

STATE OF OHIO EMERGENCY OPERATIONS PLAN



EMERGENCY SUPPORT FUNCTION #8 PUBLIC HEALTH AND MEDICAL SERVICES

Tab F – Mass Casualty and Medical Surge Plan

FACILITATING AGENCY

Ohio Department of Health

OHIO EMERGENCY OPERATIONS PLAN
Tab F to Emergency Support Function #8
Public Health and Medical Services

Mass Casualty and Medical Surge Plan

**FACILITATING
AGENCY**

Ohio Department of Health (ODH)

SUPPORT AGENCIES

American Red Cross (ARC)
Ohio Department of Mental Health (ODMH)
Ohio Emergency Management Agency (Ohio EMA)
Ohio State Highway Patrol (OSHP)
Ohio Emergency Medical Services (OEMS)
Ohio Fire Chiefs' Association (OFCA)
Ohio Hospital Association (OHA)

I. INTRODUCTION

A. Purpose

1. The purpose of the Mass Casualty and Medical Surge Plan (MC/MS), Tab F to Emergency Support Function #8 (ESF-8) of the State of Ohio Emergency Operations Plan (SEOP), is to:
 - a. Provide the state-level organizational and operational concepts unique to incidents resulting in medical evacuations, mass casualties and/or medical surge.
 - b. Assign responsibilities to state agencies.
 - c. Coordinate response efforts to meet local jurisdictions' needs following a mass casualty and/or medical surge-producing incident.

B. Program and Plan Structure

1. ODH coordinates ESF-8 emergency response operations. State-level ESF-8 resources are activated in response to request(s) of an impacted local Emergency Management Agency (LEMA) or through the State of Ohio Emergency Operations Center (State EOC) when local response resources have either been overwhelmed or exhausted.
2. The MC/MS Plan facilitates the delivery of necessary medical and non-medical resources to support either/both acute or non-acute medical treatment, when requested.

ESF-8, Tab F addresses the following concerns for the State of Ohio during emergency incidents:

- a. Assessment of health and medical needs.
- b. Monitoring of the availability and utilization of health and medical systems' resources and treatments.
- c. Provision of health and medical-related services and resources.
- d. Identification of areas where potential health problems could occur.
- e. Provision of medical-related information releases and health recommendations.
- f. Coordination and support of behavioral and mental health services.
- g. Coordination and support of mass casualty or medical surge causing incidents.
- h. Coordination with local, state, and federal partners.
- i. Coordination of patient movement and health care facility evacuation.

C. Scope

1. This plan recognizes the necessity to organize state-level agencies and resources for planning and response to a mass casualty or medical surge incident. A mass casualty incident is an incident or event that generates more affected individuals than available local resources can manage using routine procedures, staff, and materials.
2. Medical surge is the result of events that severely challenge or exceed the normal medical infrastructure of an affected community though the numbers and/or types of patients.
3. Medical surge response is the capability to rapidly expand the capacity of the existing healthcare system (i.e., the community's long-term care facilities, community health agencies, acute care facilities, alternate care facilities and public health departments) in order to provide triage and subsequent medical care. This includes providing definitive care to individuals at the appropriate clinical level of care, within sufficient time to achieve recovery and minimize medical complications. The capability applies to an event resulting in a number or type of patient that overwhelms the day-to-day acute-care medical capacity.
4. State-level response to acute or non-acute mass fatalities incidents are covered under separate SEOP ESF-8 Tabs: the Acute Mass Fatality Incident Response Plan (ESF-8, Tab D); and the Non-Acute Mass Fatality Incident Response Plan (ESF-8, Tab E).

II. SITUATION

- A. In 2010, Ohio's estimated population was to be 11.5 million by the U.S. Census Bureau. In addition to the permanent residential population, many millions of tourists visit Ohio each year.
- B. As the seventh-most-populated state in the nation, combined with a large tourist population, it is possible that the state of Ohio could experience a natural or man-made catastrophic incident that could result in a large number of human casualties and/or loss of life and property.
- C. Ohio is on the periphery of the New Madrid Seismic Zone, an area in Missouri and adjacent states that was the site of the largest earthquake sequence to occur in historical times in the continental United States. Four great earthquakes were part of a series at New Madrid in 1811 and 1812. These four events were felt throughout the eastern United States and were of sufficient intensity to topple chimneys in Cincinnati. Some estimates suggest that these earthquakes were in the range of 8.0 on the Richter scale. At least 14 moderate-size earthquakes have caused minor to moderate damage in Ohio in modern times. The brief historic record of Ohio earthquakes suggests a risk of moderately damaging earthquakes in the western, northeastern, and southeastern parts of the state. Whether these areas might produce larger, more damaging earthquakes is currently unknown.
- D. The State of Ohio could potentially be impacted by three nuclear power stations that are owned by the FirstEnergy Nuclear Operating Company. The three facilities are the Davis-Besse Nuclear Power Station, located on the southwest shore of Lake Erie near Oak Harbor, Ohio; the Perry Nuclear Power Plant, located on the southeast shore of Lake Erie, east of Cleveland in North Perry, Ohio; and the Beaver Valley Power Station, located near Shippingport, Pennsylvania, thirty-four miles northwest of Pittsburgh, Pennsylvania.
- E. There are more than 2,600 dams in the State of Ohio. Most of these dams are small and are used primarily for recreation. Larger dams provide hydroelectric power, water supply and flood control. Generally, the most common structural material used in the construction of dams in Ohio is earth, but some have been built using masonry and concrete construction.
- F. Catastrophic Incident Threats – Ohio's vulnerabilities to both man-made and natural hazards that could result in a catastrophic incident are identified in the Catastrophic Incident Annex to the SEOP. Catastrophic incidents that could affect Ohio and may result in mass casualties include:
1. Widespread, prolonged flooding.
 2. Widespread high wind events.
 3. Widespread and/or prolonged winter storms, blizzard conditions, extreme cold and ice storms.

4. Prolonged high heat and/or drought.
 5. Severe earthquake.
 6. Widespread, prolonged utility outages and/or interruptions.
 7. Significant nuclear and radiation emergency incidents (explosions and power plant incidents).
 8. Significant radioactive material releases (transportation accidents, intentional and/or accidental detonations of a radiological dispersion device, or an accidental or intentional incident at a fixed facility).
 9. Significant chemical/hazmat spills and/or release.
 10. Widespread and/or significant cyber incidents (attacks and unintentional incidents).
 11. Widespread debilitation and/or interruption of electronic communication and control systems.
 12. Pandemics and epidemics.
 13. Widespread exposure to toxin.
- G. Mass casualty-related impacts that could result from these listed catastrophic incident threats could include:
1. Disruptions to health and lifesaving systems.
 2. Extraordinary numbers of human casualties and/or fatalities.
 3. Extraordinary damage/impacts to transportation infrastructure and/or routes, and communication infrastructure and/or systems
 4. Extraordinary numbers of human radiation exposures and/or radioactive contaminations and/or casualties and/or fatalities.
 5. Extraordinary increases to the response time of public safety and other critical resources and/or services, and/or interruptions of the application and/or availability of resources.
- H. Out-of-State Incidents – Catastrophic incidents that occur outside the borders of Ohio but necessitate the application of Ohio-based response resources.
- I. Ohio’s citizens may be subject to acts of terrorism and/or the effects of natural and technological hazards anytime and anywhere.

- J. Local jurisdictions have primary responsibility for delivering emergency health, medical and mass casualty services during an emergency.
- K. ODH is the lead agency for health and medical needs of a mass casualty incident, including determining the need for and activation of the Ohio Medical Coordination Plan.
- L. A catastrophic event may challenge a community's healthcare system to an unprecedented extent. In a crisis care environment (CCE) a large number of persons may become ill or injured, resulting in demand for medical services in excess of the capacity and/or the capability in a region's hospitals, community care clinics, public health departments, other primary and secondary care providers, resources, and/or emergency medical services to meet the demand.
 - 1. ODH is the Lead Agency for the Ohio Medical Coordination Plan (OMCP). The State EOC is responsible for accessing and coordinating state- and federal-level assets and response to mass casualty incidents through the State EOC.
 - 2. The Director of the ODH has the authority to issue Public Health Orders under his/her traditional public health authority; including ordering quarantines, isolations, school closings, and cancellations of public gatherings in order to protect the public from disease or other public health threats.
 - 3. The Governor has the authority to declare an emergency, which could lead to the application of state-level personnel and material resources beyond normal state jurisdictional boundaries, to the request for federal resources, and to the request for out-of-state resources via the Emergency Management Assistance Compact (EMAC).
 - 4. This plan outlines concepts of operation, assigns responsibilities to state agencies and provides details of the coordination of response efforts to meet the needs of local governments following mass casualty-producing incidents.
- M. Local and/or regional jurisdictions may be become overwhelmed attempting to address the incident.
- N. Hospitals or hospital organizations may become overwhelmed by a sudden surge of emergency survivors, both in terms of mass casualty capacity (number), as well as mass casualty capability (surgical complexity).
- O. Catastrophic incidents may lead to secondary, or cascading, events that may further impact and overwhelm local communities, health organizations, and medical facilities.
- Q. The American Red Cross (ARC) is responsible for providing first aid and related health services to disaster victims in ARC shelters.
- R. Actual casualties and the "worried well" who seek aid during a disaster may overwhelm local and regional emergency medical systems and hospitals.

- S. Localized or regional emergencies may require the evacuation of hospitals, long-term care centers, and other healthcare facilities to alternate care sites (ACS).
- T. During a mass casualty or medical surge incident, hospital resources may be redirected to care for the more seriously ill; hospitals and other healthcare providers may need State assistance to acquire additional resources to help care for the less seriously ill.
- U. Disaster Response Medical Units (DRMUs) may be activated when a hospital surges beyond its capacity. DRMUs are designed to treat patients who need non-acute care.

III. ASSUMPTIONS

- A. Mass casualty-producing events may overwhelm local, county, regional and state-level resources.
- B. Mass casualty-producing events may overwhelm both the ability of hospitals to address medical surge capacity related to the number of resulting casualties and the number and complexity of surgical procedures that may be potentially necessary to complete.
- C. Mass casualty-producing incidents may have the potential to generate mass fatalities, medical surge, and medical evacuations (e.g., of patients in facilities as well as in their homes).
- D. A mass casualty-producing incident may stress the entire medical system, including pre-hospital responders and medical specialties, and may disrupt the continuity and continuum of care.
- E. Emergency events may render the entire local health jurisdiction or medical system inoperable.
- F. The State of Ohio may need to make provisions to continue mass casualty and/or medical surge response operations for an extended time.
- G. The State of Ohio has a limited capability to treat an excessively large number of severe trauma injuries and/or severe burn cases.
- H. The majority of medical material and medical professionals are located at the local level.
- I. Local EMAs will notify local health jurisdictions of incident in their jurisdictions. Local health jurisdictions will then notify healthcare facilities as needed.
- J. Local EMAs will notify the State EOC of the situational status of local health and medical emergencies and the need for assistance.

- K. Local EMAs will request and coordinate health and medical resource requests, and requests for other support, through the State EOC.
- L. Requests for State medical assistance will come to ODH through ESF-8 requests from the State EOC.
- M. A disaster may exceed the medical resources of local health jurisdictions and medical community, thereby requiring state and/or federal emergency support [such as the Strategic National Stockpile (SNS) and Disaster Medical Assistance Teams (DMAT)].
- N. Management and coordination of all medical resources, personnel, equipment, procedures, and communications will take place through the Incident Command System (ICS).

IV. CONCEPT OF OPERATIONS

A. Overview

1. OEMA will notify the Lead Agency, ODH, and support agencies when there is an incident that has resulted in, or may result in, mass casualties or a medical surge situation.
2. ODH personnel will be available to work at the State EOC and work with other ESF organizations to meet the needs of the incident survivors or displaced population. These needs may include:
 - a. Providing health assessments of conditions based on emergency site information to determine health needs and priorities.
 - b. Providing logistical support for health and medical personnel in the affected area.
 - c. Coordinating among various health and medical organizations affected by the incident.
 - d. Locating and coordinating local, regional, state and federal health and medical mass casualty or medical surge resources for response.
 - e. Coordinating supply and prioritization of health and medical resources.
 - f. Coordinating provision of behavioral and mental health assistance to disaster victims and incident responders.
 - g. Coordinating provision of health advisories and related information to the public.

- h. Coordinating local, regional, state, and federal assets that have been assigned to assist at the site of the emergency.
- i. Coordinating hospital bed tracking and patient tracking.

B. Direction, Control, and Coordination

1. At the scene of a mass casualty or medical surge incident, the responsibility for on-scene management falls under the jurisdiction of the local department best qualified to conduct the rescue, recovery, evacuation, and control operations.
2. Emergency Operations Center (EOC) Operations
 - a. During the effective period of any declared local emergency, including a mass casualty or medical surge incident, local EOCs function as the central point for emergency management operations.
 - b. Coordination will be through the EOC Section Chiefs and the local EMA Coordinator in accordance with local Emergency Operation Plans (EOPs).
 - c. If a mass casualty or medical surge incident exceeds local and regional medical response capabilities, a local EOC may request State assets and/or State assistance in fulfilling Command and General Incident Command System (ICS) positions.
 - d. If the incident results in the declaration of a State emergency, some or all of the local EOC functions may be transferred to the State EOC as provided in the Ohio Revised Code.

C. Initial Response

1. All incidents will be managed in accordance with ICS principles and practices.
2. If an incident exceeds local medical response capabilities, then local and/or regional medical resources may be requested and/or deployed.
3. If the State EOC activates in response to a MC/MS incident, the State EOC Executive Group's Mass Casualties Incident Assessment Team will be assembled. The Team will be composed of representatives of the following agencies:
 - a. Ohio Emergency Management Agency
 - b. Ohio Department of Health
 - c. Ohio Hospital Association
 - d. Ohio Emergency Medical Services
 - e. Ohio Adjutant General's Office, Ohio National Guard
 - f. Ohio Department of Transportation
 - g. Ohio Homeland Security
 - h. Ohio Fire Chiefs' Association

- i. Ohio Department of Administrative Services
- j. Public Information – State EOC/Joint Information Center (JIC)

4. The Assessment Team will assess the incident regarding:

- a. Type of incident
- b. Number and type(s) of casualties
- c. Response parameters (e.g., treatment, search and rescue, extraction, recovery, documentation, patient tracking, transportation, personnel needs, equipment needs, etc.)
- d. Incident location(s)
- e. Incident scene accessibility
- f. Local response coordination - Incident Commander(s), local law enforcement, local fire response, local health departments, local/regional search and rescue.
- g. Medical surge needs (e.g., State resources, Federal resources, EMAC requests, etc.)
- h. Chemical, radiological and biological hazards
- i. Field Communication/Liaison needs and coordination.

7. Medical treatment facilities will expand their capacities by canceling or rescheduling elective surgical procedures, discharging non-critical patients, and diverting non-critical patients to other facilities. Specialized transportation assets will likely be required to support the discharge/diversion/transfer of patients.

8. Patients may be transported or evacuated to outlying areas not affected by a mass casualty incident. Communication of critical information and use of the bed capacity information will be necessary in coordination with transportation assets.

9. Deployable medical assets from within the state may be sent to an affected area. Federal assets, if available, will be received and managed in the state. Assets may also come to Ohio through the EMAC. These assets can then be used to augment facilities (i.e., hospitals) or alternate care sites within the jurisdiction.

D. Sustained Response

- 1. ODH is the lead agency for distributing medical equipment and supplies, and pharmaceuticals stored in state caches; and for acquiring additional resources from vendors (in conjunction with the Ohio Department of Administrative Services) and the federal government (e.g., SNS assets). A more thorough description of the SNS asset request procedures can be referenced in Tab A of ESF-8.
- 2. A request may be submitted to the Governor of the State of Ohio to declare a State of Emergency and request a Presidential Declaration.
- 3. Because some, or all, of the state-level resources may quickly be exhausted, the State EOC may request assistance from the Federal Emergency Management Agency (FEMA), the National Disaster Medical System (NDMS), the Centers for Disease Control and Prevention (CDC), the Department of Homeland Security, and other states through the Emergency Management Assistance Compact as required.

E. Function-Based Response

1. The State EOC, through the Executive Group will set response priorities in response to limited available resources, and will establish state-coordinated resource allocations. Life-saving operations will be the first priority.
2. State-level agencies will ensure that response activities within their respective areas are coordinated between the various ESF and the State EOC, and that they are in concert with the priorities and policies established by the State EOC Executive Group.
3. Search and Rescue Operations
 - a. Certain incidents may make search and rescue operations necessary. Initial search and rescue response will be a local effort, with priorities for these activities set by local government. ESF-9 will coordinate to provide additional search and rescue teams and equipment to impacted areas.
 - b. FEMA Urban Search and Rescue (US&R) task forces may be needed to support search and rescue operations. The Ohio Department of Natural Resources and the Ohio Department of Administrative Services will coordinate staging areas for FEMA US&R task forces to support the state's efforts.
4. Health and Medical
 - a. ESF-8 will coordinate medical logistics to include the deployment of the SNS assets when necessary, which is discussed in ESF-8, Tab A.
 - b. The identification and credential verification of medical volunteers will be completed through the Emergency System for Advance Registration of Volunteer Health Professionals (ESAR-VHP) system.
 - c. ESF-8 may request the National Disaster Medical System (NDMS) to assist in the response. NDMS consists of the DMAT, the Disaster Mortuary Operational Response Team (DMORT), the Medical Support Unit, the Mental Health and Stress Management teams, and the Veterinary Medical Assistance Team.
 - d. ESF-8 will coordinate the deployment of State DMRU; as needed.
 - e. ESF-8 may coordinate with the Ohio Association of Fire Chiefs' Association and/or the Department of Public Safety/OEMS for assistance for the provision of ground transportation/evacuation assets.
5. Mass Care
 - a. ESF-8 may coordinate with ESF-6 to address medical functional needs sheltering requirements and issues.

6. Hazardous Materials Response

- a. If required by the situation, the initial hazardous materials response will be a local effort, with priorities set by local incident command. Due to the potential of large-scale hazardous materials release in certain incidents, response assets may be deployed through ESF-10 to the damage-affected areas to assess the hazardous materials situation and coordinate technical assistance.

7. Preliminary Damage Assessment / Preliminary Impact Assessment

- a. The State Assessment Team(s) will be available to deploy as soon as possible and conduct preliminary damage and needs assessment and report results immediately to ESF-5. State Assessment Team reports will enable State Emergency Response Team Operations Group to analyze, process, and prepare damage reports. Epidemiologists and other public health personnel will be available through ESF-8 to support the State Assessment Team.

8. Public Safety

- a. ESF-13 will deploy law enforcement/security personnel for public safety operations to support local response activities. Law enforcement personnel may be needed to assist in enforcement of public health orders to include quarantine or isolation of patients. Law enforcement personnel will also be asked to support the movement of response vehicles, equipment, and personnel as necessary.

9. Public Information

- a. Mass casualty event public information will be disseminated in accordance with public information provisions in Annex 15 (Public Information) of the all-hazards SEOP. To prevent or minimize loss of life, damage to property, and harm to the environment in Ohio, government on all levels will provide consistent, coordinated, accurate, and timely information to the at-risk public. The information flow will begin as early as possible, be maintained throughout the event and continue well after the event ends.
- b. The public will be made aware of potential adverse effects and of actions recommended to safeguard lives and property. Information regarding prudent protective actions will be conveyed to the public as time allows during a real event, and will continue into the recovery stage.
- c. State-level information that is of greatest public interest during and immediately following a mass casualty incident may include, but may not be limited to: where and when to seek medical care, quarantine and isolation issues, family assistance services, pet and livestock care issues, traffic management, law enforcement, transportation issues (including road closures), shelter locations, air quality, water quality and water-borne disease, nursing home issues, bridge closures, urban search and rescue issues, state office closings, state park closures, insurance issues, power outages, telephone service, and lodging availability.

- d. In general, state-level news releases will be distributed to the mass news media statewide and to national and international media as appropriate, with priority consideration given to the media most able to effectively communicate with the at-risk population.

10. Counseling Services to Mitigate Psychosocial Effects

- a. ESF-8 will work to mitigate the psychosocial impact of any mass casualty incident in coordination with the Ohio Department of Mental Health and ARC, utilizing available professionals, volunteer counselors and religious organizations.

11. Mass Fatality Management

- a. Mass fatality management operations will be coordinated among the incident command structures involved in the response, including the Ohio Mortuary Response Team (OMORT), county coroners, funeral directors, and representatives of the ODH's Office of Vital Statistics.
- b. Federal assistance for mass fatalities management is available through DMORT. Access to DMORT and other assistance resources external to Ohio will be coordinated through state ESF-8 at the State EOC.

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

A. Organization

1. General – Departments and agencies within the state government will conduct emergency operations in accordance with the SEOP. Additional specific responsibilities are identified within this Plan, and specific operational procedures are detailed within agency-based standard operating procedures (SOPs).
2. Agency or facility – Local health and healthcare agencies and facilities will conduct mass casualty, medical surge, and evacuation in accordance with their respective SOPs.
3. County – Specific county-level response activities to mass casualty-producing events are identified in county-level Emergency Operations Plans and Regional Mass Casualty Plans.
4. State – State-level organization and assignment of responsibilities are discussed throughout the SEOP. Specific responsibilities in response to a mass casualty-producing incident are identified in this MC/MS Plan and its supporting documents.
5. Federal – The United States Department of Health and Human Services (HHS) is the principal Federal agency for protecting the health of all Americans. State response operations will interface with Federal response assets through ESF-8 and through liaison between the ODH and the CDC as well as with the FEMA. Liaison between the

State EOC and the U.S. Department of Homeland Security will provide access to additional Federal health and medical assets.

B. Assignment of Responsibilities

1. Ohio Department of Health (ODH)

As the lead agency for ESF-8, Tab F, ODH is responsible for providing public health and medical-related services, supplies, and personnel when local and a MC/MS incident has exhausted regional medical resources.

- a. ODH, in conjunction with local healthcare and jurisdictional authorities, will coordinate access to health and medical care for the affected population and responders, if necessary.
- b. Coordinate among various health and medical organizations affected by the incident.
- c. In coordination with Regional Healthcare Coordinators (RHC) and the Ohio Hospital Association (OHA), ODH will share information to develop a common operating picture and assure on-going situational awareness.
- d. During mass casualty, medical surge, or medical evacuation incidents requiring inter-regional, intra-State, or inter-State response, ODH may coordinate with the RHCs and OHA to ensure that patients affected by the disaster are transported to acute care facilities with available beds, including those for trauma and burn care. The decision to move patients will remain at the facility level and will be based on physician-to physician orders for permanent placement. ODH will assist in monitoring patient movements and will provide information on available bed space by request.
- e. Evaluate mission requests to determine whether missions can be fulfilled and what assets will be needed to accomplish the missions.
- f. If necessary, request additional assets from the Federal SNS.
- g. If necessary, submit requests for necessary federal medical assistance (e.g., DMAT, DMORT) to OEMA.
- h. In conjunction with ODPS/EMS and OFCA, assist in coordinating the evacuation of hospitals, long-term care facilities and affected community populations.
- i. Coordinate communication of medical information to the public, including where and when to seek treatment.
- j. Assist in the coordination of intrastate mutual aid agreements.

- k. The Director of ODH, after gubernatorial declaration, will provide guidance on Crisis Standards of Care to healthcare facilities; if such action is deemed necessary.
 - l. Coordinate facility request for 1135 Waivers from HHS in order to ensure that facilities are able to provide sufficient health care resources and services during an emergency.
2. Ohio Emergency Management Agency, through the State of Ohio's Emergency Operations Center (OEMA/State EOC)
 - a. Provide assistance to LEMAs, as requested, regarding the completion of medical resource needs assessments, including conducting assessments of individuals in the County with medical functional needs.
 - b. If necessary, request federal assistance including Federal Medical Stations (FMS), DMATs, Federal Incident Management Teams (IMTs) and/or other resources.
 - c. Facilitate, through ESF-15 and the State JIC, the production of press releases and/or the facilitation of press conferences in response to needs identified by the Incident Commander and/or other entities.
 3. Ohio Department of Mental Health (ODMH)
 - a. If local resources are unable to adequately respond, state agency-level behavioral and mental health support agencies will assist in securing these services through mutual aid in support of local Behavioral and Mental Health Boards and other local entities that provide ongoing and acute services for mass casualty-producing event survivors and responders.
 4. Ohio State Highway Patrol (OSHP)
 - a. Assist with the implementation of site-specific traffic control and security plans.
 5. American Red Cross (ARC)
 - a. Implement functional needs sheltering plans for individuals with non-acute medical needs and individuals who may need assistance performing routine self-care tasks.
 6. Ohio Department of Public Safety/Ohio Emergency Medical Services (ODPS/OEMS)
 - a. If local, private EMS providers are unable or unavailable to respond, ODPS/EMS will assist in securing EMS assets to assist with patient evacuation and transportation of patients to medical facilities.

7. Ohio Hospital Association (OHA)
 - a. Provide healthcare situational awareness by supporting statewide data collection systems (e.g., OHTRAC, SurgeNet).
 - b. Assure that patient tracking and hospital bed data is being properly collected and assist with its interpretation.
8. Ohio Fire Chiefs' Association (OFCA)
 - a. Maintain and implement the Ohio Fire Response Plan, which can be used to identify and deploy public (e.g., fire department-based) EMS assets in a disaster.

VI. RESOURCE REQUIREMENTS

- A. Each State-level ESF-8 agency, department or jurisdiction shall be responsible for the maintenance of all agreements, SOPs, Standard Operating Guidelines (SOGs), Memorandums of Understanding (MOUs), and ESFs.
- B. ESF-8 agencies will maintain Resource Listings that document the equipment, supplies, and services available to and from them during emergencies.

VII. PLAN DEVELOPMENT AND MAINTENANCE

The ODH Division of Prevention, Bureau of Health Preparedness, Healthcare Preparedness Program Manager is the lead agency for the review and update of this plan. When this plan is exercised, or implemented during a MC/MS response incident, ODH, with OEMA's coordination and facilitation assistance, will initiate a plan review and update process.