

**OHIO EMERGENCY OPERATIONS PLAN
EMERGENCY SUPPORT FUNCTION #8**

PUBLIC HEALTH and MEDICAL SERVICES

COORDINATING

AGENCY: Ohio Department of Health (ODH)

PRIMARY AGENCY: Ohio Department of Health (ODH)

SUPPORT AGENCIES: American Red Cross (ARC)
Adjutant General's Department, Ohio National Guard (ONG)
Ohio Department of Administrative Services (DAS)
Ohio Hospital Association (OHA)
Ohio Department of Agriculture (ODA)
Ohio Fire Chiefs' Association (OFCA)
Ohio Department of Mental Health and Addiction Services (ODMH/AS)
Ohio Department of Commerce, Division of State Fire Marshal (SFM)
Ohio Department of Developmental Disabilities (DODD)
Ohio Department of Public Safety, Division of Emergency Medical Services (OEMS)
Ohio Environmental Protection Agency (OEPA)
Ohio Mortuary Operational Response Team (OMORT)

I. INTRODUCTION

A. Purpose

Emergency Support Function #8 (ESF-8), Public Health and Medical Services, provides the mechanism for coordinated State assistance to supplement local resources in response to public health and medical care needs, to include veterinary and/or animal health issues when they impact human health, based on all hazards, both natural and man-made.

ESF-8 is coordinated by the Ohio Department of Health. State-level ESF-8 resources can be activated upon request of an impacted county when local and regional resources have been exhausted.

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

1. Assessment of health and medical needs.
2. Health and medical epidemiological investigation and surveillance.
3. Monitoring of the availability and utilization of health and medical systems' resources and treatments.

4. Provision of health and medical-related services and resources.
5. Identification of areas where health problems could potentially occur.
6. Provision of medical-related information releases and health recommendations and related releases to the public.
7. Research and consultation on potential health hazards and medical problems.
8. Coordination and support of behavioral and mental health services.
9. Environmental health testing, sampling and analysis.
10. Testing and confirming laboratory samples.
11. Testing of products for public consumption.
12. Veterinary coordination and support.
13. Vector control.
14. Coordination and support for mass fatality incidents.
15. Coordination with local, state and federal partners.
16. Vital Statistics coordination and support.
17. Coordination of isolation and quarantine of effected population.
18. Coordination of mass prophylaxis of population.
19. Coordination of vaccination of populations.
20. Coordination of evacuation and sheltering in place of effected population.

II. SITUATION

- A. Resource and service coordination during an incident will address not only the population in general, but also functional needs populations. Please see Tab A to ESF-6 for a definition of functional needs populations.
- B. Emergencies occurring in the State of Ohio may impact community health standards and may require a health response. Waste water, solid waste, potable water, environmental quality, health supplies and health services may be affected. These effects may necessitate health advisories and interventions, including disease control measures.

Communities may become overwhelmed addressing the health and medical needs of emergency survivors.

- C. Emergency incidents may impact the provision of health and medical services in community settings and hospitals. Providers in these settings may be called upon to provide health services to the affected population in accordance with issued advisories. In addition, providers may be tasked with providing general information to public health officials about the health status of the population they serve (e.g., disease reporting, syndromic surveillance, health trends and specimen submission).
- D. Emergency incidents may lead to secondary or cascading events such as the release of chemical, biological or radiological materials that could seriously impact communities and overwhelm state and local health response organizations and medical facilities.

- E. During emergency incidents involving hazardous materials, the lead agencies of ESF-8 and ESF-10 will ensure that response activities that overlap the two ESFs are coordinated and lead responsibilities are determined for all participating agencies.
- F. ODH provides statewide coordination and support for health and medical issues with a central office located in Columbus and two district offices. In addition, there are 125 local health districts and 216 hospitals in Ohio.
- G. Local health districts have first-line responsibility for response to public health-related emergencies, except for chemical and radiological incidents. If local health districts are overwhelmed during emergencies, they may request State- and/or federal-level support through their local emergency operations center (LEOC) to the State of Ohio Emergency Operations Center (State EOC).
- H. Local emergency medical services are primarily provided by local fire departments and publicly-operated emergency medical service (EMS) organizations EMS units may also be privately owned; or operated by law enforcement, hospitals, universities, or military organizations.
- I. OEMS, in cooperation with the Ohio Fire Chiefs' Emergency Response System, provides statewide coordination for emergency medical needs in Ohio and will coordinate requests for medical assistance from localities during emergencies.
- J. Local jurisdictions in Ohio have primary responsibility for delivering emergency health, medical and mass fatality services during an emergency.
- K. ODH, in coordination with local health districts, will coordinate access to health and medical care for the affected population and responders.
- L. In a large-scale emergency that may overwhelm and deplete local, regional, and State health and medical resources and affect large populations in Ohio, the Director of ODH will recommend that the governor request federal medical countermeasure assets, including the Strategic National Stockpile (SNS). The Director of ODH or his/her designee is authorized to directly request the SNS from the Centers for Disease Control and Prevention (CDC).
- M. ODH is the lead agency for the receipt, staging and storage (RSS) of SNS and CHEMPACK assets that would be used by local health districts and hospital/treatment facilities throughout Ohio. The State's Medical Countermeasure distribution Plan (Tab A to ESF-8) and the CHEMPACK Plan (Tab B to ESF-8) provide guidance on activation and deployment of the SNS and Chempack assets.
- N. Local health districts are responsible to dispense/vaccinate identified populations.
- O. ODH will coordinate and support needs of vital statistics to local jurisdictions.

- P. ODH has a limited emergency cache of medical equipment that can be activated and deployed to provide support to local jurisdictions.
- Q. The Region V National Disaster Medical System (NDMS) that includes a Disaster Medical Teams (DMAT) and a Disaster Mortuary Operational Response Team (DMORT) will be activated if an incident that results in mass casualties/fatalities and will provide support to local jurisdictions.
- R. The Ohio Fire Chiefs' Association's Ohio Fire Service Emergency Response System (ERS) provides local fire chiefs with easy access to large quantities of fire service resources (HAZMAT, water rescue, fire response resources, emergency medical services, incident management assistance, etc.) that may be needed to respond to a major fire or natural or man-made disaster. This system provides for rapid activation and response of fire service resources in quantities beyond the means of a single fire department and local mutual aid.
- S. The ERS will be activated by local Incident Commander(s) through a central dispatch point. The response will be coordinated by one-or-more of eight Regional System Coordinators who will interact and coordinate with County System Coordinators in their region. County and regional coordinators will gather and analyze information on available resources, type resources in accordance with NIMS resource typing guidelines, and input the data into a central database. Regional and county coordinators will also train personnel regarding the use of and participation in the ERS.

III. ASSUMPTIONS

- A. Local health districts will notify ODH of the situation status of local health and medical emergencies and the need for assistance.
- B. Local health districts will request and coordinate health and medical resource requests and requests for other support through their LEOC to the State EOC.
- C. Emergency events may render local health districts and medical systems inoperable.
- D. An incident may not initially trigger a health emergency; although a secondary or cascading event stemming from the initial incident may do so.
- E. Local emergency management agencies will notify local health districts of incidents in their jurisdictions.
- F. Disruption of sanitation services and facilities, loss of power and massing of people in shelters may increase the potential for disease and injury.
- G. A disaster may exceed the resources of the local public health and medical community requiring state and federal emergency resources support.

- H. Incidents may require the relocation of health, hospital and medical facilities (both public and/or private).
- I. Local jurisdictions have identified health and medical organizations and facilities (both public and/or private) to include but not limited to hospice, home health, group homes and community outreach/shelters programs that operate in the jurisdiction.
- J. Local emergency operation plans and procedures describe, but are not limited to the following medical resources in their jurisdictions: nursing homes, hospitals, medical facilities, veterinary services, emergency medical squads, ambulance services, morgue and funeral home locations and mutual aid agreements for EMS, health, medical and mortuary needs.
- K. The management and coordination of all resources, personnel, equipment, procedures, and communications will take place through the Incident Command System (ICS).

IV. CONCEPT OF OPERATIONS

A. Overview – Public Health Functions

1. The Ohio Emergency Management Agency (Ohio EMA) will notify the ESF-8 Primary Agency and Support Agencies when they are required to staff the Assessment Room and/or the State EOC.
2. ODH is the Primary Agency for ESF-8. ODH personnel will be available to work at the State EOC, coordinate with local health districts that have been affected and work with ESF organizations in the State EOC to meet the needs of affected communities. These needs may include the following:
 - a. Health assessments of conditions based on information at the site of the emergency to determine health needs and priorities.
 - b. Epidemiological surveillance and investigations to determine disease trends and potential outbreaks and implement prevention, mitigation and containment strategies.
 - c. Logistical support for health and medical personnel in the field.
 - d. Coordination among various health and medical organizations affected by the emergency.
 - e. Coordinate supply, restocking and prioritization of health, medical, mortuary and veterinary related resources.
 - f. Assess and make recommendations concerning the health and medical needs of emergency responders.

- g. Coordination of behavioral and mental health assistance to disaster survivors and responders.
 - h. Provision of health advisories and related information to the public.
 - i. Assistance in assessing potable water and wastewater/solid waste disposal issues and coordination to provide potable water and wastewater/solid waste disposal equipment.
 - j. Coordination of federal, state, regional and local assets assigned to the site of an emergency.
 - k. Request assignment of missions to federal ESF-8.
3. Activities of emergency medical units in Ohio are directed by fire chiefs when the units are attached to fire departments and by the owners/operators of private or government-owned entities.
 4. On-site incident commanders coordinate EMS response. Initial assistance beyond the capabilities of the local jurisdiction will be requested via local mutual aid. When a local jurisdiction's resources (from within the jurisdiction and through local mutual aid agreements) have been exhausted, they may request that the ERS be activated to provide additional assistance.
 5. If emergency medical resources within the state of Ohio have been exhausted, then additional resources will be requested through EMAC and other means.
 6. LEOCs report situation status and request regional, state and federal emergency assistance through the State EOC where they are coordinated with ESF-8 representatives.
 7. ODH may activate and provide limited warehoused medical resources to support local health and medical response and services, as feasible.
 8. The governor may request federal assets to include NDMS activation that include DMAT and DMORT when state capabilities are overwhelmed. ODH will prioritize and coordinate federal mass casualty/fatality assets deployed to Ohio.
 9. Upon activation, NDMS will mobilize medical teams and/or mortuary teams, equipment and supplies, assist in evacuating survivors and provide medical care at hospitals and mortuary services at local morgues that are part of NDMS.
 10. ODH will coordinate with the LEOC to prioritize the location and deployment of NDMS resources.

B. Relationships between Levels of Government

1. Federal

- a. During federally declared emergencies, the organizations that comprise federal ESF-8 are:
 - i. Department of Health and Human Services (Primary)
 - ii. Department of Agriculture
 - iii. Department of Defense
 - iv. Department of Energy
 - v. Department of Homeland Security
 - vi. Department of Justice
 - vii. Department of Labor
 - viii. Department of State
 - ix. Department of Transportation
 - x. Department of Veterans Affairs
 - xi. Agency for International Development
 - xii. Environmental Protection Agency
 - xiii. General Services Administration
 - xiv. U.S. Postal Service
 - xv. American Red Cross

2. State

- a. ESF-8 organizations maintain a working relationship throughout emergency response and recovery operations to ensure that emergency health and medical needs are identified, assessed, prioritized and addressed.
- b. Ohio's ESF organizations will coordinate with ESF organizations from other states when required during emergencies. In particular, ODH will coordinate with adjacent states in reference to ESF-8 needs.

3. Local

- a. Local requests for ESF assistance will be referred through the LEOC to the State EOC and directed to the appropriate agency.
- b. Local-level emergency requests for state health or medical resources and services are communicated to the State EOC and will be directed to ESF-8 personnel for action.

4. The comparison chart for ESF-8 organizations, shown below, lists the organizations in the federal ESF-8 team as listed in the National Response Plan (NRP). When there are comparable organizations on the state and local level, they are listed in the chart or special circumstances are referenced in the footnotes. This is to ensure that all organizations have the proper interface when activated during presidential declarations of emergencies.

Comparison Chart for ESF-8 Organizations

<u>State Organizations</u>	<u>Federal Organizations NRP-Designated Agencies</u>	<u>Local Organizations</u>
Ohio Department of Health	U.S. Department of Health and Human Services	Local Health Districts
American Red Cross of Greater Columbus	American Red Cross	Local ARC Chapters
Adjutant General's Department, Ohio National Guard	U.S. Department of Defense	*
Department of Administrative Services	General Services Administration	County Commissioners
Ohio Department of Agriculture	U.S. Department of Agriculture	*
Ohio Hospital Association	U.S. Department of Health and Human Services	Local Hospitals
Ohio Department of Commerce, Division of State Fire Marshal	U. S. Department of Homeland Security	Local Fire Departments
Ohio Environmental Protection Agency	U. S. Environmental Protection Agency	Local Fire Departments
Ohio Funeral Directors' Association	U.S. Department of Justice	County Coroners
Ohio Fire Chiefs' Association	*	*
Ohio Department of Mental Health and Addiction Services	*	Local Mental Health Boards
Ohio Department of Developmental Disabilities	*	Local County Boards of Developmental Disabilities
Ohio Department of Public Safety, Division of Emergency Medical Services	*	*
Ohio Mortuary Operational Response Team	Disaster Mortuary Operational Response Team	*
*	U.S. Department of Energy	*
*	U.S. Department of the Interior	*
*	U.S. Department of Transportation	*
*	U.S. Department of Labor	*
*	U.S. Department of State	*
*	U.S. Department of Veterans Affairs	*
*	U.S. Agency for International Development	*
*	U.S. Postal Service	Local Post Offices

* There is no comparable organization at this level to coordinate with the organization(s) listed for other levels of government.

V. ORGANIZATION AND ASSIGNMENTS OF RESPONSIBILITIES

- A. The Ohio Department of Health is the Coordinating Agency for ESF-8, and will be responsible for working ESF-8's Support Agencies to ensure that there is a seamless integration of, and transition between preparedness, response, and recovery activities. The Coordinating Agencies' primary responsibility will be to focus on engaging Support Agencies in pre-incident planning and coordination opportunities.
- B. The Ohio Department of Health is the Primary Agency for ESF-8, and will take the lead in coordinating and reporting on ESF-8-related missions and actions.
- C. ESF-8 agencies will be activated through the State EOC for assessment, response, and recovery operations based on the needs of the emergency. Primary and Support Agencies for the state's public health and medical services function 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 missions.
- D. The following assignments of responsibility will be carried out based on the availability of resources.
- E. Assignments of Responsibilities
 - 1. Ohio Department of Health (ODH)
 - a. Conduct assessments and monitor health conditions in the communities affected by the emergency and where possible, determine where health problems could potentially occur.
 - b. Maintain ongoing epidemiological surveillance and investigation of affected communities in order to rapidly identify and address health-related emergencies.
 - c. Coordinate and support inspections of food service sanitation programs and private water system and water hauling programs.
 - d. Provide consultation/technical assistance for household sewage disposal, housing sanitation, vector control and health nuisances.
 - e. Coordinate state emergency response to health and medical problems through the State EOC for assessment, response and recovery.
 - f. Coordinate health recovery efforts at the JFO as needed.
 - g. Coordinate with local health districts in their emergency inspection programs.

- h. Support the continued delivery of non-emergency health care programs by local health districts throughout the emergency.
 - i. Assist with the coordination of evacuation and sheltering-in-place of hospital, long-term care facilities, nursing home and affected communities.
 - j. Coordinate supply of pharmaceuticals, medical equipment and supplies as needed during the emergency.
 - k. Provide health and medical advisories and news releases; and health and medical-related information to the public.
 - l. Coordinate and support community containment, isolation and quarantine strategies.
 - m. Coordinate and support examinations and analyses of possibly hazardous and contaminated substances throughout the emergency.
 - n. Coordinate and support mass fatality management.
 - o. Coordinate and support hospital bed and patient tracking.
 - p. Perform laboratory and confirmatory testing in accordance with the services listed in ODH Laboratory Client Services Manual at: <http://www.odh.ohio.gov/pdf/idcm/sect4toc.pdf>.
 - q. Coordinate and support mass prophylaxis, dispensing or vaccination of the community.
 - r. Maintain vital statistics and vital records.
 - s. Monitoring and inspection of long-term care facilities.
 - t. Locate and coordinate local, regional, state and federal health and medical resources for response.
 - u. Coordinate and support community environmental health to include vector control, waste management, wells, food supplies and indoor/outdoor environment.
2. American Red Cross (ARC)
- a. Coordinate with state agencies regarding health and mental health issues in shelters, service centers, outreach teams, emergency assistance teams (EAS) and integrated care teams (ICT).

- b. Provide emergency first aid and preventative health services to people affected by disasters in shelters, service centers, outreach teams, ITCs, and Emergency Aid Centers in designated safe zones.
 - c. Observe persons in shelters for signs/symptoms of possible exposure to any known contaminants during a hazardous materials or weapons of mass destruction (WMD) event and ensure they receive proper medical care.
 - d. Distribute public health/mental health information to persons affected by disasters.
 - e. Ensure the provision of blood and blood products to persons affected by disasters.
 - f. Provide health services and mental health support at family reception centers and respite centers in designated safe zones.
 - g. Assist people affected by disasters by facilitating connections with public health, medical and mental health agencies to coordinate services in ARC shelters, service centers, emergency aid stations, and on outreach teams.
3. Ohio Adjutant General's Department, Ohio National Guard (ONG)
- a. A Governor's declaration allows ONG to respond with general and unique services.
 - b. Coordinate with Department of Defense.
 - c. Facilitate delivery and storage of medical supplies.
 - d. Assist with patient movement as needed.
4. Ohio Department of Administrative Services (DAS)
- a. Assist with the procurement of health care supplies and equipment for affected communities as required and permissible.
 - b. Assist with locating alternate storage sites for health care supplies and equipment.
 - c. Assist with locating alternate transportation services for transporting health care supplies and equipment.
5. Ohio Department of Agriculture (ODA)
- a. Coordinate the inspection of retail food establishments with local health districts.

- b. Ensure the safety and efficacy of regulated foods, and conduct inspections of food processing establishments (e.g., food, dairy and meat) and distributors during emergencies.
 - c. Coordinate and collect food samples.
 - d. Arrange for and oversee embargo, removal, disposal and/or destruction of contaminated products.
 - e. Conduct sample analysis at the Consumer Analytical Laboratory and/or the Animal Disease Diagnostic Laboratory; and provide laboratory support.
 - f. Conduct inspections, investigations and surveillance in the event of zoonotic diseases.
6. Ohio Department of Mental Health and Addiction Services (ODMH/AS)
- a. Coordinate behavioral health authority response and assistance to counties impacted by emergency and disaster events.
 - b. Identify assistance needed and provide behavioral health resources as available and determined appropriate to assist in the response and recovery from disaster and or emergency event.
 - c. Provide agency representative(s) to state EOC to assist in coordination of behavioral health response and recovery services to impacted mental health and/or joint alcohol, drug addiction and mental health services board area.
 - d. Coordinate and monitor the state behavioral health activities.
 - e. Provide behavioral health clinical consultation services to State EOC staff.
 - f. Provide representatives to assist local mental health and/or joint alcohol, drug addiction and mental health services boards and regional, county and community mental health centers in giving supportive services and treatment to disaster victims.
7. Ohio Hospital Association (OHA)
- a. Conduct assessments and monitor healthcare conditions in impacted communities, and where possible, determine where health problems could potentially occur.
 - b. Coordinate the acquisition and movement of healthcare supplies.

- c. Assist with state emergency response to health and medical problems through the State EOC for assessment, response and recovery.
 - d. Conduct analysis of healthcare facilities data entered in the Surgenet platform.
 - e. As requested, provide situational reports of healthcare activity to healthcare leadership and state agencies.
 - f. Provide Crisis Communicate assistance to hospitals.
 - g. Assist the American Red Cross as well as independent shelters in family reunification operations.
 - h. Assist with the coordination of the evacuation and sheltering-in-place of hospitals.
 - i. Support the continued delivery of healthcare to the community by impacted hospitals.
8. Department of Commerce, Division of State Fire Marshal (SFM)
- a. Assist with the activation of the Ohio Fire Chiefs' Association Emergency Response Plan.
 - b. Assist in providing resources to local fire-based EMS.
9. Ohio Department of Developmental Disabilities (DODD)
- a. Provide services to assist local organizations in providing for the emergency needs of developmentally disabled emergency victims.
10. Ohio Department of Public Safety, Division of Emergency Medical Services (OEMS)
- a. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate local requests for EMS assistance during emergencies.
 - b. Provide information on availability of private medical transportation resources, including ALS and BLS ambulances, mobile intensive care units, air medical, and ambulettes.
 - c. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate with FEMA ESF-8 when federal medical assistance is activated for Ohio.
 - d. In cooperation with the Ohio Fire Chiefs' Emergency Response System, coordinate with NDMS when activated in Ohio.

- e. Provide briefing information in the State EOC on statewide emergency medical activities.
- f. Provide assessments of emergency medical needs in the affected communities.
- g. Provide emergency medical-related information to the public.
- h. Provide research and consultation on emergency medical problems as needed.
- i. Assist in the identification, purchase and delivery of needed medicines, medical supplies and services during emergencies.
- j. Provide guidance on personal protective equipment for EMS providers when requested.
- k. Provide guidance to local EMS providers on decontamination of EMS personnel, vehicles, and equipment.
- l. Provide assistance and guidance in the event of an EMS or Hospital CHEMPACK request or deployment.
- m. Provide certification verification information when requested for Ohio EMS providers, including Emergency Medical Responders (EMRs), Emergency Medical Technicians (EMT's), Advanced Emergency Medical Technicians (AEMTs), and Paramedics) responding to requests for assistance or for Federal or other States request for certified EMS personnel.

11. Ohio Environmental Protection Agency (OEPA)

- a. Coordinate drinking water, waste disposal and environmental safety information with local health departments and ODH.
- b. Provide a listing of laboratories offering microbiological, organic and inorganic analysis.

12. Ohio Mortuary Operational Response Team (OMORT)

- a. Supply personnel and materials to support mass fatality response and expanded mortuary services in impacted jurisdictions, including the set up and support of the State's mobile morgue asset.

13. Ohio Fire Chiefs' Association, via the Emergency Response System (ERS)
 - a. Provide information on the availability of emergency medical service resources on a statewide or area basis.
 - b. Manage the typing and tracking of emergency response resources in and via the ERS.
 - c. Coordinate and facilitate the dissemination of information with ESF-8's Primary Agency through the State EOC.
 - d. Coordinate and facilitate the dissemination of information to local response organizations regarding resource requests through regional and county ERS coordinators.
 - e. Provide data, information and feedback to the State EOC for the purposes of generating status reports and after-action reports.
 - f. During emergency operations, acquire reports pertaining to casualties, injuries, damages and evacuations from fire and rescue organizations, and provide them to the State EOC.

VI. RESOURCE REQUIREMENTS

- A. ESF-8 organizations maintain organizational standard operating procedures and resource listings that document the equipment, supplies and services available to them during emergencies.