

# OHIO EMERGENCY OPERATIONS PLAN

## Ohio Strategic National Stockpile Plan

### Tab A to ESF-8 of the Ohio Emergency Operations Plan

<b>Lead Agency:</b>	Ohio Department of Health (ODH)
<b>Support Agencies:</b>	Adjutant General's Department, Ohio National Guard (ONG) American Red Cross (ARC) Ohio Department of Administrative Services (DAS) Ohio Department of Education (ODE) Ohio Department of Mental Health (ODMH) Ohio Department of Natural Resources (ODNR) Ohio Department of Rehabilitation and Correction (ODRC) Ohio Department of Transportation (ODOT) Ohio Emergency Management Agency (OEMA) Ohio Environmental Protection Agency (OEPA) Ohio State Board of Pharmacy (OBP) Ohio State Highway Patrol (OSHP)

#### 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 SNS medical materiel to the site of an emergency.

The primary goal of the plan is to coordinate the efforts of support agencies to this plan on the use and management of the Strategic National Stockpile (SNS) materiel in response to public health and medical emergencies or events that require distribution of large quantities of medical materiel from the Ohio Department of Health (ODH), Emergency Support Function (ESF)-8, Public Health and Medical Services, or Federal support programs.

The SNS is a national repository of antibiotics, antiviral drugs, chemical antidotes, antitoxins, vaccines, life-supporting medications, and medical supplies. The SNS is designed to supplement and re-supply state and local resources during large scale public health and medical emergencies and events. SNS materiel is deployed in an effort to help states and localities save lives, prevent disease and facilitate basic health care service. At the federal level the SNS program is managed by the Centers for Disease Control and Preventions (CDC) Division of the Strategic National Stockpile (DSNS). In Ohio the SNS program is managed by the ODH Office of Health Preparedness (OHP).

## B. Scope

The Ohio Strategic National Stockpile Plan addresses supplemental assistance to local governments in responding to medical materiel needs as a result of public health and medical emergencies or events that require distribution of large quantities of medical materiel.

Ohio maintains an operational readiness posture capable of executing an SNS response that is aligned with the Medical Supplies Management and Distribution Target Capability and also directly supports the local jurisdictions Mass Prophylaxis Capability.

The scope of public health and medical emergencies and events may cover a large geographic area. The type of natural disaster, biological, chemical or radiological agent, incubation times, location of a release, communicability, and location of those exposed will all be factored in when determining the scope of an SNS response.

This plan addresses the following functional elements:

1. Planning
2. Command and Control
3. Requesting SNS Materiel
4. Management of SNS Operations
5. Tactical Communications
6. Public Information and Communications
7. Security
8. Receipt, Staging and Storing SNS Materiel
9. Inventory Control
10. Repackaging
11. Distribution
12. Dispensing
13. Treatment Center Coordination
14. Training, Exercise and Evaluation
16. Return or disposal of unused SNS Materiel
15. Demobilization and SNS Materiel 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 Centers for Disease Control (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

1. Ohio public health jurisdictions and health care systems (hospitals, treatment centers and health care providers) 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.
2. Public health and medical emergencies or events necessitating SNS materiel can occur with or without warning and can escalate despite efforts to mitigate their effects.
3. An epidemic or pandemic disease, and/or bioterrorism event may affect a large number of people over an extended period of time and manifest itself as a large, silent outbreak of disease that occurs days after the release or introduction of an infectious agent into the community. Initially, the spread of disease may not be obvious.
4. Additional pharmaceutical supplies have been cached and pre-positioned at undisclosed strategic locations in the State of Ohio.
5. Planning for the requesting, receiving, staging, storing, transport, and dispensing (medication distribution) of SNS materiel is a continuous process involving all levels of government and local communities.

#### B. Emergency Conditions

1. Local public health officials and/or emergency management officials determine that a public health and medical emergency or an event that requires distribution of large quantities of medical materiel has occurred within their jurisdiction.
2. On-hand medical resources are inadequate to meet current or future health care needs.
3. SNS materiel 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. Local, regional, state, and federal agencies and organizations will coordinate activities for preparedness, prevention, response and recovery during public health emergencies.

2. Existing public health surveillance systems may detect an incident for which SNS resources will likely be required. The process of surveillance for adverse health effects, or reporting of symptoms and/or syndromes by health care providers in hospitals, medical offices and clinical settings and/or through environmental monitoring is paramount in the prevention of possible spread, response, and recovery efforts.
3. Detection of exposure to biological, radiological or chemical agents or disease could occur days or weeks after exposed individuals have left the site of an agent release, intentional or unintentional, has occurred.
4. Activation of this Plan assumes that there is a suspected or actual release of a biological, radiological or chemical agent, a natural or man-made disaster, a disease outbreak or other incident. Local resources will be quickly overwhelmed requiring the supplemental resources of the SNS.
5. Tactical plans for carrying out specific security sensitive tasks and functions of the SNS Plan are considered Sensitive but Unclassified (SBU) For Official Use Only (FOUO) and are omitted from this plan
6. Events necessitating the deployment of the SNS resources will involve multiple jurisdictions of the state of Ohio.
7. If an emergency or disaster exceeds local capabilities and resources, the local official will declare an emergency or disaster and request state assistance. The Ohio Emergency Operations Plan (Ohio EOP) will most likely be activated.
8. Prior to processing the request for SNS materiel, existing pharmaceutical caches will be used, exhausted or a projected to be overwhelmed.
9. The SNS will bolster insufficient state and/or local medical materiel.
10. Arrival time for SNS “push” materiel to the state is approximately 12 hours following CDC’s decision to deploy.
11. Sufficient pre-existing/identified storage and dispensing sites will be available for SNS-related activities.
12. SNS materiel will be apportioned based on affected or projected affected population, on-hand materiel, and number of operational dispensing sites and treatment centers.
13. Resources and supplies that are initially available in inadequate amounts will be dispensed based on SNS Group allocation strategy recommendations to the ODH Incident Commander. In the event metropolitan statistical areas are simultaneously impacted the ODH Incident Commander will provide SNS allocation recommendations to the SEOC Executive Group.

14. Resupply of resources and supplies available in inadequate amounts will be dispensed based on ODH Incident Command recommendations to the SEOC Executive Group.
15. Local health jurisdictions have identified dispensing sites for their jurisdictions and will utilize the Point of Dispensing (POD) Supply Requisition Form to requests SNS materiel through their local emergency management agency.
16. Healthcare systems (e.g., hospitals) have plans in place to dispense antibiotics to healthcare system personnel and will utilize the Hospital and Treatment Center Supply Requisition Form to request SNS materiel through their local emergency management agency.
17. A terrorism event releasing a biological agent may produce people who only need post exposure prophylaxis via the oral medications in the SNS.
18. Personnel identified as local level responders (and when appropriate and when sufficient prophylaxis is available, their family members), including critical continuity of operations staff, may be at risk of exposure, and as such may be among the first to receive prophylactic medication and/or personal protective equipment (PPE) to counteract the effects of the identified hazard.
19. Personnel identified as state-level responders (and when appropriate and when sufficient prophylaxis is available, their family members), including critical continuity of operations staff, may be at risk of exposure, and as such may be among the first to receive prophylactic medication and/or personal protective equipment (PPE) to counteract the effects of the identified hazard.
20. Security precautions must be addressed as civil unrest may occur at the RSS site, during transport of SNS materiel, at any of the points of dispensing (PODs) and/or treatment centers.
21. The need for medical triage and disaster behavioral health services is anticipated.
22. Because of the sensitive nature of SNS materiel, the following information will not be released to the public: a. Where the SNS materiel is coming from; b. How the SNS materiel is being transported; c. When and where the SNS materiel will arrive; d. Where the SNS materiel will be received, staged and stored; and e. How, when and by whom the SNS materiel is being transported for local distribution of medications.
23. Public information and instructions will be disseminated when appropriate to facilitate public access to SNS materiel.

#### IV. CONCEPT OF OPERATIONS

The Ohio SNS Plan provides state assistance to support existing local jurisdictions distribution and dispensing capabilities. Local jurisdictions will request and receive SNS materiel, which include medical counter measures to dispense to an entire affected population. This 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. SNS Management

1. ODH, OEPA, OSHP and OEMA as appropriate and within relevant authorities, coordinate and share information among biological, epidemiological, and environmental surveillance activities.
2. As the lead agency for SNS management, ODH will initiate ICS, assume Incident Command and provide initial state interagency coordination until appropriate entities are engaged.
3. SNS Group activation is dependent upon the type and level of assistance requested from local authorities. Some SNS response operations can be handled by ODH and support agencies as part of normal disaster operations. The ICS, by nature of its structure, allows for expansion by an escalation of activity of the Operations Section SNS Group and the State Emergency Operations Center (SEOC) activation and, conversely, retraction of its various components as required in the demobilization and recovery phase. ODH maintains staffing rosters for the key positions within the SNS Group.
4. Support agency responders that are mobilized and dispatched to the RSS and RDN sites will operate under the SNS Group. Support Agency Liaisons are identified for to the RSS and RDN sites.
5. Acknowledging the State response to a large scale public health or medical emergency shall be in a supporting role to local responses, OEMA will coordinate State operations with local authorities out of the SEOC.
6. SEOC/OEMA will evaluate and take appropriate actions to provide the necessary oversight, situational awareness, decision support, and State interagency forum(s) to assist senior decision makers.
7. Anytime this plan is activated in whole or in part, close coordination with the Joint Information Center (JIC) is essential to ensure the security of SNS materiel and information of the availability of medical countermeasures.

## B. SNS Response Phases

The concept of operations for SNS response operations is a phased approach. This approach allows for a rapid State response that employs traditional and atypical response elements: 1. Steady-State; 2. Initial Response; 3. Sustained Response; and 4. Demobilization and Recovery.

## C. SNS Response Options

Across each phase, this plan leverages three distinct means to provide support to local jurisdictions. Support could include a combination of the following approaches in any order:

1. 12-Hour Push Packages - SNS materiel will arrive in Ohio by air or ground. The 12-hour Push Package is normally the first to arrive, twelve hours or less after the federal decision to deploy. The SNS materiel is referred to as a “Push Package” 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. Push Packages can include any combination of the following SNS materiel:
  - a. Oral Antibiotics
  - b. Intravenous
  - c. Respiratory
  - d. Pediatric
  - e. Medical/Surgical
2. Managed Inventory- 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.
3. Vaccines – The repository for various types and quantities of vaccines. Vaccine management and distribution is dictated by incident as directed by the CDC.
4. 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.

## D. Steady State

1. Ohio’s steady-state actions require coordinating efforts to protect against and prepare for potential response and recovery activities in the event of a public health or medical emergency. These policies, initiatives, and programs include but are not limited to:

- a. Conduct environmental monitoring, sampling, bio-surveillance and epidemiological surveillance
  - b. Maintaining situational awareness
  - c. Developing and maintaining plans, programs and systems
  - d. Securing federal grants funding
  - e. Local dispensing and prophylaxis planning guidance
  - f. Aligning programs operational plans, and systems
  - g. Readiness reporting, to include SNS training and exercise coordination
  - h. Supporting local mass dispensing and prophylaxis training and exercises
  - i. Identify SNS responders and conduct volunteer recruitment implementation
2. Steady state actions facilitate prevention and preparedness. One of the primary ongoing initiatives during the steady state is the Cities Readiness Initiative (CRI), which provides funding for local planning, training, and exercising to build capabilities. Steady-state activities are continuous until there is a decision to initiate an SNS response. Steady state actions should result in the synchronization of agency response activities that assure and maintain horizontal and vertical integration of at all levels of government that are necessary during a rapid SNS response.

#### E. SNS Response Indicators

1. In certain circumstances an advance notice of a potentially serious deterioration in public health and medical conditions may result in the need to activate the ODH SNS Plan and deploy federal SNS materiel in Ohio. Utilizing an all hazards approach, general indicators and thresholds have been conservatively selected to establish the parameters in which the Ohio SNS Plan can be immediately implemented to facilitate a common operating picture and enhance the flexibility of an SNS response throughout Ohio. The nature and extent of the specific hazard dictates the scope and scale of every SNS response. The Incident Commander or Lead Agency can choose to either activate this plan in whole or may necessitate only a partial activation of this plan to monitor developments, carry out specific functions within the SNS response and maintain a common operating picture for the state.

SNS response indicators have been identified with consideration to the potential risks to the Ohio populace that would warrant an SNS response. SNS response indicators alone do not assure Ohio SNS Plan implementation, instead they signal or direct attention to preliminary data that is monitored during the steady state.

3. A rapid determination will need to be made if there is a community in an area of interest within Ohio that warrants a SNS response and immediate implementation of the Ohio SNS Plan or if other actions need to be taken in accordance with agency protocols.
4. Indicators to initiate an Ohio SNS response include, but are not limited to:
  - a. Credible intelligence of an imminent threat of, or a public health and medical emergency or event has occurred.
  - b. A BioWatch Actionable Result (BAR).
  - c. Local jurisdictions report a medical surge beyond their capability.
  - d. Suspect cases are reported by local health jurisdictions that may require large quantities prophylaxis or other medical materiel.
  - e. Requests for SNS materiel are submitted to the State.
  - f. There is a disaster or State of Emergency declaration by the Governor.
  - g. Ohio receives a request from a cross border state for SNS materiel in order to respond to a public health and medical emergency or event.
  - h. The CDC notifies ODH they are shipping SNS materiel to Ohio.

#### F. Initial Response

1. During the Initial Response phase, activities are being performed at all levels of government. Response actions will integrate Federal SNS materiel into Ohio for distribution to local jurisdictions in order to supplement the response. Initial SNS response activities include but are not limited to:
  - a. Detection of or an imminent threat of a public health or medical hazard.
  - b. Conducting alert notifications and communications.
  - c. Analyzing the situation.
  - d. Receipt of local Point of Dispensing (POD) Supply Requisition Forms and/or Hospital and Treatment Center Supply Requisition Forms from local emergency management agencies or EMAC requests for SNS materiel.
  - e. Activation of the State Emergency Operations Center (SEOC).
  - f. The Governor issues a Proclamation declaring a State of Emergency in response to the incident.

- g. Requesting SNS materiel from the CDC.
- h. Establishing security for the SNS materiel.
- i. Activation of the Receiving, Storage, Staging (RSS) and direct SNS Group operations.
- j. Establishing a common operating picture (COP) that supports coordinated efforts of state agencies, departments, other non government organizations and resources to implement and carryout SNS response activities including identified and unidentified issues of the transport and receiving of SNS materiel.
- k. Establishing the RSS site and tactical communications.
- l. Receiving and inventorying SNS materiel.
- m. Allocate and initiate inventory tracking of SNS materiel.
- n. Repackaging and staging SNS materiel for distribution.
- o. Distributing and transferring custody of SNS materiel to Regional Distribution Nodes (RDN), Points of Dispensing (POD), hospitals or treatment centers.
- p. Providing support to locals conducting mass dispensing and/or mass prophylaxis campaigns and operations to dispense medical countermeasures to the impacted population.

#### G. Sustained Response

- 1. Additional State support may be required beyond the initial response period to maintain operations. Additional support will be provided through ESF #7 (Resource Support and Logistics). Sustained SNS response activities include but are not limited to:
  - a. Re-supplying through managed inventory as appropriate.
  - b. Maintaining a COP to ensure ongoing coordination of the SNS response with the efforts of local, and federal entities, plus those of neighboring states, voluntary organizations and the private sector.
  - c. Ensuring effective and efficient use of state resources.

#### H. Demobilization and SNS Materiel Recovery

- 1. Once local authorities, in coordination with the SEOC Executive Group, determine that local jurisdictions have sufficient capability and capacity to serve their affected population SNS response operations will begin the demobilization

process. Health and medical resources may demobilize from support of the distribution campaign to assist the impacted public health and medical infrastructure. SNS Group demobilization and recovery activities include but are not limited to:

- a. Recovery and/or disposal of unused SNS Materiel.
- b. Demobilization of all mobilized resources.
- c. Conducting Critical Incident Stress Debriefings (CISD) as appropriate.
- d. Reimbursement and documentation collection.
- e. After action reporting and improvement planning.

## **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.U.S.C § 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 State of Ohio Emergency Operations Center (SEOC) 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 Emergency Operations Plan's 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.

<b>Comparison Chart for ESF-8 Tab A SNS Response and Recovery</b>			
<b>State Agencies</b>	<b>Federal Agencies</b>	<b>Local Agencies</b>	<b>Non-Government Organizations</b>
Ohio Department of Health	Center for Disease Control and Prevention/ National Institute for Occupational Safety and Health/United States Public Health Service /Office of the Assistant Secretary for Preparedness and Response (Hospital Preparedness Planning)/Department of Homeland Security (National Disaster Medical System)/Department of Veterans Affairs	Local Health Jurisdictions Local Hospitals	Ohio Association of Health Commissioners Ohio Hospital Association
Adjutant General’s Dept	Department of Defense	*	*
Greater Columbus Chapter of the American Red Cross	American Red Cross	Local American Red Cross Chapters	
Attorney General’s Office	Department of Justice	County Prosecutor	*
Ohio Department of Administrative Services	General Services Administration	County and City Procurement Offices	*
Ohio Department of Commerce, State Fire Marshal	U.S. Department of Commerce: Food and Drug Administration/Drug Enforcement Agency	Local Fire and EMS	*
Ohio Department of Mental Health	Substance Abuse and Mental Health Services Administration	Community Mental Health/Alcohol, Drug and Mental Health Boards/Alcohol and Drug Addiction Services Boards	*
Ohio Department of Natural Resources	Department of the Interior	County Wildlife Office	*
Ohio Department of Rehabilitation and Corrections	Federal Bureau of Prisons	Local/County Jails	*
Ohio Department of Transportation	United States Department of Transportation	County Engineer	*
Ohio Emergency Management Agency	DHS/Federal Emergency Management Agency	County Emergency Management Agencies	*
Ohio Homeland Security Division	United States Department of Homeland Security	Local Law Enforcement	*
Ohio State Board of Pharmacy	Food and Drug Administration, Drug Enforcement Agency	Ohio Pharmacists Association	Retail Pharmacy Chains

Ohio State Highway Patrol	Federal Bureau of Investigation/U.S. Marshals Service/Secret Service/Alcohol Tobacco and Firearms	County Sheriff/Law Enforcement	*
Ohio Environmental Protection Agency	U.S. Environmental Protection Agency	*	*
Ohio Department of Education	U.S. Department of Education	School District Superintendents	*

\* There is no comparable designated organization at this level of government

## VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

The following sections provide guidance to State departments and agencies on how to execute their roles and responsibilities (common and specific) during a rapid SNS response. Additionally, it is vital to acknowledge the role played by local jurisdictions in mass dispensing and mass prophylaxis campaigns. Depending on the circumstances, Federal, State, or local public and environmental health or law enforcement authorities may be the first to identify a public health or medical threat. Health and Human Services (HHS), Department of Homeland Security (DHS), Department of Justice (DOJ), and Department of Defense (DOD) may support State and local efforts with information and resources that only the Federal Government can provide.

Responding to public health and medical emergencies in Ohio requires a truly intergovernmental partnership throughout the State, and clearly defined roles and responsibilities among State departments and agencies will help ensure a unified approach during the preparedness and response phases of local mass prophylaxis initiatives.

### Common Roles and Responsibilities

The following tasks are assigned to all participating departments and agencies:

1. Develop and synchronize Ohio SNS Plan and agency-based operational plans with other State departments and agencies and other governmental entities at the local levels.
2. Equip and train deployable personnel (teams and pre-identified volunteers) for deployment to a State rapid response.
3. Engage non-governmental organization (NGO) and private sector partners, as appropriate.
4. Synchronize information sharing, leveraging existing State and local systems to facilitate maximum benefit to decision makers and responders.

5. Participate in a comprehensive public information system, Joint Information Center (JIC) that coordinates with local response messaging and ensures the Government speaks with one voice through each phase of an incident.
6. Focus risk-based funding and grants to enhance capabilities and reduce gaps, in accordance with existing policy and Federal regulations.
7. Implement protective measures based on the public health and medical situation and the changes to the Federal and State alert notification levels as appropriate (e.g., Homeland Security Advisory System [HSAS], OEMA Crisis Action System [CAS] Level, World Health Organization [WHO] Phases etc.).
8. Deploy SNS materiel and resources in coordination with other State departments and agencies and governmental entities at the local level.
9. Ensure SNS response functions are fully integrated into the incident/unified command structure for Ohio's all hazard response as presented in the State of Ohio Emergency Operations Plan (EOP) and ESF-8.

### **Specific Roles and Responsibilities**

ODH will notify local health jurisdictions, hospitals, CDC and the SEOC/OEMA, of an event requiring an SNS response. If assessments indicate that a state-level response and recovery operation is required. The SEOC/OEMA will notify the appropriate agencies listed in this plan based on the needs of the event. Lead 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. Lead Agency**

##### **Ohio Department of Health (ODH)**

1. Maintain a roster of personnel to provide 24/7 essential staffing at the RSS and the RDNs. ODH directs SNS management and coordinates the SNS functional elements during all phases of an SNS response.
2. Identify and provide essential staffing requirements and volunteer coordination for RSS and RDN operations.
3. Approve Ohio RSS warehouse site(s) and RDN location(s).
4. Notify the SEOC/OEMA when an incident has occurred that requires an SNS response.
5. Coordinate with DAS to determine current medical materiel request and current levels of on-hand statewide inventories.

6. Determine whether or not to recommend to the Governor that a request be made for deployment of SNS materiel 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 medical materiel.
7. Activate and implement the Ohio SNS plan and procedures.
8. Receive and process requests for SNS materiel from local emergency response agencies through OEMA.
9. Receive and process requests for SNS materiel for response to counties outside the borders of the State of Ohio from SEOC/OEMA.
10. Request SNS materiel from the CDC as needed.
11. Once the decision to request SNS materiel is made, ODH will request activation of the SEOC and mobilization of RSS and RDN responders as appropriate.
12. Coordinate rapid and effective management of SNS response operations in accordance with ESF-1 (Transportation), ESF-2 (Communications), ESF-5 (Information and Planning), ESF-7 (Resource Support), ESF-13 (Law Enforcement) and ESF-10 (Hazardous Materiel).
13. Direct RSS and RDN operations in close coordination with ONG, OSHP and ODOT Liaisons.
14. Provide RSS and RDN tactical communications and information technology support in accordance with ESF-2 (Communications).
  - a. Coordinate with OEMA on the assignment of talk groups for MARCS radios assigned to the RSS, RDN and transportation vehicles.
  - b. Ensure tactical communications are established and maintained at the RSS and RDN sites.
  - c. Ensure that each Point of Dispensing (POD) and treatment center location has a designated point of contact (POC) to collect and communicate needs through local EOC and the SEOC.
15. Determine and allocate the type and quantity of materiel to be distributed to hospitals/treatments centers and Point of Dispensing (POD) sites within local health jurisdictions.
  - a. Utilize the inventory software to determine apportionment of SNS materiel to RDNs, county drop sites, dispensing sites and/or hospital/treatment centers on the basis of health, epidemiologic investigation, intelligence, populations or projected inventory availability data.

- b. Ensure that SNS materiel will be distributed to the identified hospital/treatment centers and/or Points of Dispensing (POD) sites.
  - c. Ensure that items will be repackaged in lots to match 12-hour push package configurations for redistribution to dispensing sites and treatment centers.
16. Coordinate RSS and RDN site and SNS materiel security, inventory control, repacking, transportation and chain of custody transfers in accordance with ESF-13 (Law Enforcement) and ESF-1 (Transportation).
- a. 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 materiel.
  - b. ODH is responsible for the SNS materiel 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.
  - c. 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.
  - d. Ensure that appropriate shipping documents are provided to all drivers.
  - e. Ensure that all drivers and Ohio responders are trained and briefed on the SNS functional elements, including chain-of-custody protocol.
17. Provide dispensing and vaccination guidance and sample protocols to local health jurisdictions and hospitals.
- a. Local health jurisdictions (LHD): 1) identify and operate dispensing sites, 2) assign adequate and appropriate clinic personnel and 3) duplicate print materiel for educational purposes (e.g. vaccine information statement [VIS], drug information statement [DIS]) and clinic operations (e.g. drug labels).
  - b. Essential personnel (i.e. first responders and other critical response staff), their families and the general public will be prophylaxed or vaccinated according to the local plans.
  - c. LHDs ensure proper management of solid and infectious waste at the dispensing sites according to OEPA guidance.
18. Collaborate with the State Pharmacy Board, Ohio Pharmacists Association and Retail Pharmacy Chains to identify tactics to bolster a mass dispensing campaign in Ohio.

19. Provide health and medical advisories and ensure related public information is communicated in accordance with ESF-15 (Emergency Public Information and External Affairs).
  - a. ODH will coordinate specified information for the media, the general public, medical professionals, health care providers, and elected officials.
20. Initiate actions to demobilize dispensing and treatment center sites along with RDN and RSS site operations.
  - a. Coordinate inventory of all unused SNS materiel (pharmaceuticals, medical equipment and containers) at all dispensing and treatment center sites, county drop sites, and the RDN sites.
  - b. Coordinate transport from the dispensing and treatment center sites to the RDN and subsequently to the RSS warehouse.

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 manage logistical support in conjunction with ODH, OSHP and ODOT.
    - i. Logistical support includes 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.
    - i. ONG will be responsible for transport of SNS materiel from the RSS to the RDNs as detailed in ESF-1, Tab B.
  - e. Assist ODH and DAS with identification of RDN sites throughout Ohio.

2. American Red Cross (ARC)
  - a. Provide logistical support for SNS responders including food, shelter and other needs at the RSS and RDNs in accordance with ESF-7 (Resource Support and Logistics).
3. 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. Identify and make available DAS 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.
    - i. DAS will ensure that agreements are in place to lease or access centrally located RDN sites.
  - d. Ensure transfer custody of non-State facility RSS and RDNs back to proper owner, where appropriate.
  - e. Provide resource support in accordance with ESF-7 (Resources Support and Logistics).
4. Ohio Department of Education
  - a. Coordinate and support local school districts and private schools involved in mass dispensing or mass prophylaxis operations in accordance with ESF-7 (Resource Support and Logistics) and ESF-15 (Emergency Public Information and External Affairs) .
5. Ohio Environmental Protection Agency (OEPA)
  - a. Provide pharmaceutical disposal technical assistance as needed.
  - b. Provide pharmaceutical disposal support in accordance with ESF-10 (Hazardous Material).
6. Ohio Department of Mental Health (ODMH)
  - a. Provide teams of behavioral health responders to address the needs of 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 in accordance with ESF-13 (Law Enforcement).
  - b. Provide the use of agency-owned vehicles and operators for transportation of SNS materiel in accordance with ESF-1 (Transportation).
8. Ohio Department of Rehabilitation and Correction (ODRC)
- a. Provide the use of agency-owned facilities for RDN sites, staff, equipment and supplies in accordance with ESF-7 (Resource Support and Logistics).
  - 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 (Transportation).
  - c. Provide security at ODRC sites and support transportation security in coordination with ODOT, ONG and OSHP in accordance with ESF-1 (Transportation).
9. Ohio Department of Transportation (ODOT)
- a. Identify ODOT staff to provide 24/7 at the RSS and the RDNs to manage logistical support in conjunction with ODH, OSHP and ONG.
    - i. Logistical support includes SNS materiel transportation; transport, delivery and transfer of custody; coordinate communications for all aspects related to SNS materiel transportation.
  - b. Provide transport to and from repackaging site for the state pharmaceutical cache.
  - c. ODOT in coordination with ODH will manage transport from RDN(s) to county drop sites, dispensing sites/treatment centers as detailed in ESF-1, Tab B.
  - d. As detailed in ESF-1, Tab B, provide current and updated information on the status of transportation routes throughout the state.
  - e. Assist in opening or closing roads or highways as necessary.
  - f. Provide emergency re-route mapping for deliveries as necessary.

- g. In coordination with OSHP and ONG, identify transportation routes from the RSS warehouse to all RDNs and from RDNs to all county drop sites, dispensing sites and treatment centers.
- h. Coordinate transportation for the CDC SNS Advisory Group (SSAG) from airport to RSS warehouse and other locations as directed.

10. Ohio Emergency Management Agency (OEMA)

- a. Inform ODH when local/state medical resources are inadequate to meet current or future health care needs.
- b. Notify state agency partners about the SNS response. 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.
  - i. OEMA will coordinate with OSHP to ensure all security vehicles assigned to transportation vehicles have proper communications equipment.
- c. Support ODH by providing coordination during an all hazard emergency that necessitates the deployment of the SNS in accordance with ESF-5 (Information and Planning).
- d. Support public information and rumor control efforts throughout the emergency in accordance with ESF-15 (Emergency Public Information and External Affairs).
- e. Provide situational assessment and coordination as outlined in the Ohio EOP Base Plan and in accordance with ESF-5 (Information and Planning), including providing coordination of state resources to support the deployment of the SNS
- f. OEMA is the lead for ESF-14 (Recovery and Mitigation). Recovery issues will include but are not limited to reimbursement for activities between local agencies and organizations, the state and federal agencies.

11. Ohio Board of Pharmacy (OBP)

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

- ii. Coordinate messages for the pharmacy community in accordance with ESF-15 (Emergency Public Information and External Affairs).
  - b. Oversee repackaging of bulk antibiotics into smaller unit of use bottles.
12. Ohio State Highway Patrol (OSHP)

- b) Identify OSHP staff to provide 24/7 at the RSS and the RDNs to manage logistical support in conjunction with ONG, ODNR and DAS.
  - a. Logistical support includes all SNS materiel security functions; secure materiel during loading, transport, delivery and transfer of custody; coordinate communications for all aspects related to SNS materiel security.
- c) Coordinate with OEMA to ensure all security vehicles assigned to transportation vehicles have proper communications.
- d) Coordinate security of transportation of materiel into the State of Ohio to the RSS site.
- e) Assess and evaluate the security needs of the RSS warehouse and all RDN sites.
- f) Coordinate or provide security at activated RSS and RDN sites to protect the SNS materiel as well as Ohio responders working at the RSS and RDNs.
- g) In coordination with ODOT and ONG, and as detailed in ESF-1 (Transportation), ensure security of transportation routes from the RSS warehouse to all RDNs and from RDNs to all county drop sites, dispensing sites and treatment centers based upon the transportation strategy.
- h) Coordinate with the U.S. Marshal Service, the Federal liaison, and local law enforcement agencies as necessary.
- i) In coordination with ONG, ensure security of transportation vehicles and drivers to escort materiel from the RSS to RDN sites.
  - j) OSHP will screen and verify that drivers and Ohio responders have proper credentials.
- k) In coordination with ONG, ensure security of the RDN sites.
- l) Coordinate security escort of the CDC SNS SSAG from airport to RSS warehouse and other locations as directed.

- m) Coordinate transportation security for out of state deliveries.
- n) Provide emergency re-route mapping for deliveries as necessary in consultation with ODOT as detailed in ESF-1.

## **VII. COORDINATION REQUIREMENTS**

### 1. Federal

- a. Coordinate with Support Agencies and ESFs regarding procedures for establishing communications with State entities based upon state connectivity and access requirements.
- b. Provide SNS materiel to the State of Ohio for health jurisdictions and treatment centers through the SEOC ESF-8 (Public Health and Medical).

### 2. State

- a. Refer to section VI Organization and Assignment of Responsibilities for agency specific coordination responsibilities.

### 3. Local jurisdictions

- a. Coordinate with Support Agencies and ESFs regarding procedures for establishing communications with State entities based upon state connectivity and access requirements.
- b. Coordinate local dispensing activities with Support Agencies and ESFs, and coordinate SNS materiel within their jurisdiction, as appropriate.
- c. Request SNS materiel from the state for health jurisdictions and treatment centers through the local emergency management agency.
- d. Coordinate dispensing activities based upon ODH guidance.
- e. Integrate SNS materiel into local mass dispensing and prophylaxis response efforts.
- f. Execute mass dispensing and mass prophylaxis campaigns for the impacted population.
- g. Return all medical equipment that was issued from the state

4. Non-Governmental Organizations
  - a. Coordinate with Support Agencies and ESFs regarding procedures for establishing communications with State entities based upon state connectivity and access requirements.
  - b. The state will work with affiliated associations, to include the Ohio Hospital Association (OHA) and the Ohio Association of Health Commissioners (AOHC) to solicit their assistance in coordinating local health jurisdiction response operations.
  - c. The state will work with retail pharmacy chains (RPC) to solicit their assistance in bolstering the local health jurisdiction response capability during mass dispensing campaigns.

### **VIII. KEY DECISIONS**

Key State decisions that must be coordinated or are required to facilitate a rapid SNS response:

1. Public Health Emergency Declaration (ODH).
2. Governor's Proclamation declaring a State of Emergency in support of SNS Group responder mobilizations necessary to execute response to the incident.
3. SEOC activation at CAS Level 2 or higher (OEMA).
4. High Priority OPHCS alert notifications, as appropriate (ODH).
5. Incident Command System activation SNS Group mobilization (ODH).
6. Support activation of ESFs and mobilization of Agency responders in response to incident-related missions. (ODH).
7. Task State departments and agencies through the SNS Group Response to perform missions in response to a public health or medical emergency. (ODH).
8. Mission assignments that are executed through an expedited work order tracked in a web based tracking system i.e. WebEOC. (ODH, ONG, ODOT, DAS and OEMA).
9. Initiate post-incident public information campaign to reassure population of continuity of constitutional government and provide information on appropriate protective actions in both affected and non-affected areas. (ODH, OEMA).

## **IX. CRITICAL INFORMATION REQUIREMENTS**

Senior level decision makers who have responsibility for implementing and supporting the Ohio SNS Plan will require information about:

1. Location, time, and characteristics of the public health or medical emergency.
2. Current and projected population affected and/or exposed.
3. Ohio Countermeasure effectiveness and burn rate.
4. Measure of local dispensing performance.
5. Status of local requests for assistance.
6. Composition and disposition of SNS materiel (e.g. Push Packs, Managed inventory, vaccines and deployable teams).
7. Status of pre-designated state volunteers, ad hoc volunteers, and IMT teams.
8. Current MCM inventory on hand (including CHEMPACK, Ohio CRI caches, Regional Hospital caches and state agency caches).
9. Transportation capacity.
10. Security; SNS materiel, security posture within the affected jurisdiction(s) and measure of public order.
11. Overall awareness of the national situation.

## **X. PLAN MAINTENANCE**

1. ODH is the lead agency for Ohio SNS planning efforts.
2. ODH will develop Ohio SNS Plan exercises in coordination with OEMA that include state agencies in 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.
3. OEMA will include Ohio SNS Plan exercises in the Ohio Training and Exercise Plan.
4. A review and update of the Ohio SNS Plan will be accomplished annually by all state agencies identified within the Ohio SNS Plan to address plan deficiencies that are revealed during exercises or operations and to sustain the plan as an operational component of the State EOP

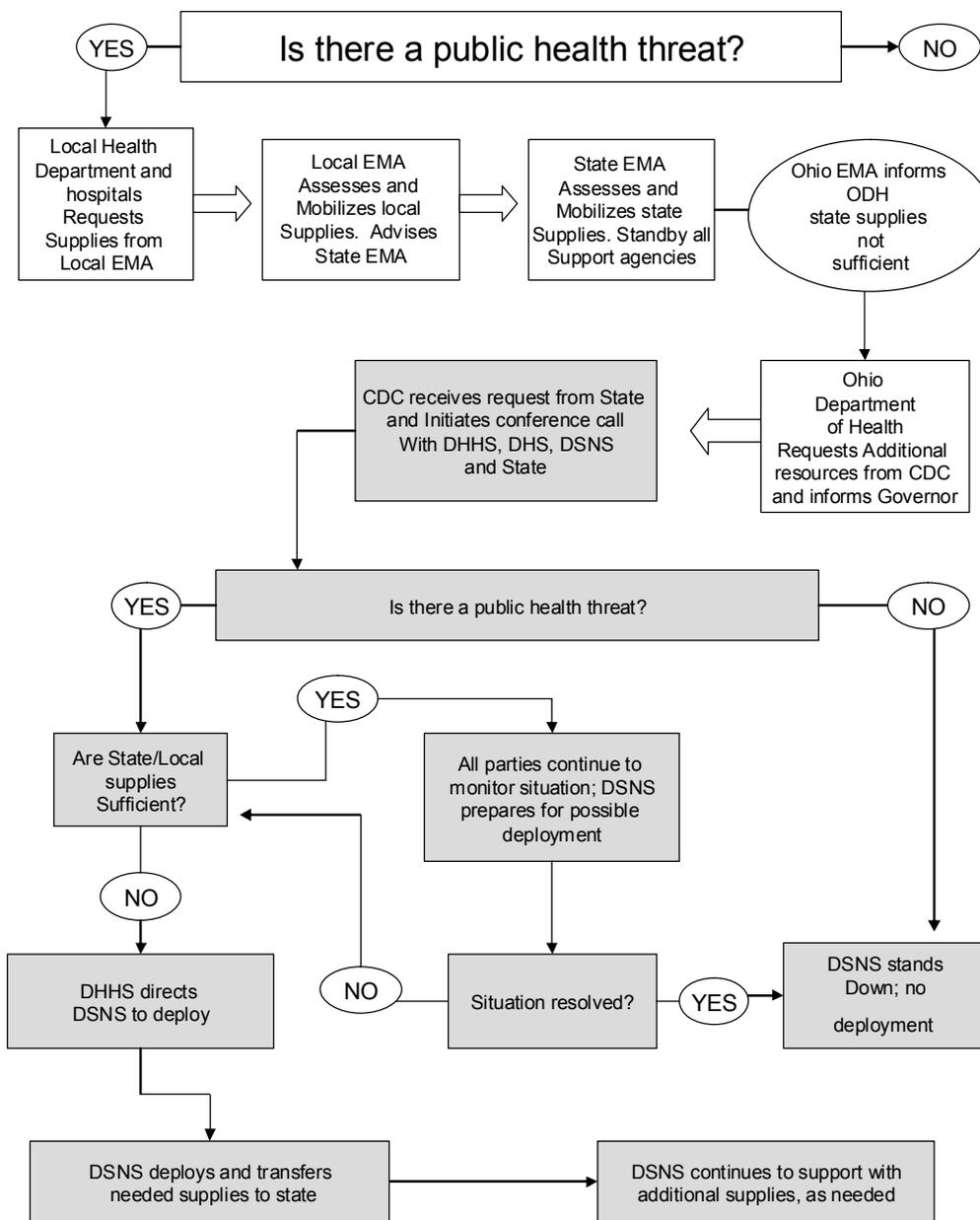
5. ODH will coordinate with OEMA to schedule annual reviews and updates to the Ohio SNS Plan with all support agencies identified.
6. OEMA will facilitate the Ohio SNS Plan annual review sessions and obtain plan promulgation.

### Attachment 1: Assignment of Responsibilities Matrix by Program Activity

Phases	State Agency	ARC	DAS	OBP	ODE	ODH	ODMH	ODNR	ODOT	OEMA	OEPA	ODRC	ONG	OSHP
	ESF Primary Agency		7			8		3	1	2, 5, 6, 14, 15	10			13
	Activities													
Steady State	Conduct monitoring & Surveillance					L				S	S			S
	Maintain situational awareness	S	S	S	S	L	S	S	S	L	S	S	S	S
	Develop/maintain plans, programs & systems	S	S	S	S	L	S	S	S	S	S	S	S	S
	Secure federal grant funding		S			L				L				
	Align programs, operational plans & systems	S	S	S	S	L	S	S	S	S	S	S	S	S
	Coordinate/conduct SNS training & exercises	S	S	S	S	L	S	S	S	L	S	S	S	S
	Support dispensing/prophylaxis activities			S	S	L	S							
	Identify RSS/POD/Treatment Center Locations		S		S	L			S				S	S
Identify SNS responders/recruit volunteers	S	S	S	S	L	S	S	S	S	S	S	S	S	S
Initial Response	Detect a health/medical hazard or event	S	S	S	S	L	S	S	S	S	S	S	S	S
	Conduct alert notifications & communications	S	S	S	S	L	S	S	S	L	S	S	S	S
	Analyze the situation		S			L			S	S	S		S	S
	Receive local or EMAC SNS asset requests					S				L				
	Activate the SEOC	S	S	S	S	S	S	S	S	L	S	S	S	S
	Governors Emergency Declaration					S				L				
	Request SNS assets from CDC					L				S				
	Coordination & establish COP	S	S	S	S	S	S	S	S	L	S	S	S	S
	Establish security					S		S	S	S		S	L	L
	Activate RSS & direct SNS operations					L			S	S			S	S
	Establish RSS & Tactical Comm					L			S	S			S	S
	Receive & Inventory assets					L		S	S	S		S	S	S
	Allocate & initiate tracking of assets					L			S	S			S	S
	Repackage & stage assets			S		L							S	S
Distribute & transfer custody of assets					S			L	S			L	S	
Support local mass dispensing & prophylaxis	S		S	S	L	S			S					
Sustained Response	Resupply through MI as necessary					L			S	S			S	S
	Maintain COP	S	S	S	S	S	S	S	S	L	S	S	S	S
	Monitor response effectiveness/efficiency					L			S	S			S	S
Demobilization & Recovery	Recovery/Disposal of SNS assets	S	S	S	S	L	S	S	S	S	S	S	S	S
	Demobilize resources					L			S	S			S	S
	Response reimbursement					S			S	L			S	S
	After Action Reporting-Improvement Planning	S	S	S	S	L	S	S	S	S	S	S	S	S

## ATTACHMENT 2

### ALGORITHM FOR REQUESTING, DEPLOYING AND RECIEVING SNS MATÉRIEL



Appendix I