

OHIO EMERGENCY OPERATIONS PLAN

Ohio Medical Countermeasure Management and Dispensing (MCMD) Plan

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

- Lead Agency:** Ohio Department of Health (ODH)
- Support Agencies:** 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 and Addiction Services (ODMH/AS)
Ohio Department of Natural Resources (ODNR)
Ohio Department of Rehabilitation and Correction (ODRC)
Ohio Department of Transportation (ODOT)
Ohio Emergency Management Agency (Ohio EMA)
Ohio Environmental Protection Agency (OEPA)
Ohio State Board of Pharmacy (OSBP)
Ohio State Highway Patrol (OSHP)

I. INTRODUCTION

A. Purpose

1. The Ohio Medical Countermeasure Management and Dispensing (MCMD) Plan addresses management responsibilities in an emergency situation for state-level agencies to effectively deliver critical MCM matériel to the site of an emergency.
2. The primary goal of the plan is to coordinate the efforts of the Plan’s support agencies in the use and management of medical countermeasures (MCM), including Strategic National Stockpile (SNS) matériel, in response to public health and medical emergencies that require the distribution of medical matériel from the Ohio Department of Health (ODH), Emergency Support Function (ESF-8), Public Health and Medical Services; or Federal support programs.
3. 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. SNS matériel is deployed in an effort to help states and localities save lives, prevent disease and facilitate the continuation of basic health care services.

4. The SNS program is managed at the Federal level by the Centers for Disease Control and Prevention's (CDC) Division of the Strategic National Stockpile (DSNS). In Ohio, the SNS and MCM programs are managed by the ODH's Office of Health Preparedness (OHP).
5. In this Plan, "MCM" and "MCM matériel" refer to any countermeasures or matériel that may be used during an incident and that may include resources from the SNS program. In this plan, SNS refers specifically to the Strategic National Stockpile Program.

B. Scope

1. This plan addresses supplemental assistance to local governments in responding to medical matériel needs as a result of public health and medical emergencies that require the distribution of medical matériel.
2. Ohio maintains a "ready" operational posture capable of executing a MCM response that is aligned with the Medical Supplies Management and Distribution Target Capability, and that directly supports local jurisdictions' Mass Prophylaxis Capability.
3. The distribution of a public health and medical emergency that may be addressed by this plan 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 a MCM response.

II. SITUATION

A. General Conditions

1. The Governor of the State of Ohio has designated the Director of the ODH with the authority to formally request the deployment of the SNS from the CDC. This designation was made under authority that is defined in a December 2007 CDC document entitled "Delegation of Authority to Request Federal Assistance from the Centers for Disease Control and Prevention for the Strategic National Stockpile."
2. Ohio's public health jurisdictions and health care systems (e.g. hospitals, treatment centers and health care providers) experience events and/or incidents daily that require the use of medical matériel (e.g., pharmaceuticals and medical supplies), and their inventory is adequate to meet these needs.
3. Public health and medical emergencies or events necessitating MCM matériel can occur with or without warning, and can escalate despite efforts to mitigate their effects.

4. An epidemic or pandemic disease, and/or bioterrorism event may affect a large number of people over an extended period of time; and may manifest itself as a large, silent outbreak of disease that occurs days after the release or introduction of an infectious agent into the community. In addition, the initial spread of a disease may not be obvious.
5. Additional pharmaceutical supplies have been cached and are pre-positioned at undisclosed strategic locations in the State of Ohio.
6. Planning for requesting, receiving, staging, storing, transport, and dispensing (medication distribution) of MCM matériel is a continuous process involving all levels of government and jurisdictions.
7. Tactical plans for carrying-out specific security sensitive tasks and functions of the State's MCM Plans are considered Sensitive but Unclassified (SBU) For Official Use Only (FOUO) and are omitted from this plan

B. Emergency Conditions

1. A public health and/or medical emergency that requires the activation of this plan may exist if one-or-more of the following conditions exist:
 - a. On-hand medical resources are inadequate to meet current or future health care needs.
 - b. Local public health officials and/or emergency management officials make the determination that a public health and/or medical emergency has occurred within their jurisdiction that requires state-level assistance for the distribution of medical matériel.
2. MCM matériel 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 this plan.

III. ASSUMPTIONS

- A. Local, regional, state, and federal agencies and organizations will coordinate activities for preparedness, prevention, response and recovery during public health emergencies.
- B. Existing public health surveillance systems may detect an incident for which MCM 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.

- C. Detection of exposures 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.
- D. The 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 another type of incident that adversely impacts public health and that may quickly overwhelm local response resources, requiring supplemental resources of the State MCM program, and potentially the SNS.
- E. Incidents that necessitate the deployment of MCM resources may involve multiple jurisdictions within the state.
- F. If an emergency or disaster exceeds local capabilities and resources, local officials will declare an emergency or disaster and request state assistance.
- G. If this Plan is activated, the State of Ohio's Emergency Operations Center (State EOC) will be activated.
- H. Prior to processing a request for State-level MCM matériel, existing local and state pharmaceutical caches will be used, exhausted or will projected to be overwhelmed.
- I. The SNS will bolster insufficient state and/or local medical matériel needs.
- J. Arrival time for SNS "push package" matériel will be within 12 hours after CDC's decision to deploy.
- K. Sufficient pre-existing/identified storage and dispensing sites will be available to support and facilitate SNS-related activities.
- L. MCM matériel will be apportioned based on affected or projected affected populations, on-hand matériel, and the number of operational dispensing sites and treatment centers.
- M. Resources and supplies that are initially available in inadequate amounts will be dispensed based on Incident Command System (ICS) MCM Group/ODH allocation strategy recommendations to the ODH Director or their Designee (e.g., ODH Incident Commander). In the event that multiple Metropolitan Statistical Areas are simultaneously impacted, the ODH Director or their Designee (e.g., ODH Incident Commander) will provide MCM allocation recommendations to the State EOC's Executive Group.
- N. Resupply of resources and supplies that are available in inadequate amounts will be dispensed based on ODH Incident Command recommendations to the State EOC's Executive Group.

- O. Two distribution models will be employed by the State during an incident that requires MCM:
 - 1. In an incident that employs a “push” model, MCM will be distributed to local jurisdictions prior to any local request.
 - 2. In an incident that employs a “pull” model, MCM are requested by the LHD or local healthcare systems.
- P. Generally, early in the event, a “push” model may be utilized; later in the event, resupply may be accomplished through the “pull” model.
- Q. ODH, in consultation with the State EOC Executive Group, will determine overall MCM allocations for both models.
- R. In a “pull” model, local health jurisdictions have identified dispensing sites for their jurisdictions and will utilize the Point of Dispensing (POD) Supply Requisition Form to request MCM matériel through their local emergency management agency. While, 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 MCM matériel through their local emergency management agency.
- S. In a terrorism-related incident, the release of a biological agent may cause affected people to only need post-exposure prophylaxis via oral medications.
- T. Personnel identified as local- or 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.
- U. Security precautions must be addressed, as civil unrest may occur at the Receipt, Store, Stage (RSS) site, during transport of MCM matériel, and at POD/s and/or treatment center/s.
- V. The need for medical triage and disaster behavioral health services is anticipated.
- W. Because of the sensitive nature of MCM matériel, the following information will not be released to the public:
 - a. Where the MCM matériel is coming from;
 - b. How the MCM matériel is being transported;
 - c. When and where the MCM matériel will arrive;
 - d. Where the MCM matériel will be received, staged and stored

- e. How, when and by whom the MCM matériel is being transported for local distribution of medications.
- X. Public information and instructions will be disseminated when appropriate to facilitate public access to MCM matériel.

IV. CONCEPT OF OPERATIONS

- A. This plan provides state assistance to support existing local jurisdictions distribution and dispensing capabilities, and will be implemented as conditions warrant and following consultations between state and local officials for the protection of an affected area's population.
- B. MCM Management
 - 1. ODH, Ohio Environmental Protection Agency (OEPA), Ohio State Highway Patrol (OSHP), the Ohio Adjutant General's Department and Ohio Emergency Management Agency (OEMA) as appropriate and within relevant authorities, will coordinate and share information related to biological, epidemiological, and environmental surveillance activities.
 - 2. As the lead agency for MCM management, ODH may initiate ICS, assume Incident Command and provide initial state interagency coordination for "health-specific" actions through the ODH Departmental Operations Center until other state-level agencies are activated.
 - 3. ODHs' ICS MCM Group activation will be dependent upon the type and level of assistance requested from local authorities. Some MCM 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 MCM Group and the State EOC 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 ODH ICS MCM Group.
 - 4. ODH will provide situation awareness information and will coordinate and report on the actions of support agency liaisons and responders that are mobilized and dispatched to the RSS and Regional Distribution Node (RDN) sites.
 - 5. Acknowledging that State-level response to a large scale public health or medical emergency will be in a supporting role to local responses, coordination between State- and local-level operations will be facilitated within the State EOC.

6. Appropriate actions will be taken within the State EOC to provide the necessary oversight, situational awareness, decision support, and State interagency forum(s) to assist senior decision makers.
7. State agency personnel and equipment will not be required under this plan to enter into, deliver MCM to and/or conduct operations in any area of the state that has been determined to be a “contaminated hot zone”. Appropriate methods of MCM delivery to contaminated hot zones will be determined through the State EOC’s Executive Group at the time of an incident.
8. Anytime this plan is activated in whole or in part, close coordination with the Joint Information Center (JIC) will be essential to ensure the security of MCM matériel and for the distribution of information on the availability of medical countermeasures.

C. MCM Response Phases

1. The concept of operations for MCM response operations is a phased approach. This approach allows for a rapid State response that employs standard and non-standard response elements:
 - a. Steady-State
 - b. Initial Response
 - c. Sustained Response
 - d. Demobilization and Recovery

D. MCM Response Options

Across each phase, this plan will employ 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 matériel 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 matériel 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 matériel:
 - a. Oral Antibiotics
 - b. Intravenous
 - c. Respiratory

- d. Pediatric
 - e. Medical/Surgical
2. **Managed Inventory (MI)** – Second-phase shipments normally will begin within 24-to-36 hours once a state identifies a threat agent. These shipments, termed “MI”, will contain large quantities of specific items to deal with a specific, known hazard.
 3. **Vaccines** – Vaccine management and distribution operations and protocols will be dictated by the incident, and as directed by the CDC. It is noted that in situations where the threat has been determined, the source of matériel that will be pushed to Ohio will be the MI, not the 12-hour Push Package.

E. Steady-State

1. Ohio’s steady-state actions require coordination 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 may include but may not be 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 MCM training and exercise coordination
 - h. Supporting local mass dispensing and prophylaxis training and exercises
 - i. Identify MCM responders and conduct volunteer recruitment implementation

F. MCM Response Indicators

1. In certain situations, an advance notice of an anticipated serious deterioration in public health and medical conditions may result in the need to activate this plan and to deploy federal SNS matériel in Ohio. Utilizing an “all hazards” approach, general indicators and thresholds have been conservatively selected (see IV.F.3,

below) to establish the parameters in which the Ohio MCMD Plan can be immediately implemented to facilitate operations to enhance the flexibility of an MCM response throughout the State.

2. The nature and extent of a specific hazard and/or incident will determine the scope and scale of every MCM response. Depending on the nature of the incident, the State of Ohio can choose to either activate this plan in whole, or to activate only a portion of this plan to monitor developments, carry out specific functions within the MCM response and maintain a common operating picture.
3. MCM response indicators have been identified with consideration to the potential risks to the Ohio populace that would warrant an MCM response. MCM response indicators alone do not assure Ohio the implementation of this plan, instead they signal or direct attention to preliminary data that is monitored during steady-state response operations.
3. Initiating indicators of an Ohio MCM response include, but may not be limited to:
 - a. Credible intelligence of an imminent threat of, or a public health and medical emergency has occurred.
 - b. Detection of the presence of a biological agent.
 - 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 matériel.
 - e. Requests for MCM matériel are submitted to the State.
 - f. The Governor issues a declaration of a State of Emergency in response to the incident.
 - g. Ohio receives a request from a cross border state for MCM matériel in order to respond to a public health and medical emergency or event.
 - h. The CDC notifies ODH they are shipping SNS matériel to Ohio.

G. Initial Response

1. During the Initial Response phase, activities will be performed at all levels of government. Response actions will integrate Federal SNS matériel into Ohio for distribution to local jurisdictions in order to supplement the response. Initial MCMD response activities may include but may not be 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 and processing of local Point of Dispensing (POD) Supply Requisition Forms and/or Hospital and Treatment Center Supply Requisition Forms from local emergency management agencies.
- e. Receipt and processing of Emergency Management Assistance Compact (EMAC) requests for MCM matériel.
- f. Activation of the State EOC.
- g. The Governor issuing a declaration of a State of Emergency in response to the incident.
- h. Requesting SNS matériel from the CDC.
- i. Establishing security for MCM and SNS matériel.
- j. Activation of the Receipt, Store, Stage (RSS) and direct ODH ICS SNS Group operations.
- k. Establishing a coordinated operational approach that supports the efforts of state agencies, departments, other non-government organizations and resources to implement and carryout MCM response activities including identified and unidentified issues of the transport and receiving of MCM and SNS matériel.
- l. Establishing the RSS site and tactical communications.
- m. Receiving and inventorying MCM and SNS matériel.
- n. Allocating and initiating inventory tracking of MCM and SNS matériel.
- o. Repackaging and staging of MCM and SNS matériel for distribution.
- p. Distributing and transferring custody of MCM and SNS matériel to Regional Distribution Nodes (RDN), Points of Dispensing (POD), hospitals or treatment centers.
- q. Providing support to locals conducting mass dispensing and/or mass prophylaxis campaigns and operations to dispense medical countermeasures to the impacted population.

H. 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 MCM response activities include, but are not limited to:
 - a. Re-supplying MCM through managed inventory as appropriate.
 - b. Maintaining a COP to ensure ongoing coordination of the MCM 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.

I. Demobilization and MCM Matériel 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, State-level MCMD response operations will begin the demobilization process. Health and medical resources may demobilize from supporting the distribution campaign in order to assist the impacted public health and medical infrastructure. ODH ICS SNS Group demobilization and recovery activities include, but are not limited to:
 - a. Recovery and/or disposal of unused MCM matériel.
 - 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 United States Department of Health and Human Services (HHS) may declare a public health emergency to respond to an event requiring mass treatment and/or mass prophylaxis. A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of:

1. A situation that presents a public health emergency; or

2. A public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks otherwise exist 42.USC § 247d(a).

B. State

1. Response and recovery agencies will maintain a working relationship throughout the emergency to ensure that emergency needs are identified, assessed, prioritized and addressed.
2. State agencies will coordinate with federal peer organizations and counterpart agencies from adjacent states during an emergency.
3. Response and recovery agencies will bring federal, state and local responders together.

C. Local

1. Local level emergency requests for state resources and services communicated to the State EOC will be directed to the appropriate agencies for response. State agency field personnel will act as liaisons between county EMAs and the State EOC during these emergencies as per the State EOP.
2. County emergency management agencies in impacted 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 MCMD response and recovery are listed, but are not limited to the organizations that appear in the “Local Organizations” column in the chart, below.

D. The following comparison chart shows counterparts at state, federal and local levels with emergency management responsibilities for MCMD and SNS response and recovery. During emergency response, 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.

| Comparison Chart for ESF-8 Tab A, Ohio MCMD Plan | | | |
|---|---|---|---|
| State Agencies | Federal Agencies | Local Agencies | Non-Government Organizations |
| Ohio Department of Health | Centers for Disease Control and Prevention National Institute for Occupational Safety and Health U.S. Public Health Service Office of the Assistant Secretary for Preparedness and Response (Hospital Preparedness Planning) | Local Health Jurisdictions Local Hospitals | Ohio Association of Health Commissioners Ohio Hospital Association |

| | | | |
|--|---|---|---------------------------------|
| | U.S. Department of Homeland Security (National Disaster Medical System) U.S. Department of Veterans Affairs | | |
| Adjutant General's Department, Ohio National Guard | U.S. Department of Defense | * | * |
| American Red Cross | American Red Cross | American Red Cross | American Red Cross Ohio VOAD |
| Attorney General's Office | U.S. 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 | U.S. Department of the Interior | County Wildlife Offices | * |
| Ohio Department of Rehabilitation and Corrections | Federal Bureau of Prisons | Local/County Jails | * |
| Ohio Department of Transportation | U.S. Department of Transportation | County Engineer | * |
| Ohio Emergency Management Agency | DHS/Federal Emergency Management Agency | County Emergency Management Agencies | * |
| Ohio Homeland Security Division | U.S. Department of Homeland Security | Local Law Enforcement | * |
| Ohio State Board of Pharmacy | U.S. 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 Local 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

- A. The following sections provide guidance to State departments and agencies on how to execute their roles and responsibilities (common and specific) during a rapid MCMD response.
- B. It is vital to acknowledge the role played by local jurisdictions in mass dispensing and mass prophylaxis campaigns.
- C. Depending on the situation, Federal, State, or local public and environmental health or law enforcement authorities may be the first to identify a public health or medical threat.
- D. The HHS, U.S. Department of Homeland Security (DHS), U.S. Department of Justice (DOJ), and the U.S. Department of Defense (DOD) may support State and local efforts with information and resources that only the Federal Government can provide.
- E. Responding to public health and medical emergencies in Ohio requires an 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 response initiatives.
- F. This Plan's partner agencies' ability to fulfill their assignments of responsibility will depend on the availability of staff and resources.

Common Roles and Responsibilities

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

- 1. Assist in the development and synchronization of the Ohio MCMD 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 in a State-level rapid response.
- 3. Assist in the engagement of non-governmental organization (NGO) and private sector partners, as appropriate.
- 4. Assist in the synchronization of information sharing, leveraging existing State and local systems to facilitate maximum benefit to decision makers and responders.
- 5. Participate in the state's Joint Information Center (JIC) that coordinates and disseminates local- and state-level response messaging and ensures that the Government speaks with one voice through each phase of an incident.

6. As appropriate, focus risk-based funding and grants to enhance capabilities and reduce gaps, in accordance with existing policy and Federal regulations.
7. As appropriate, support the implementation of protective measures based on the public health and medical situation, as well as changes to Federal and State alert notification levels (e.g., Homeland Security Advisory System [HSAS], OEMA Crisis Action System [CAS] Level, World Health Organization [WHO] Phases etc.).
8. Assist in the deployment of MCM matériel and resources in coordination with other State agencies and local governmental entities.
9. Assist in ensuring that MCMD response functions are fully integrated into the incident/unified command structure for Ohio's all hazard response as presented in the State EOP and ESF-8.

Specific Roles and Responsibilities

- A. ODH will notify local health jurisdictions, hospitals, CDC and the State EOC of an event requiring an MCMD response.
- B. If situational assessments indicate that a state-level response and recovery operation is required, appropriate agencies that are listed in this Plan will be notified through the State EOC based on incident needs.
- C. Lead and support agencies will coordinate the most effective use of personnel and equipment to avoid redundant activities and to maximize the effectiveness of emergency response operations.
- D. 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 MCM management and coordinates the MCM functional elements during all phases of a MCMD 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 State EOC when an incident has occurred that requires an MCMD response.
5. Coordinate with DAS to determine current medical matériel request and current levels of on-hand statewide inventories.

6. Determine whether to recommend to the Governor that a request be made for deployment of SNS matériel 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 matériel.
7. Provide subject matter expert input to the State EOC Executive Group regarding the activation and implementation of the Ohio MCMD plan and procedures.
8. Receive and process requests for MCM matériel from local emergency response agencies through Ohio EMA.
9. Request, in coordination with the State EOC, SNS matériel from the CDC; as needed.
10. Once the decision to request SNS matériel is made, ODH will request activation of the State EOC and mobilization of RSS and RDN responders as appropriate.
11. Coordinate the rapid and effective management of MCMD 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 Materials).
12. Coordinate RSS and RDN operations with ONG, OSHP and ODOT Liaisons.
13. Provide RSS and RDN tactical communications and information technology support in accordance with ESF-2 (Communications).
 - a. Coordinate with ESF-2 on the assignment of talk groups for Multi-Agency Radio Communications System (MARCS) radios assigned to the RSS, RDN and transportation vehicles.
 - b. Ensure that tactical communications are established and maintained at RSS and RDN sites.
 - c. Ensure that each POD and treatment center location has a designated point of contact (POC) to collect and communicate needs through local EOC and the SEOC.
14. Determine and allocate the type and quantity of matériel to be distributed to hospitals/treatments centers and POD sites within local health jurisdictions.
 - a. Determine, in coordination with the State EOC Executive Group, the apportionment of MCM matériel 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, in coordination with ESF-1, that MCM matériel will be distributed to the identified hospital/treatment centers and/or POD sites.
15. Coordinate applicable security, inventory control, repacking, transportation and chain of custody transfers in coordination 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 SNS matériel.
 - b. Maintain MCM and SNS matériel inventories.
 - c. Be responsible for the orderly receipt of all SNS matériel including proper storage and security measures; and requesting technical support from the CDC.
 - d. Ensure that appropriate shipping documents [e.g. Bill of Lading (BOL), packing lists] are provided to all drivers.
 - e. Ensure that all drivers and Ohio responders are trained and briefed on the MCM functional elements, including chain-of-custody protocol.
16. Provide dispensing and vaccination guidance and sample protocols to local health jurisdictions and hospitals.
17. When it is determined to be necessary to ensure the effective conduct of MCM management and dispensing operation, essential personnel (including first responders and other critical response staff) their families and selected elements of the general public may be prophylaxed or vaccinated.
18. Collaborate with the Ohio 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 coordination with ESF-15 (Emergency Public Information and External Affairs).
- a. Coordinate press releases for the media, the general public, medical professionals, health care providers, and elected officials.

20. Initiate demobilization of dispensing and treatment center sites along with RDN and RSS site operations.
 - a. Determine an inventory of all unused MCM and SNS matériel (pharmaceuticals, medical equipment and containers) at dispensing and treatment center sites, county drop sites, and the RDN sites.
 - b. Coordinate return transport of unused MCM and SNS matériel in accordance with ESF-1 Tab B, the Ohio Strategic National Stockpile and Medical Countermeasure Distribution Plan.

B. Supporting Agencies

1. Ohio Emergency Management Agency (Ohio EMA)

- a. Through the State EOC, assist in maintaining situational awareness regarding the status of local/state medical resources and potential needs.
- b. Provide support for the dissemination to-and-between responding state agency partners by coordinating communications resources as specified in ESF-2 (Communications).
- c. Provide redundancy in communications networks including landlines, cellular, fax, MARCS and other radio networks.
- d. Coordinate with OSHP to ensure that security vehicles assigned to transportation vehicles have proper interoperable communications equipment.
- e. Support public information and rumor control efforts throughout the emergency in accordance with ESF-15 (Emergency Public Information and External Affairs).
- f. Provide situational assessment and coordination as outlined in the State EOP's Base Plan and in accordance with ESF-5 (Information and Planning), including providing coordination of state resources to support the deployment of the MCM.
- g. Support recovery issues which may include, but, are not limited to, reimbursement for activities between local, state, and federal agencies as specified in ESF-14 (Recovery and Mitigation),.

2. 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, including:
 - i. The logistical support of MCM matériel transportation

- ii. Transport, delivery and transfer of custody
 - iii. Coordination of communications for all aspects related to MCM matériel transportation.
 - b. Provide transport to-and-from repackaging site for the state pharmaceutical cache.
 - c. In coordination with ODH, manage transport from RDN(s) to county drop sites, dispensing sites/treatment centers as detailed in ESF-1, Tab B, the Ohio Medical Countermeasure Transportation and Distribution Plan.
 - d. Provide current and updated information on the status of transportation routes throughout the state, as detailed in ESF-1, Tab B, the Ohio Medical Countermeasure Transportation and Distribution Plan.
 - e. In cooperation with OSHP and local law enforcement, assist in opening, closing, and maintaining access to roads or highways as needed.
 - 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. Provide for the coordination transportation for the CDC SNS Advisory Group (SSAG) from airport to RSS warehouse and other locations as directed.
3. Ohio Adjutant General's Department, Ohio National Guard (ONG)
- a. Provide a facility, if needed, for use as RSS warehouse.
 - b. Identify ONG staff to provide 24/7 assistance and logistical support at the RSS and the RDNs in conjunction with ODH, OSHP and ODOT, including:
 - i. Facility setup
 - ii. Receiving, unloading and placing matériel
 - iii. Picking and pulling inventory
 - iv. Inventory control
 - v. Monitoring/ securing matériel during loading, transport and delivery
 - c. Provide a secured area at ONG-designated RSS for storage of pre-deployment MCM operational material.
 - d. Provide resource support in accordance with ESF-1: Transportation (e.g. vehicles and drivers, helicopters and pilots)

- e. Provide back-up support for modeling and mapping in the identification of transportation routes in coordination with ODOT and OSHP.
 - f. Provide, as needed, transport of MCM matériel from the RSS to the RDNs as detailed in ESF-1, Tab B.
 - g. Assist ODH and DAS with the identification of RDN sites.
4. Ohio State Highway Patrol (OSHP)
- a) Provide 24/7 security at the RSS and the RDNs in conjunction with ONG, ODNR and DAS, including:
 - i. Providing all MCM matériel security functions.
 - ii. Securing matériel during loading, transport, delivery and transfer of custody.
 - iii. Coordinating with ESF-2 and ONG to support communications for all aspects related to maintaining MCM matériel security.
 - b) Coordinate with ESF-2 response agencies to ensure that OSHP vehicles that are assigned to MCM transportation missions have proper interoperable communications equipment.
 - c) Coordinate matériel transportation security to the RSS site.
 - d) Assess and evaluate the security needs of the RSS warehouse and all RDN sites that are State owned or leased properties.
 - e) Coordinate or provide security at activated RSS and RDN sites to protect the MCM matériel, as well as, Ohio responders working at the RSS and RDNs.
 - f) Based on the transportation strategy and as detailed in ESF-1 (Transportation), coordinate with ODOT and ONG to support the security of transportation routes from the RSS warehouse to MCM RDN's. Based on situation and resources this may include additional county or local distribution sites.
 - g) Coordinate with the U.S. Marshal Service, the Federal liaison, and local law enforcement agencies as necessary.
 - h) In coordination with ONG, ensure security of transportation vehicles and drivers to escort matériel until local custody of the matériel is established.
 - i) OSHP will screen and verify that drivers and Ohio responders have proper credentials for security and transportation mission

- j) In coordination with ONG, ensure security of the RDN sites.
 - k) Coordinate security escort of the CDC SNS SSAG from airport to RSS warehouse and other locations as directed.
 - l) Coordinate transportation security for out-of-state deliveries.
 - m) Provide emergency re-route mapping for deliveries as necessary in consultation with ODOT as detailed in ESF-1.
5. American Red Cross (ARC)
- a. Provide support for MCMD responders, as available, including food, shelter and other needs at the RSS and RDNs in coordination with ESF-7 (Resource Support and Logistics).
6. Ohio Department of Administrative Services (DAS)
- a. Coordinate in conjunction with ODH and the Ohio State Board of Pharmacy for 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 is skilled in facility operations to coordinate management, organization and warehouse availability.
 - c. Identify state facilities as potential RDN locations throughout Ohio in coordination with ODH and ONG.
 - d. Ensure that agreements are in place to lease and/or access centrally located RDN sites.
 - e. Ensure transfer custody of non-State facility RSS and RDNs back to proper owner, where appropriate.
 - f. Provide resource support in accordance with ESF-7 (Resources Support and Logistics).
7. Ohio Department of Education (ODE)
- 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) .
8. 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).
9. Ohio Department of Mental Health and Addiction Services (ODMH/AS)
- 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
10. 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 MCM matériel in accordance with ESF-1 (Transportation).
11. 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 MCM matériel from the RSS to other 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).
12. Ohio State Board of Pharmacy (OSBP)
- 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, if necessary.

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 MCM matériel to the State of Ohio for health jurisdictions and treatment centers through the State EOC 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 MCMD response within their jurisdiction, as appropriate.
- c. Request MCM matériel from the state for health jurisdictions and treatment centers through the local emergency management agency.
- d. Coordinate dispensing activities based upon ODH guidance.
- e. Execute mass dispensing and mass prophylaxis campaigns for the impacted population.
- f. Return all reusable 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 are required to facilitate a rapid SNS MCMD response:

1. Public Health Emergency Declaration (ODH).
2. Governor's declaration of a State of Emergency in support of SNS Group responder mobilizations. (Governor's Office)
3. State EOC activation at Crisis Action System (CAS) Level 2 or higher (State EOC).
4. High Priority OPHCS alert notifications, as appropriate (ODH).
5. Incident Command System activation SNS Group mobilization (ODH).
6. Activation of ESFs and mobilization of Agency responders in response to incident-related missions. (ESF-8, Tab A Lead and Supporting Agencies).
7. Mission assignments that are executed through an expedited work order tracked in WebEOC. (ESF-8, Tab A Lead and Supporting Agencies).
8. 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 (ESF-8, Tab A and ESF-15 Lead and Supporting Agencies).

IX. CRITICAL INFORMATION REQUIREMENTS

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

- A. Location, time, and characteristics of the public health or medical emergency.
- B. Current and projected population affected and/or exposed.
- C. Ohio Countermeasure effectiveness and burn rate.
- D. Measure of local dispensing performance.
- E. Status of local requests for assistance.

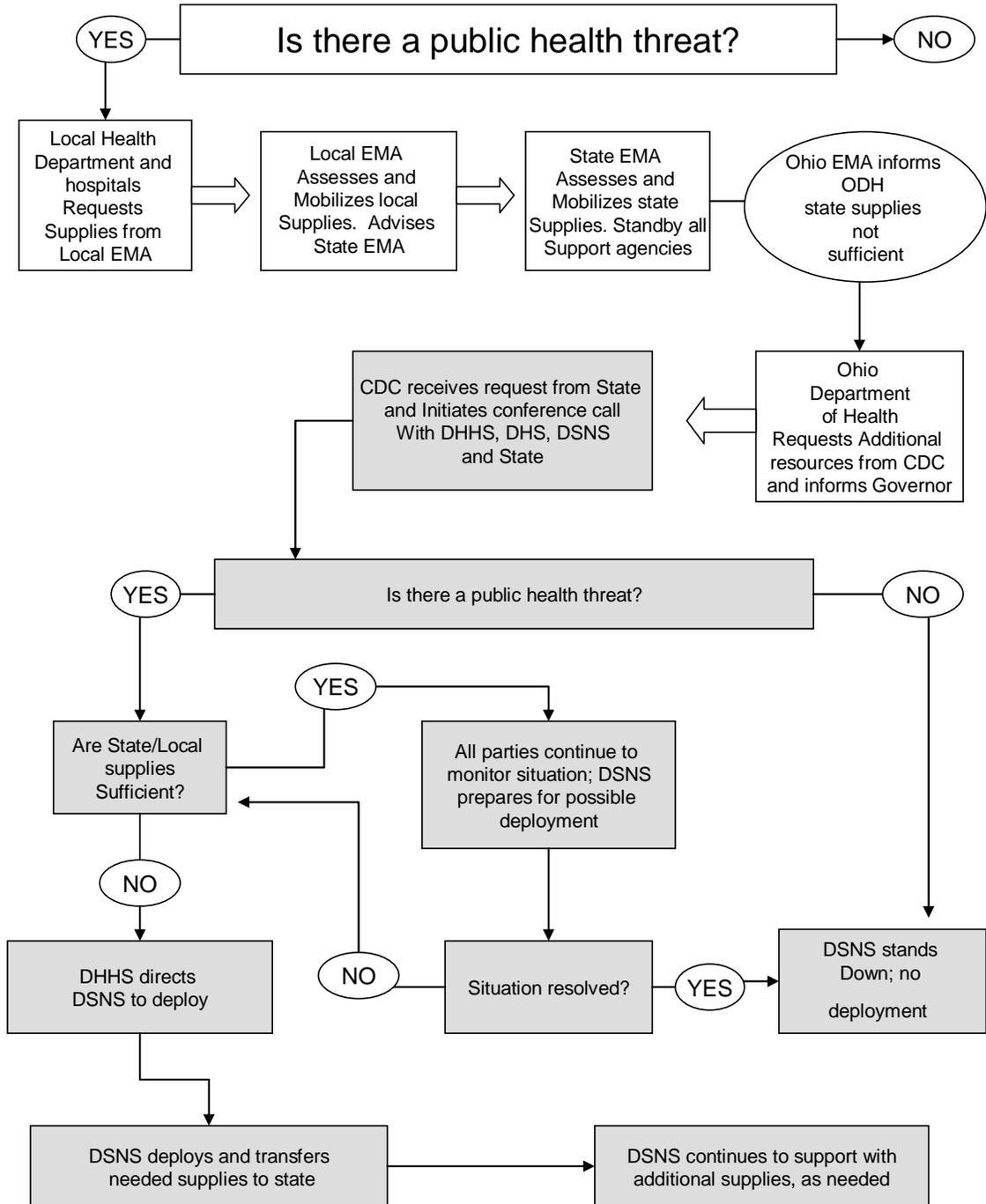
- F. Composition and disposition of MCM and SNS matériel (e.g. Push Packs, Managed Inventory, vaccines and deployable teams).
- G. Status of pre-designated state volunteers, ad hoc volunteers, and Incident Management Teams (IMT).
- H. Current Medical Countermeasure (MCM) inventory on-hand (including CHEMPACK, Ohio CRI caches, regional hospital caches and state agency caches).
- I. Transportation capacity.
- J. Security of MCM matériel, security posture within the affected jurisdiction(s) and measure of public order.
- K. Overall awareness of the situation at the local, regional, state, national, and international levels.

X. PLAN MAINTENANCE

- A. ODH is the lead agency for Ohio MCMD planning efforts.
- B. ODH will develop Ohio MCMD Plan exercises in coordination with Ohio EMA that include state agencies in utilizing the National Incident Management System (NIMS); to facilitate, conduct, and lead table top exercises, drills, functional exercises, or full-scale exercises, with state and local agencies as participants.
- C. OEMA will include Ohio MCMD Plan exercises in the Ohio Training and Exercise Plan.
- D. A review and update of the Ohio MCMD Plan will be accomplished annually by all state agencies identified within the plan to address plan deficiencies that are revealed during exercises or operations and to sustain the plan as an operational component of the Ohio EOP.
- E. ODH will coordinate with Ohio EMA to schedule annual reviews and updates to the Ohio MCMD Plan with all support agencies identified.
- F. Ohio EMA will facilitate Ohio MCMD Plan annual review sessions and obtain plan promulgation.

ATTACHMENT 1

ALGORITHM FOR REQUESTING, DEPLOYING AND RECIEVING MCM and SNS MATÉRIEL



Appendix I