I. INTRODUCTION

A. Purpose

The Ohio Strategic National Stockpile Plan addresses management responsibilities in an emergency situation for state-level organizations to facilitate a system to quickly deliver critical medical assets to the site of an emergency. The primary goal is to coordinate state agency efforts on the use and management of the Strategic National Stockpile (SNS) in the event of a terrorist attack, natural disaster or technological accident.

The SNS is a national repository of antibiotics, chemical antidotes, antitoxins, life-support medications, intravenous (IV) administration supplies, airway maintenance supplies and other medical/surgical items. The SNS is designed to supplement and re-supply state and local public health agencies and treatment centers (hospitals and acute care facilities) in the event of a terrorist attack, natural disaster or technological accident. The SNS is managed by the Centers for Disease Control and Preventions (CDC) Division of the Strategic National Stockpile (DSNS).

The SNS will arrive in Ohio by air or ground. The 12-hour Push Package is usually the first to arrive, twelve hours or less after the federal decision to deploy. It is named “Push” because CDC will push or ship almost everything a state needs to respond to a broad range of threats in the early hours of an event when people are sick or dying from an ill-defined or unknown threat. Second phase shipments
normally will begin within 24–36 hours once a state identifies the threat agent. These shipments, termed Managed Inventory (MI), will contain large quantities of specific items to deal with a specific threat.

In situations where the threat has been determined, the source of materiel that will be pushed to Ohio will be the MI, not the 12-hour Push Package.

B. Scope

The Ohio Strategic National Stockpile Plan addresses supplemental assistance to local governments in responding to medical materiel needs as a result of a terrorist incident, major natural disaster or technological accident. The response is categorized in the following functional areas:

1. Command and Control
2. Management of SNS Operations
3. Communications
4. Security
5. Receipt, Store and Stage (RSS) Warehouse
6. Inventory Control
7. Repackaging
8. Distribution
9. Dispensing
10. Treatment Center Coordination
11. Training, Exercise and Evaluation
12. Return of Unused SNS Materiel
13. Recovery

II. AUTHORITY

The Governor of Ohio has designated the Director of the Ohio Department of Health with the authority to formally request the deployment of the SNS from the CDC. This designation was made under authority that is defined in a December 2007 CDC document entitled “Delegation of Authority to Request Federal Assistance from the Centers for Disease Control and Prevention for the Strategic National Stockpile.”

III. SITUATION

A. General Conditions

Ohio public health and health care systems experience events and/or incidents daily that require the use of medical materiel (e.g., pharmaceuticals and medical supplies) and their inventory is adequate to meet these needs.
B. Emergency Conditions

1. Local public health officials and/or emergency management officials determine that a large-scale terrorism event (e.g., biological, chemical or radiological), a major natural disaster or technological accident has occurred.

2. On-hand medical resources are inadequate to meet current or future health care needs.

3. The SNS may be required for a variety of different emergency conditions and based upon the nature of the emergency, other hazard-specific plans may be activated in conjunction with the Ohio Strategic National Stockpile Plan.

C. Assumptions

1. Ohio may at any time experience a terrorism event (e.g., biological, chemical or radiological), a major natural disaster or technological accident that requires supplemental assistance from the SNS.

2. Events necessitating the deployment of the SNS resources will involve multiple jurisdictions of the state of Ohio.

3. The SNS will bolster insufficient state and/or local medical materiel.

4. Arrival time for SNS “push” materiel to the state is approximately 12 hours following CDC deployment.

5. Sufficient pre-existing/identified storage and dispensing sites will be available for SNS-related activities.

6. Materiel will be apportioned based on affected or projected affected population, on-hand materiel, and number of operational dispensing sites and treatment centers.

7. Local health jurisdictions have identified dispensing sites for their jurisdictions.

8. Healthcare systems (e.g., hospitals) have plans in place to dispense antibiotics to healthcare system personnel.

IV. CONCEPT OF OPERATIONS

The Ohio SNS Plan will be implemented as conditions warrant and following consultations between state and local officials for the protection of an affected area’s population.
A. Lead Agency for SNS Deployment

1. ODH is the lead agency for SNS-related response. ODH will coordinate the SNS deployment request and procedures including reviewing, training, testing, exercising, updating, deployment, movement, and control.

2. ODH will assist support agencies who may have the lead for other aspects of the SNS response listed under Section I.B. (e.g., security and recovery).

3. ODH will lead Support Agencies in an annual review/update of the Ohio SNS Plan to address Plan deficiencies that are revealed during exercises or operations and to sustain the Plan as an operational State E.O.P. component.

B. Notification and Communication

1. OEMA will inform ODH when local/state medical resources are inadequate to meet current or future health care needs.

2. ODH will determine whether or not to recommend to the Governor that a request be made for deployment of the SNS from the CDC to a designated receiving location in Ohio. The decision will be based on the current state-wide availability of medical supplies and the rate of depletion of these medical materiel assets. Once the decision to request the SNS is made, ODH will contact key members of the SNS team to activate all SNS system functions.

3. ODH will notify OEMA about the request to deploy the SNS.

4. OEMA will notify state agency partners about the SNS deployment.

C. Response Actions

The response actions to an SNS request will be within the following functional areas:

1. Command and Control

   The organizations responsible for command and control are ODH (lead), DAS, ONG, OEMA and OSHP.

   a. Ensure SNS functions are fully integrated into the incident/unified command structure for Ohio’s all hazard response as presented in the State Emergency Operations Plan (EOP) and Emergency Support Function #8 (Public Health and Medical Services).
2. Management of SNS Operations

The organizations responsible for Management of SNS Operations are ODH (lead), OEMA, ONG, OSHP and DAS.

a. Ensure key positions are staffed to include: SNS Coordinator, Communications Manager, Security Manager, Receive, Store, and Stage (RSS) Manager, Distribution Manager, Repackaging Manager, Transportation Manager, Dispensing Site Manager, Training and Evaluation Manager, and Recruiting/Volunteer Coordinator.

3. Communications

The organizations responsible for tactical communications are OEMA (lead), ODH, ONG, OSHP, DAS and SFM.

1. ODH will coordinate with OEMA on the assignment of talk groups for MARCS radios assigned to the RSS, RDN and transportation vehicles.

2. OEMA will coordinate the communications resources as specified in ESF-2 (Communications) and ensure that there is redundancy in communications networks including landlines, cellular, fax, MARCS and other radio networks.

3. ODH will ensure all communications are established for the RSS and RDN.

b. OEMA will coordinate with OSHP to ensure all security vehicles assigned to transportation vehicles have proper communications.

c. The organizations responsible for public information/communications are ODH (lead), OEMA, ODMH and the Governor’s office. ODH will coordinate specified information for the media, the general public, medical professionals and providers, and elected officials.

4. Security

The organizations responsible for security of SNS materiel are OSHP (lead), ONG, ODNR, OHS and DAS.

a. OSHP will coordinate with ONG, ODNR and DAS all security functions including escort of the materiel once it reaches the Ohio border, security at the RSS and regional distribution nodes (RDNs) to protect the SNS materiel as well as Ohio responders working at the RSS and RDNs.

b. Coordinate the secure movement of SNS materiel from its arrival location to the RSS location.
c. Coordinate the secure movement of SNS materiel from the RSS to the RDNs and PODs.

d. Ensure security of the Regional Distribution Node (RDN) sites.

e. OSHP will coordinate with the US Marshals Service, principal liaison to state law enforcement for SNS security matters.

5. Receipt, Store and Stage (RSS) Warehouse

The organizations responsible for the receipt of SNS materiel and the storage and staging are ODH (lead), ONG, DAS, ODRC, ODOT and OSHP.

a. Identify the approved RSS primary and back-up sites and ensure security is in place at the RSS warehouse.

b. Assemble identified staff to receive, store, and stage the SNS when it arrives.

c. Ensure that a designated state official, who is registered with the Drug Enforcement Administration, or their designee, is present to accept custody of the SNS.

d. Ensure recipients will be responsible for the orderly receipt of all SNS materiel including proper storage and security measures; and requesting technical support from the CDC.

e. Identify, approve and operate the regional distribution node (RDN) sites.

6. Inventory Control

ODH is responsible for the SNS inventory, and it will be managed by means of an electronic inventory management system. This system is capable of identifying and tracking quantities of materiel received by the state and distributed to specific dispensing sites.

7. Repackaging

The organizations responsible for transport to and from the repackaging site and the repackaging of bulk antibiotics are ODH (lead), OBP, ODOT, OSHP and ODMH.

a. Ensure that items will be repackaged in lots to match 12-hour push package configurations for redistribution to dispensing sites and treatment centers.

b. Oversee repackaging of bulk antibiotics into smaller unit of use bottles.
8. Distribution

The organizations responsible for distribution activities are ODOT (lead), ODH, ONG, OEMA, ODRC, and OSHP.

a. ONG will be responsible for transport of SNS materiel from the RSS to the RDNs as detailed in ESF-1, Tab B.

b. ODOT in coordination with ODH will manage transport from RDN(s) to dispensing sites/treatment centers as detailed in ESF-1, Tab B.

c. DAS will ensure that agreements are in place to lease or access centrally located RDN sites.

d. OSHP will screen and verify that drivers and Ohio responders have proper credentials.

e. ODH will ensure that appropriate shipping documents are provided to all drivers.

f. ODH will ensure that all drivers and Ohio responders are trained and briefed on SNS functions, including chain-of-custody protocol.

9. Dispensing

The organizations responsible for providing and apportioning materials for dispensing activities are: ODH (lead), OBP and OEMA. Local health jurisdictions will coordinate dispensing activities based on ODH guidance.

a. Utilize the inventory software to determine apportionment of SNS supplies to RDNs, dispensing sites and/or treatment centers on the basis of health, epidemiologic investigation, intelligence, populations or projected inventory availability data.

b. ODH will provide dispensing guidance and sample protocols to local health jurisdictions.

c. Ensure local health jurisdictions: 1) identify and operate dispensing sites, 2) assign adequate and appropriate clinic personnel and 3) duplicate print materials for educational purposes (e.g. vaccine information statement [VIS], drug information statement [DIS]) and clinic operations (e.g. drug labels).

d. Ensure that essential personnel (i.e. first responders and other critical response staff), their families and the general public will be prophylaxed or vaccinated according to plans.
e. LHDs ensure proper management of solid and infectious waste at the
dispensing sites according to OEPA guidance.

10. Treatment Center Coordination

Organizations that have the responsibility for coordination of treatment centers
(i.e. hospitals) operations are ODH (lead), OEMA and DAS.

a. Ensure that SNS materiel will be distributed to identified hospitals.

b. Ensure that each identified hospital has a designated point of contact (POC)
to collect and communicate needs through local EOC to Ohio EOC.

11. Training, Exercise and Evaluation

Agencies with responsibility for training, exercise, and evaluation are OEMA
(lead), SFM and ODH.

a. Develop a training plan involving state and local agencies utilizing the
National Incident Management System; facilitate, conduct, and lead table
top exercises, drills, functional exercises, or full-scale exercises, with state
and local agencies as participants.

12. Return of Unused SNS Materiel

Organizations that have the responsibility for coordinating the return of unused
materiel during demobilization are ODH (lead), OEMA, ONG, ODOT and
DAS.

a. Initiate actions to demobilize dispensing and treatment center sites and RDN
site operations:

   i. Coordinate inventory of all unused SNS materiel (pharmaceuticals,
      medical equipment and containers) at all dispensing and treatment center
      sites and the RDN site.

   ii. Coordinate transport from the dispensing and treatment center sites to
       the RDN and subsequently to the RSS warehouse.

b. DAS will ensure transfer custody of non-State facility RDN site(s) back to
   the proper owner.

13. Recovery

Organizations with the responsibility for coordinating recovery activities related
to the deployment and use of SNS materiel are OEMA (lead), AG, DAS, ONG,
ODH, ODOT, ODRC and ODMH.
a. OEMA will be the lead for the recovery function. Recovery issues will include but are not limited to reimbursement for activities between local agencies and organizations, the state and federal agencies.

b. Address legal issues and mental health concerns for response and recovery personnel and the general public.

D. Transfer to Other States

ODH will assist in transfer of SNS materiel to other states when requested through existing EMAC enabling legislation. OEMA will coordinate as required per EMAC agreements.

V. RELATIONSHIPS BETWEEN LEVELS OF GOVERNMENT

A. Federal

The Secretary of the Department of Health and Human Services may declare a public health emergency to respond to an event requiring mass treatment and/or mass prophylaxis. A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of: (1) a situation that presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks otherwise exist 42.USC § 247d(a).

B. State

1. Response and recovery agencies will maintain a working relationship throughout the emergency to ensure that emergency needs are identified, assessed, prioritized and addressed.

2. State agencies will coordinate with federal peer organizations and counterpart agencies from adjacent states during an emergency.

3. Response and recovery agencies will bring federal, state and local responders together.

C. Local

1. Local level emergency requests for state resources and services communicated to the Ohio EOC will be directed to the appropriate agencies for response. State agency field personnel will act as liaisons between county EMAs and the state during these emergencies as per the State’s EOPC Standard Operating Procedures).

2. County emergency management agencies in the affected areas will activate their EOCs as needed to provide support for federal, state and local operations. Local
organizations that will have roles to play in SNS response and recovery are listed, but are not limited to the organizations that appear in the “local Organizations” column in the chart that follows.

D. The following comparison chart shows counterparts at state, federal and local levels with emergency management responsibilities for SNS 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 diseases. This comparison chart ensures that these agencies have the proper interface when activated during an emergency.

<table>
<thead>
<tr>
<th>State Agencies</th>
<th>Federal Agencies</th>
<th>Local Agencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ohio Department of Health</td>
<td>CDC/NIOSH/USPHS/HRSA/DHS (NDMS)</td>
<td>Local Health Jurisdictions</td>
</tr>
<tr>
<td>Adjutant General’s Dept</td>
<td>DOD</td>
<td>*</td>
</tr>
<tr>
<td>Greater Columbus Chapter of the American Red Cross</td>
<td>American Red Cross</td>
<td>Local American Red Cross Chapters</td>
</tr>
<tr>
<td>Attorney General’s Office</td>
<td>Department of Justice</td>
<td>County Prosecutor</td>
</tr>
<tr>
<td>Ohio Department of Administrative Services</td>
<td>GSA</td>
<td>County and City Procurement Offices</td>
</tr>
<tr>
<td>Ohio Department of Commerce, State Fire Marshal</td>
<td>US Department of Commerce: FDA/DEA</td>
<td>Local Fire and EMS</td>
</tr>
<tr>
<td>Ohio Department of Mental Health</td>
<td>SAMHSA</td>
<td>Community Mental Health/ADAMH/ADAS Boards</td>
</tr>
<tr>
<td>Ohio Department of Natural Resources</td>
<td>Department of the Interior</td>
<td>County Wildlife Office</td>
</tr>
<tr>
<td>Ohio Department of Rehabilitation and Corrections</td>
<td>Federal Bureau of Prisons</td>
<td>Local/County Jails</td>
</tr>
<tr>
<td>Ohio Department of Transportation</td>
<td>US DOT</td>
<td>County Engineer</td>
</tr>
<tr>
<td>Ohio Emergency Management Agency</td>
<td>DHS/FEMA</td>
<td>County EMAs</td>
</tr>
<tr>
<td>Ohio Homeland Security Division</td>
<td>USDHS</td>
<td>Local Law Enforcement</td>
</tr>
<tr>
<td>Ohio State Board of Pharmacy</td>
<td>FDA, DEA</td>
<td>*</td>
</tr>
<tr>
<td>Ohio State Highway Patrol</td>
<td>FBI/U.S. Marshals Service/Secret Service/ATF</td>
<td>County Sheriff/Law Enforcement</td>
</tr>
</tbody>
</table>

* There is no comparable designated organization at this level of government
VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

ODH will notify LHD partners, CDC and OEMA of an event requiring an SNS response. If assessments indicate that a state-level response and recovery operation is required, OEMA will notify the appropriate agencies listed in this plan based on the needs of the event. Primary and support agencies will coordinate with each other to ensure the most effective use of personnel and equipment to avoid redundant activities and to cooperate on emergency response activities.

A. Primary Agency

Ohio Department of Health (ODH)

1. Lead agency for request and management of SNS. ODH will notify OEMA when an incident has occurred that requires an SNS response.

2. Coordinate with DAS and EMA to determine current medical assets request and current levels of on-hand statewide inventories.

3. Request the SNS as needed.

4. Implement SNS response plan and procedures.

5. Lead agency for SNS incident command, management of SNS operations and inventory control.

6. Identify and approve the RSS warehouse site and RDN locations.

7. Coordinate with ONG and OSHP for RSS and RDN site security.

8. Determine the type and quantity of materiel to be distributed to treatments centers and PODS within local health jurisdictions.

9. Provide dispensing and vaccination guidance and sample protocols to local health jurisdictions.


B. Supporting Agencies

1. Ohio Adjutant General’s Department, Ohio National Guard (ONG)

   a. Provide a facility for use as RSS warehouse.

   b. Identify ONG staff to provide 24/7 assistance at the RSS and the RDNs to coordinate facility setup; receive, unload and place materiel; pick and pull inventory, apply ODH SNS software to maintain inventory control; provide quality assurance; monitor and secure materiel during loading,
transport and delivery; coordinate communications for all aspects related to materiel movement.

c. Provide a secured area at the primary RSS warehouse for storage of Ohio SNS “go kits”.

d. Provide resource support in accordance with ESF-1 (Transportation e.g., vehicles and drivers, helicopters and pilots; provide back-up support for modeling and mapping in the identification of transportation routes in coordination with ODOT and OSHP).

e. Assist ODH and DAS with identification of RDN sites throughout Ohio.

2. American Red Cross (ARC)

a. Provide logistical support for responders including food, shelter and other needs at the RSS and RDNs.

3. Ohio Attorney General (AG)

a. Provide legal advice to state agencies.

b. Address legal issues and concerns for response and recovery personnel and the general public.

c. Coordinate transportation waiver requests with PUCO.

4. Ohio Department of Administrative Services (DAS)

a. Coordinate in conjunction with ODH and OBP the procurement of medical equipment and supplies, including maintaining contracts for bulk pill repackaging, bulk suspension reconstitution.

b. When needed, provide staff that are skilled in facility operations to coordinate management, organization and warehouse availability.

c. Identify state facilities as potential RDN locations throughout Ohio in coordination with ODH and ONG.

d. Ensure transfer custody of non-State facility RDNs back to proper owner, where appropriate.

e. Provide resource support in accordance with ESF-7 (Resources Support).

5. Ohio Department of Commerce, Division of State Fire Marshal (SFM)

a. Provide technical assistance as needed.
b. Provide HAZMAT support according to ESF-10 (Hazardous Materials).

c. Coordinate NIMS training.

6. Ohio Department of Mental Health (ODMH)

a. Provide teams of behavioral health responders to address the needs RSS and RDN responders and families.

b. Provide pharmacists to oversee pill repackaging and labeling of state cache for critical responders associated with the RSS and RDNs, and, where appropriate, critical responders’ families.

7. Ohio Department of Natural Resources (ODNR)

a. In coordination with OSHP deploy sworn officers for safety, security and enforcement.

b. Provide the use of agency-owned vehicles and operators for transportation of SNS materiel.

8. Ohio Department of Rehabilitation and Correction (ODRC)

a. Provide the use of agency-owned facilities for RDN sites, staff, equipment and supplies as needed.

b. Provide semi-tractors, trailers and other covered delivery vehicles with drivers for distribution of SNS materiel from the RSS to RDN sites as needed, i.e. resource support in accordance with ESF-1.

c. Provide security at ODRC sites and support transportation security in coordination with ODOT, ONG and OSHP.

9. Ohio Department of Transportation (ODOT)

a. Provide transport to and from repackaging site for the state pharmaceutical cache.

b. As detailed in ESF-1, Tab B, provide current and updated information on the status of transportation routes throughout the state.

c. Assist in opening or closing roads or highways as necessary.

d. Provide emergency re-route mapping for deliveries as necessary.

f. In coordination with OSHP, identify transportation routes from the RSS warehouse to all RDNs and from RDNs to all dispensing sites and treatment centers.

Tab A to ESF-8 of the Ohio EOP 8-25 April 2008
10. Ohio Emergency Management Agency (OEMA)

a. Support ODH by providing coordination during an all hazard emergency that necessitates the deployment of the SNS.
b. Support public information and rumor control efforts throughout the emergency.
c. Provide situational assessment and coordination as outlined in the Ohio Emergency Management Plan’s Base Plan and ESF-5 (Information and Planning), including providing coordination of state resources to support the deployment of the SNS.
e. Develop an SNS Plan training plan involving state agencies utilizing the National Incident Management System; facilitate, conduct, and lead table top exercises, drills, functional exercises, or full-scale exercises, with state and local agencies as participants.

11. Ohio Homeland Security (OHS)

a. Assess and evaluate the security needs of the RSS warehouse and all RDN sites in coordination with OSHP.

12. Ohio Board of Pharmacy (OBP)

a. Provide information and recommendations regarding pharmaceutical dispensing/administration issues, labeling and repackaging.
b. In coordination with ODH, develop dispensing and vaccination sample protocols.

13. Ohio State Highway Patrol (OSHP)

a. Coordinate security of transportation of materiel into the State of Ohio to the RSS site.
b. Assess and evaluate the security needs of the RSS warehouse and all RDN sites.
c. Coordinate or provide security at activated RSS and RDN sites.
d. In coordination with ODOT and as detailed in ESF-1 (Transportation), ensure security of transportation routes from the RSS warehouse to all RDNs and from RDNs to all dispensing sites and treatment centers.
e. Coordinate with the U.S. Marshal Service, the Federal liaison, and local law enforcement agencies as necessary.
f. In coordination with ONG, ensure security of transportation vehicles and drivers to escort materiel from the RSS to RDN sites.

g. Coordinate security escort of the CDC TARU from airport to RSS warehouse and other locations as directed.

h. Coordinate transportation security for out of state deliveries.

i. Provide necessary staff 24/7 for security purposes.

j. Provide emergency re-route mapping for deliveries as necessary in consultation with ODOT as detailed in ESF-1.
ALGORITHM FOR REQUESTING, DEPLOYING, AND RECEIVING THE SNS

Yes

Is there a public health threat?

NO

Local Health Department and hospitals Requests Supplies from Local EMA

Local EMA Assesses and Mobilizes local Supplies. Advises State EMA

State EMA Assesses and Mobilizes state Supplies. Standby all Support agencies

Ohio EMA informs ODH state supplies not sufficient

CDC receives request from State and Initiates conference call With DHHS, DHS, DSNS and State

Ohio Department of Health Requests Additional resources from CDC and informs Governor

YES

Is there a public health threat?

NO

Are State/Local supplies Sufficient?

YES

All parties continue to monitor situation; DSNS prepares for possible deployment

NO

DHHS directs DSNS to deploy

NO

Situation resolved?

YES

DSNS stands Down; no deployment

NO

DSNS deploys and transfers needed supplies to state

DSNS continues to support with additional supplies, as needed

Appendix I