen availability, other nearby hospitals, and in-state alternative care centers</p> <p>Local resources, e.g., pharmacy distribution, oxygen availability, and transport capacity</p> <p>Whether or not plans and preparations have been made for receiving, distributing, and dispensing the SNS, and plans are substantive enough to be fully activated</p>

Figure 2 Request Justification

Re-supply Procedures

Re-supply procedure for requesting additional SNS materials.

- The SSCHD Logistics Chief will monitor the POD supply levels in coordination with the County drop-site.
- Pharmacists at each hospital will monitor their levels and will request additional supplies from the county drop-site when needed.
- Re-supply requests will follow the same procedure as the original request.

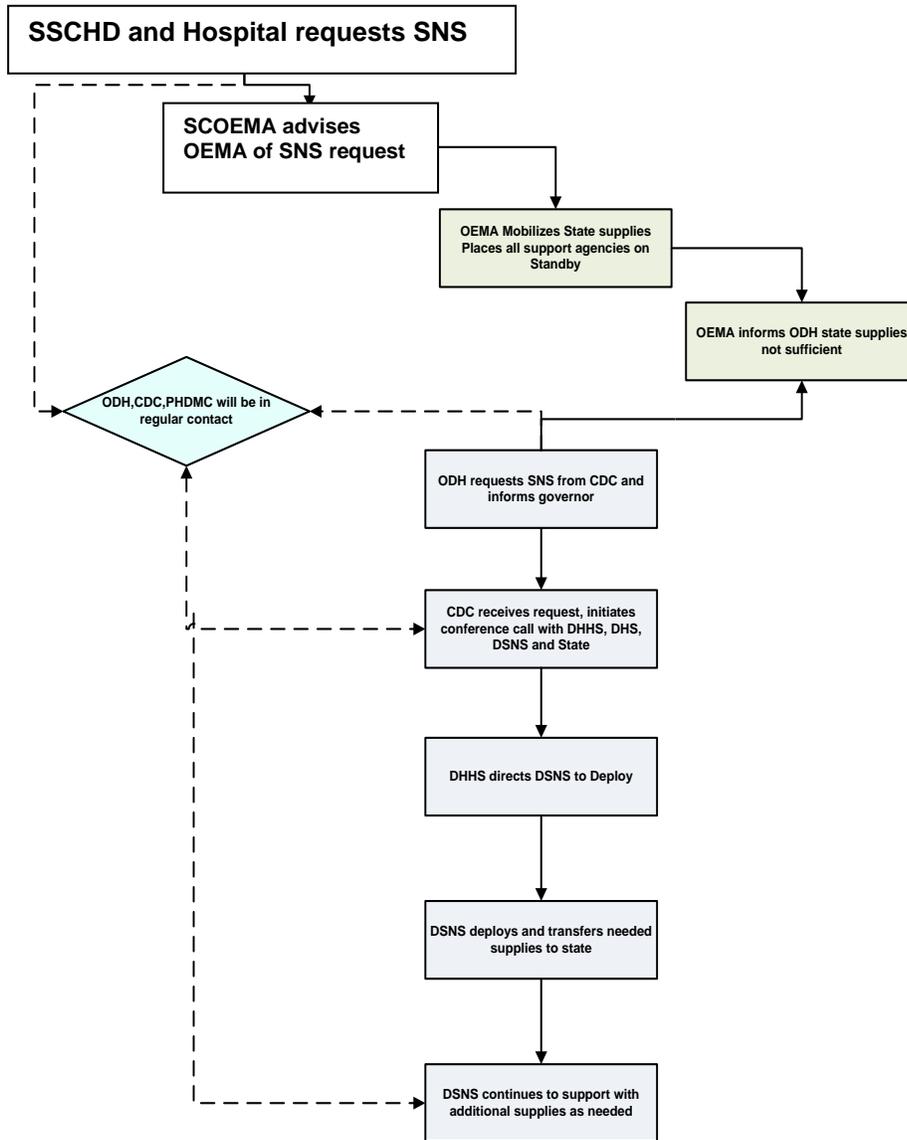


Figure 3 Request Algorithm

C. Communications Plan (Section 4)

Tactical Communications

Shelby County (SC) maintains redundant communications networks and backup systems to support command and control. Any public health emergency in Shelby County requiring local public health officials to request the SNS will be coordinated through the Incident Command and the Shelby County EOC. Shelby County EOC coordination of communications is provided for in the SC Emergency Operations Plan (EOP). Emergency Support Function #2 of the EOP outlines communications support between local, state, and federal organizations. Communications seminars throughout the year for all SSCHD IMT members will focus on different aspects of the communications processes and procedures needed to support PODs and Incident Command during a Public health emergency.

External Communications

Telephones (landline, cell), internet, and 800 MHz radios will be the primary methods of communication used during an event to communicate to the command and control function, between SNS functions, and to SNS distribution system support personnel.

Internal Communications

At a minimum, each dispensing site in Shelby County will have telephone (landline and cell), MARCS radios, facsimile, and internet capability. The primary methods of communication will be by telephone. MARCS will serve as a backup method. In the event that primary and backup communication methods are not available, contingency measures will be implemented. These measures include public address system, the use of law enforcement, designated drivers and/or couriers to deliver information. See breakdown of communications at external locations as well as internal dispensing site locations in the table below.

External Communication	Internal Dispensing Site Communication
Land-line telephones	Land-line telephones
Cell phone	Cell phone
800 MHz	MARCS
E-mail	Fax
Fax	Ham/Amateur Radios
Ham/Amateur Radios	P.A. System
Emergency Notification System	Runners
Runners	

For two-way radio use in Shelby County, drivers, dispatchers, and support personnel will adhere to standard radio communications protocols/procedures established by ICS and the Shelby County Regional Dispatch Center (RDC). All personnel associated with the SNS program that will utilize a two-way radio receive training on the operation of the unit and the established communication protocol/procedure.

D. Public Information and Communication (Section 5)

Risk communication will ensure effective information, education, and communication. It must be clear, concise, and consistent. It will assure the public that any emergency situation is being addressed competently and timely. This information will be critical to the mobilization of the public and effectiveness of the dispensing operations to minimize widespread fear and panic. Communicating information to the public about mass dispensing activities will be conducted according to procedures described in the SSCHD County Crisis Communication Plan.

Specific objectives of communication are to:

- Instill and maintain public confidence in public health's ability to respond to and manage the public health threat by providing accurate, rapid, and complete information to address their questions.
- Rapidly provide the public, health care providers, policy-makers, and the media access to accurate, consistent, and comprehensive information about public health threats and how the situations are managed.
- Minimize as much as possible, public panic and fear.
- Address, as quickly as possible, rumors, inaccuracies, and misperceptions.

All media inquiries in a SNS response need to be coordinated through the SSCHD PIO, or the Joint Information Center (JIC), if activated. The JIC may consist of PIOs from all or some partner agencies. The media can also be helpful in sharing information with the public regarding POD locations and operation hours, information needed to receive medications, and assurance there is enough medication to meet the needs of the population. All outreach regarding times and locations of POD operations may be coordinated by the PIO. Additional information regarding risk communications for SNS events is located in the Emergency Communications SOG.

A Public Information Officer (PIO) is part of each POD Command Staff. A job action sheet for this position is provided in POD Binders located in the Emergency Preparedness Office. All information at the POD is channeled through this person. Information released will be coordinated with local, regional, and state PIO through the Joint Information Center (JIC) depending on the size of the event.

Messaging to ensure that the public receives timely and accurate information should include:

- Basic information about the disease or threat in question, including high-risk populations and recommended preventive practices (e.g., what to do if a patient is pregnant, breastfeeding, or requires special doses of antibiotic)
- Basic information about the antibiotics or medications in question
- The availability of antibiotics or medications and the rationale for the prophylaxis scenario that is employed

- The persons who should seek prophylaxis at the PODs (only head of household will be encouraged to go to PODs)
- The persons who should not seek prophylaxis at the PODs
- Instructions for persons unable to reach PODs
- Symptoms that individuals should be aware of and what to do if they are experiencing symptoms described, including when not to present to hospital emergency departments, and other healthcare alternatives.
- Specific instructions for persons who seek prophylaxis at PODs such as:
 - ✓ Nearest POD Location in their community, hours of operation, who should go, how to get there with map, traffic information, parking, public transportation routes, type of dispensing, what to bring, and what not to bring.
 - ✓ Information needed to bring to the dispensing site, particularly for heads of households, who need to know the names, dates of birth, medications individuals are currently receiving, allergies and significant health history for those individuals he/she is representing, height and weight of children he/she is representing. Head of households will need to bring a form of identification (See Head of Household Guidance – Annex I: Mass Prophylaxis Plan)
 - ✓ What to expect at PODs: procedures at POD, current estimates of time to move through POD, etc.
 - ✓ How to identify staff
 - ✓ What individuals can do to help:
 - Car pool to sites
 - Help neighbors with childcare
 - Drive physically disabled, etc.
- Instructions for informing the public of POD closings during deactivation

Information and messages will be provided in different languages and/or graphically. The public will be informed through various sources including:

- Local media – television, radio, and newspaper
- Posted to Public Health Websites
- 24/7 Information Hotline
- Local community announcements (Public Service Announcements)
- Flyers, fact sheets, posters
- Videos

In case of electrical outages, public information may be disseminated by various means including: the RDC emergency notification system (ENS), flyers, fact sheets, posters, marquis signs at schools and other places of business, bullhorn, and ham radio operators. Generators may also be employed.

E. Security (Section 6)

Security for each POD location and the CDS will vary depending on site layout conditions. The overall goal for security at PODs/CDS is protection of staff, public, equipment and supplies. Security will be provided by local law enforcement, with mutual aid assistance if required, and trained support security personnel. Security plans and procedures for POD site staff, crowd control and traffic control are included in the local security plans for each jurisdiction's POD sites. Law enforcement will follow all rules of engagement per the jurisdiction's policies, laws, and statutes.

Law enforcement and/or security will include each of the items below:

- Provide security of SNS material at the PODs once received from State or from the Distribution Nodes (depending on state/local plans).
- Provide and maintain a safe working environment for all volunteers and staff during all phases of POD operations.
- Identification of staff, volunteers, general public entering the POD.
- Maintain order of the POD flow operations (internal and external).
- Control access at all entrances and exits to the POD.
- Maintain crowd control (manage belligerent/violent behavior).
- Maintain perimeters around specific areas (i.e., staff only areas, supply storage areas).
- Ensure SNS assets are secured and access is limited to credentialed staff at POD. Provide security escort when transporting medical materials between POD sites.
- Maintain communications with POD management staff and other local and state agencies.

Security for transport of medical material from the county drop-site or between PODS will be provided by the Shelby County Sheriff's Office or other law enforcement agencies coordinated through SCOEM. These agencies will be used if deemed necessary, based on the incident and if resources are readily available to meet demands.

F. Controlling Inventory (Section 8)

SNS medical materials are shipped to the state, which has the main control of inventory once in state. The state then will distribute the assets to the local level, which is responsible for management of shipment received at the PODs, hospitals, or County Drop Site (CDS). Notification for which local PODs/hospitals/Drop Site to ship to will be made through the OPHAN system. The State of Ohio will only deliver one time in a 24-hour period to each POD. Medical materials will be distributed among closed PODs as necessary. Local health jurisdictions are responsible for distribution on a local level.

- The CDS/POD locations provide staffing for receipt, staging, storage and management of SNS medical materials. The Facility Supply Unit Leader (Logistics) is responsible for supply receipt, management, storage, inventory control, security, and tactical communications once the assets are at the POD. An excel spreadsheet will be the primary way for tracking inventory. A paper tracking system will be used as a backup to track inventory.
- The local SNS coordinators are PHDMC's Emergency Preparedness Coordinator (primary) and Planning and Training Specialist (back-up). SNS Contact Persons for each POD Location are listed in POD binders located in Emergency preparedness section of PHDMC and the HAN Directory in Emergency Communications SOG.

- Call down list maintained on Communicator (automated call down) and excel spreadsheet by Emergency Preparedness staff. Call down exercises will be conducted quarterly.

G. Distribution (Section 9)

See Attachment C: Protocol for Local Distribution of SNS

H. Dispensing Prophylaxis (Section 10)

See: Annex I: SSCHD Mass Dispensing and Vaccination Plan

SSCHD Mass Dispensing and Vaccination Plan commonly called the Mass Prophylaxis Plan, details the SSCHD's preparedness activities and response actions associated with an incident that requires mass prophylaxis of the Shelby County population.

POD Managers are responsible for supervising all aspects of POD operation, including staffing and operational readiness. A site binder for each POD is located in the SSCHD Epidemiology and Emergency Preparedness section, and includes facility point-of-contact information, maps and driving directions, assigned SSCHD staff, a POD ICS organizational chart and position checklists, the MOU between the facility and the SSCHD, a site security plan, and a floor plan depicting POD layout. Emergency Preparedness Coordinator is responsible for contacting the facility and local law enforcement to initiate activation.

I. Hospitals and Alternate Care Facilities (Section 11)

All hospitals in WCO will be trained annually on the requesting process for SNS materials. This will be accomplished at the March GDAHA Domestic Preparedness meeting each year. A copy of the sign-in sheet for this meeting will be maintained by emergency preparedness.

Primary and back-up personnel authorized to request emergency medical material have been identified for each hospital in the county. Contact information for these individuals is located in attachment 4. Contact information will be updated on a quarterly basis in this plan as well as the communicator.

Hospitals and SSCHD will be tested on request procedures for SNS during the May 2011 functional exercise. Any identified discrepancies will be identified on the after action report/improvement plan.

J. Train, Exercise and Evaluate (Section 12)

Local and state health agencies will provide various levels of training annually. Training will consist of seminars, workshops, web site and satellite courses, drills, exercises (table top and functional) to test, document and improve specific components of this plan. Training plans are

also developed based on the areas identified in exercises and real world incident after action reports.

Training areas include:

- NIMS Courses 100, 200, 300, 400, 700, 701, 800, or the latest released version
- Command structure (Identification of supervisors)
- Dispensing site layout and flow diagram
- POD Training for POD Managers
- Review of Job Action Sheets
- Use of forms
- Information on the biological agent(s)
- Information on dispensing medications
- Security Procedures
- Communication Procedures

Cross training of personnel is encouraged.

Just-in-Time Training:

Just-in-time training will be used in multiple facets during POD activation.

- A general over-brief will be given to all personnel by the POD Manager.
- Review of Job Action Sheets for area of responsibility by individual and supervisor.
- Review of communication procedures and use.
- Review of security procedures.

IV. Assignment of Responsibility

The following agencies are involved in our planning processes as well as direct involvement with the operational response. Each agencies/organization's roles and responsibilities are listed below:

- Sidney-Shelby County Health Department
 - Requests SNS through SCEOC
 - Opens PODS as needed
 - Coordinates Security with LE partners
 - Gives clear messages to public through PIO
 - Coordinates CDS operations
 - Maintains communications with key partners (ODH, SCOEM, and Hospitals)
 - Manage county drop-site
- Shelby County Office of Emergency Management
 - Coordinates additional resource requests
 - On request from SSCHD or hospitals, contacts State of Ohio to request SNS
 - Liaison to SSCHD Department Operations Center
 - Management of Emergency Operations Center
 - Opening of Rumor Control
 - Coordinate communications between agencies

- Shelby County Sheriff/Local Law enforcement
 - Participant to County EOC
 - Create security plans
 - Identify operational resources
 - Support operational activities
- Wilson Memorial Hospital
 - Participant to County EOC
 - Liaison to SSCHD Department Operations Center
 - Direct point of contact for all hospitals
- County public works
 - Participant to County EOC
 - Supply moving equipment to the county drop site

V. Plan Development and Maintenance

The Emergency Preparedness Coordinators are responsible for ongoing management and maintenance of the *Strategic National Stockpile Operational Plan*. The plan will be updated annually as required to incorporate new directives and strategies, new information technology, legislative changes, and procedural changes based on lessons learned and best practices identified during exercises and actual events. A full review, update, and approval of the plan will be conducted annually.

VI. Authority & References

- Centers for Disease Control and Prevention’s “Receiving, Distributing, and Dispensing Strategic National Stockpile Assets: A Guide for Preparedness, Version 10”.
- Division of Strategic National Stockpile, Local Technical Assistance Review Checklist, October 2009.
- SSCHD Public Health Emergency Preparedness Plan for Shelby County
- Emergency Support Function #8 of the Shelby County Emergency Operations Plan
- Shelby County ANTIVIRAL DISTRIBUTION PLAN, August 2010.
- Standard Operation Guideline, Office of the Health Commissioner, Epidemiology and Emergency Preparedness, Strategic National Stockpile (SNS) Plan

Acronyms:

AOHC – Association of Ohio Health Commissioners
CDC – Center for Disease Control
CDS – County Drop-Site
COOP – Continuity of Operations Plan
EOP – Emergency Operations Plan
EMS – Emergency Medical Services
HAN – Health Alert Network
HAZMAT – Hazardous Materials
ICS – Incident Command System
IMT – Incident Management Team
IND – Investigational New Drug
LHD – Local health Department
MARCS – Multi-Agency Radio Communications System
MCOEM – Montgomery County Office of Emergency Management
NIMS – National Incident Management System
NRF – National Response Framework
ODH – Ohio Department of Health
OPHCS – Ohio Public Health Communication System
OTC – Over the Counter
POD – Point of Dispensing
RMRS – Regional Medical Response System
SNS – Strategic National Stockpile
SOG – Standard Operating Guideline
SSCHD_ Sidney-Shelby County Health Department
USPS – United States Postal Service
WCO – West Central Ohio

Attachment A: SSCHD Points of Dispensing

	Facility	Address	City
Primary	Sidney Middle School	980 Fair Rd	Sidney
Secondary	Lehman Catholic H.S.	2400 St. Mary's	Sidney
Secondary	Shelby County Fairgrounds	700 Fair Rd.	Sidney

Attachment B: Ohio Dept of Health standing Order for Ohio Local Health Departments: Prophylactic Use of Antibiotics.



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

Ted Strickland/Governor

Alvin D. Jackson, M.D./Director of Health

In Re: Ohio Department of Health Standing Medical Order for Ohio Local Health Departments: Prophylactic Use of Antibiotics

Director's Journal Entry

Recognizing the authority of the United States Food and Drug Administration (FDA) to promulgate an Emergency Use Authorization (EUA) as to the use of antibiotics in the Strategic National Stockpile (SNS), in accordance with Ohio Revised Code 3701.13, this standing order for preventing the spread of contagious or infectious diseases is directed to the health officers of Ohio local health departments to establish mass clinics with approved protocols for the rapid and safe dispensing and administration of prophylactic antibiotics to persons with known or suspected exposure to *Bacillus anthracis* (B. anthracis) for the prevention of anthrax disease; *Yersinia pestis* for the prevention of plague; or *Francisella tularensis* for the prevention of tularemia.

This medical order does not cover treatment of persons with known or suspected disease from the bioterrorism agents *Bacillus anthracis*, *Yersinia pestis*, or *Francisella tularensis*. Such persons must be under the care of a physician and public health authorities. All persons with known or suspected disease must be reported immediately to the Ohio local health jurisdiction in which the person resides.

I order public health staff employed in or anyone volunteering for a nationally, state, or locally declared emergency involving the public's health as contemplated and set forth in this medically informed standing public health order to directly, or by delegation and supervision, dispense antibiotic medications herein prescribed by me, to individuals and members of their households, in order to protect against infection by the bioterrorism agents *Bacillus anthracis*, *Yersinia pestis*, or *Francisella tularensis*.

All medications are prescribed, and must be dispensed in accordance with the national prophylactic treatment recommendations and within the stated restrictions and guidelines of the Centers for Disease Control and Prevention's (CDC) Division of Strategic National Stockpile (SNS) Program. When a mass dispensing site is activated and operational in Ohio in response to a public health event involving anthrax, plague or tularemia, one of the following post-exposure prophylaxis dispensing orders/algorithms must be followed:

1. *Bacillus anthracis* Dispensing Orders
2. *Yersinia pestis* Dispensing Orders
3. *Francisella tularensis* Dispensing Orders

Review of this order, and agency policies and procedures related to carrying out this order, will occur at least once a year. This medical protocol will terminate one year from the date when it was signed.

Alvin D. Jackson /ms
Alvin D. Jackson, M.D., Director
Ohio Department of Health

May 26, 2010
Date

I hereby certify this to be a true and correct copy of the Order to Journal Entry of the Ohio Director of Health.

May 27
Date

Custodian of the Director's Journals
Ohio Department of Health

Prescribed post-exposure regimens are maintained in each POD binder.

Attachment C. Protocol for Distribution of SNS Locally

1. Distribution Manager – The current distribution manager would be the facilities manager from SSCHD logistics section. All members of the twenty-seven person Incident Management Team (IMT) will receive training with the job action sheet for distribution management. This ensures flexibility in the system with sufficient backups.

2. Distribution Sites - SNS will be distributed from the state to POD locations or the county drop-site. If medical supplies are need they will be forwarded directly to hospitals. Antibiotics will not be delivered directly to hospitals due to hospitals maintaining a 72-hour supply for all staff. Hospitals will get additional antibiotics if needed through the county drop-site. Distribution from the county drop-site to additional sites may be by pick-up only. A designated representative from that organization will be scheduled to pick up their allotment. Examples of these agencies could include but are not limited to:

- Long Term Care/Assisted Living
- Large Businesses
- Other POD locations if necessary
- Other organizations deemed necessary by incident command

3. Pick-up Schedules - The pick-up frequency will be dependent upon many variables.

- The magnitude of the emergency
- Timeframe that prophylaxis/vaccine would need to be provided to the populace
- Number of close PODs that have been identified before hand

4. Resource Needs – SSCHD would staff the drop-site. Security if necessary would be provided by law enforcement. SCOEM would be the point of contact for forklifts if needed.

5. Dispensing Sites –POD locations in Shelby County do not have off-loading and loading equipment. We will request this equipment from SCOEM at the time we request the SNS. This equipment would only need to be available during the delivery of the SNS. Distribution to other sites would deal with small enough numbers that heavy equipment would not be needed.

6. Training – SSCHD maintains a thirty person IMT for handling Public Health emergencies.

Members from this group will receive ongoing training in the following areas:

- Chain of custody protocol
- Routing information
- Security/communication procedures
- Appropriate use of material handling equipment
- Loading and off-loading materials

Attachment D: SNS Contact Listing:

Sidney-Shelby County Health Department

POSITION	PRIMARY CONTACT	WORK #	Cell #
Health Commissioner	Steven Tostrick	937-498-7249	937-726-1134
Director of Nursing	Margie Eilerman	937-498-7249	937-726-1322
Emergency Preparedness Coordinator	Lou Ann Albers	937-498-7249	937-538-6784
County Drop-site Lead	Rebecca Hart	937-498-7249	937-538-6785

Primary Hospital SNS Contacts

HOSPITAL NAME	PRIMARY CONTACT	CONTACT #	FAX #
Wilson Memorial Hospital	Tony Linkmeyer	937-498-2311	

Backup Hospital SNS Contacts

HOSPITAL NAME	PRIMARY CONTACT	CONTACT #	FAX #
Wilson Memorial Hospital	Linda Smith	937-498-5561	

Key County Contacts

ORGANIZATION	CONTACT	BUSINESS #	Cell #

Law Enforcement County Contacts

ORGANIZATION	POSITION	BUSINESS #

Closed POD Contacts

CLOSED POD SITES	CONTACT	BUSINESS #	CELL #