

**STATE OF OHIO EMERGENCY OPERATIONS PLAN
TAB C TO EMERGENCY SUPPORT FUNCTION #8
PUBLIC HEALTH AND MEDICAL SERVICES**

HUMAN INFECTIOUS DISEASE INCIDENT PLAN

Primary Agency:	Ohio Department of Health (ODH)
Support Agencies:	Attorney General of Ohio (AGO) Ohio Department of Administrative Services (DAS) Ohio Emergency Medical Services (OEMS) Ohio Department of Agriculture (ODA) Ohio Department of Mental Health and Addiction Services (ODMH/AS) Ohio Department of Natural Resources (ODNR) Ohio Department of Transportation (ODOT) Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene (BWC) Ohio Emergency Management Agency (OEMA) Ohio Environmental Protection Agency (OEPA) Adjutant General's Department, Ohio National Guard (ONG) Ohio State Board of Pharmacy (OBP) Ohio State Highway Patrol (OSHP) American Red Cross (ARC) Ohio Funeral Directors' Association (OFDA) Ohio Department of Commerce, Division of State Fire Marshal (SFM) Ohio Development Services Agency (ODSA) Ohio Department of Education (ODE) Ohio State Highway Patrol (OSHP) Ohio Medical Transportation Board (OMTB) Ohio Department Developmental Disabilities (DODD) Ohio Department of Rehabilitation and Correction (ODRC) Ohio Voluntary Organizations Active in Disasters (Ohio VOAD) Public Utilities Commission of Ohio (PUCO)

I. INTRODUCTION

A. Purpose

1. The Human Infectious Disease Annex addresses emergency management responsibilities for state-level organizations in the event of human infectious disease emergencies that require actions that are beyond ODH's singular

capabilities and that may require a Governor's declaration of emergency, and/or a federal disaster declaration.

2. The primary goal of this Plan is to provide direction and control of state and federal efforts to prevent, stop and/or eliminate the spread of human infectious disease.
3. This Plan incorporates elements of the Pandemic Response Plan, the purposes of which were to:
 - a. Reduce morbidity, reduce mortality, minimize social disruption, and facilitate planning for recovery.
 - b. Coordinate state-level efforts to prepare for, delay the onset, and mitigate the impact of a contagious and potentially fatal pandemic.
 - c. Initiate long-term recovery planning in response to a potentially devastating pandemic.

B. Scope

1. Infectious diseases that pose a serious threat to humans in Ohio are diseases referenced in Ohio Revised Code (ORC) Section 3701.23 and in Ohio Administrative Code (OAC) Sections 3701-3-02. For the purposes of this plan, the word "disease" always refers to diseases referenced in OAC Section 3701-3-02. Please refer to Appendix 1, below, for a list of these diseases ("Know your ABCs: a quick guide to reportable diseases in Ohio").
2. This Plan includes the provision of supplemental assistance to local governments in identifying the health and medical needs of victims of naturally-occurring and/or terrorism-related human infectious disease emergencies,
3. Activities related to the criminal investigation of suspected terrorism-related incidents are addressed in the Terrorism Incident Annex.
4. Response within this Plan to human infectious diseases is categorized into the following functional areas:
 - a. Health surveillance and epidemiological investigation
 - b. Laboratory testing and analysis
 - c. Infection control practices (limitation on movement, including quarantine)
 - d. Mass prophylaxis/vaccination
 - e. Health/medical equipment and supplies
 - f. Health care personnel augmentation
 - g. Patient evacuation
 - h. Hospital care
 - i. Public health information
 - j. Vector control

- k. Worker health safety
 - l. Environmental Concerns-Drinking Water and Waste Management
 - m. Victim identification/mortuary services
 - n. Behavioral health care
 - o. Law enforcement support
 - p. Recovery activities
5. This Plan coordinates state-level resources providing support and assistance to local jurisdictions and local health districts (LHDs) and provides guidance for identifying the health and medical needs of victims of a pandemic disease emergency.

II. AUTHORITY

- A. Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provide authority to ODH and local health districts (LHDs) with respect to human infectious diseases. O.R.C. 3701 deals with the authority of ODH, and O.R.C. 3707 and 3709 deal with the authority of local health boards and districts, respectively. The authority of ODH and LHDs is outlined in greater detail in ESF-8, Tab C: Human Infectious Disease Plan (formerly the Human Infectious Disease Annex).
- B. Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 provides authority to ODH and local health districts with respect to human infectious diseases, including pandemic disease.
- C. Appendix 2 contains a listing of rules and regulations in Ohio Revised Code (ORC) Chapters 3701, 3707 and 3709 and Ohio Administrative Code (OAC) Chapter 3701-3 that provide authority to ODH and local health districts with respect to human infectious diseases and address the following issues:
- 1. Reporting of diseases, unusual clusters and suspicious events
 - 2. Identification of exposed persons
 - 3. Mandatory medical examinations, collecting laboratory specimens and performing tests, and mandatory vaccination and drug treatments
 - 4. Rationing of limited stockpiles
 - 5. Quarantine/isolation of individuals
 - 6. Tracking/follow-up of individuals
 - 7. Right of access to suspicious premises

8. Emergency closure of facilities
9. Temporary use of hospitals
10. Procurement or confiscation of medicines and vaccines
11. Decontamination
12. Seizure and destruction
13. Logistical authority for patient management
14. Disposal of corpses

III. SITUATION

A. General Considerations

1. Human infectious diseases continually occur in Ohio.
2. The emergence of “new” infectious diseases and the re-emergence of “older” infectious diseases can occur at any time in Ohio.
3. Some human infectious diseases are transmissible from person-to-person and require an immediate response to slow and/or prevent the spread of the disease.
4. ODH provides statewide coordination for public health issues with a central office located in Columbus, Ohio.
5. There are 125 local health districts in Ohio (88 county and 37 city health districts).
6. By Director’s Journal Entry, the ODH Director may require additional information about a known disease or health condition or information about an unknown or emerging disease or health condition.

B. Emergency Conditions

1. A significant human infectious disease incident may rapidly exhaust local and/or state response resources and/or capabilities.
2. Medical care facilities may become overwhelmed with ill patients affected by a human infectious disease incident, as well as by individuals who may be worried about being affected.
3. Due to a massive increase in demand, medical supplies and pharmaceuticals may be in short supply for the immediate care and/or treatment of individuals.

4. Disruption in communications and transportation may adversely affect the supply of pharmaceutical and medical equipment.

C. Pandemic Response

1. Pandemics can include highly-contagious diseases that can pose a threat to humans. Pandemics can cause serious threats to human life, with potentially severe economic impacts. The existence of a pandemic disease that spreads from person to person is an emergency condition that may rapidly exhaust public health, local and state resources and capabilities.
2. The ODH Director will issue protective orders to mitigate the serious effects of pandemic disease strain for which humans have no natural or acquired immunity and for which no vaccine currently exists.
3. Because the causative agent of a pandemic disease might be novel there may be no effective vaccine or treatment available to combat the onset of disease.
4. Strategies to limit transmission (such as social distancing, isolation, staying at home, hand-washing and respiratory etiquette) are measures that can be taken to mitigate a pandemic disease's spread and impact.
5. Economic fallout of a pandemic could cause negative impacts across sectors and around the globe; airlines may be grounded, transport of goods may cease, tourism and hospitality industries could be negatively impacted, and the impact on exports could be severe.
6. In our mobile society, multiple geographic areas could be affected simultaneously.
7. Shortages of essential resources could occur, including, but not limited to: pharmaceutical supplies, diagnostic reagents, life-saving equipment, hospital beds, decontamination and sterilization facilities, protective equipment, morgue services, and refrigerated storage for bodies and perishable resources.
8. Given shortages of essential medical resources, changes in the usual standards of health and medical care may be required, and rather than doing everything possible to save every life, it may be necessary to allocate scarce resources in a different manner to save as many lives as possible. Altered standards of care may include providing medical care without the usual equipment and without trained personnel that are currently used.

D. Assumptions

1. General Assumptions

- a. ODH will be made aware of a local human infectious disease emergency.
- b. ODH will communicate with local health department(s) (LHDs) and will respond to request(s) for assistance.
- c. The Governor will declare an emergency in response to a significant human infectious disease incident.
- d. A significant infectious disease incident will overwhelm the ability of local health districts to mount an adequate response.
- e. Although a primary human infectious disease event may not initiate a public health emergency, secondary events stemming from an initial event may do so.
- f. Assistance in maintaining the continuity of health and medical services will be required.
- g. State-level resources and capabilities will be needed to assist local health districts and private medical organizations to triage and treat cases in an affected jurisdiction(s).
- h. Disruption of sanitation services and facilities, loss of power and the massing of people in shelters may increase the potential for the spread of disease.

2. Pandemic-Related Assumptions

1. ODH will be made aware of a pandemic outbreak and will communicate with local health districts and respond to request(s) for assistance.
2. A significant pandemic incident that impacts the State will overwhelm the ability of local health districts to mount an adequate response.
8. Secondary events stemming from a pandemic will contribute to an even greater state of emergency or disaster, including the possible disruption of sanitation services and facilities and loss of power.
9. A pandemic event may result in sustained, extended operations of the SEOC and may result in many years of recovery activities, and all State agencies that are necessary to carry out missions associated with pandemic response will have the capability of undertaking protracted response operations.

IV. CONCEPT OF OPERATIONS

- A. Upon the determination of the existence of a significant Ohio-based human infectious disease incident, ODH will notify the impacted LHDs and the State Emergency Operations Center. ODH may request that the Ohio EMA Director contact the Governor of the State of Ohio to request a disaster declaration.

- B. Primary Agency for a Human Infectious Disease Emergency
 - 1. ODH, as the primary agency, is the lead for human infectious disease emergency response. In this role, ODH will coordinate activities, including:
 - a. Public health surveillance
 - b. Epidemiologic investigation
 - c. Laboratory-based analysis
 - d. Mass prophylaxis/vaccination
 - e. Public health surge capacity
 - f. Public health information and education activities
 - g. Guidance on infection control practices, including isolation and quarantine
 - 2. ODH will assist support agencies that may have the lead for other aspects of a human infectious disease incident response (see section I-B, Scope, above).
 - 3. Ohio-EOC-based ODH liaisons will coordinate with response personnel at the site of the incident and will work with other support organizations in the Ohio EOC to respond to the needs of the affected communities.
 - 4. Aspects of human infectious disease incident response activities, including surveillance and epidemiologic investigation, will be facilitated by regional coordination (multiple local health jurisdiction response) across the affected area under ODH guidance.

- C. Notification and Communications
 - 1. 24/7/365 Response - Health care providers, laboratories and other infectious disease reporters contact local health districts (LHDs) by telephone 24/7/365 to report Class A diseases.
 - 2. Class A infectious diseases are a major public health concern because of the severity of the disease or because of the potential for epidemic spread and they need to be reported by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists.

3. LHDs will report Class A infectious diseases to ODH immediately by telephone 24/7/365. Occasionally health care providers may notify ODH first due to an inability to contact the LHD directly.
4. Upon the occurrence of a significant human infectious disease or pandemic incident, ODH will notify the Ohio EOC Duty Officer and ODH's partner agencies according to the ODH infectious disease on-call protocol.
5. Ohio Public Health Communication System (OPHCS) – In response to a human infectious disease incident, ODH will utilize communication systems such as OPHCS to convey important and timely information to state partners, LHDs, and numerous external public health partners across Ohio.
 - a. OPHCS is a secure, web-based system of communication technologies that enables Ohio's local health districts and public health partners to rapidly share information and guidance (such as Health Alert Network (HAN) messages) via email, pager, phone, fax or the web.
 - b. The HAN is the “alerting” component for a message of guidance and/or critical directions issued either by the Centers for Disease Control and Prevention (CDC) or by ODH.
 - i. Numerous external public health partners receive HAN messages.
 - ii. This list of partners can be expanded or collapsed according to the nature of the communication.
 - iii. The audiences that can receive a HAN message from ODH include all Ohio LHDs, key ODH staff, key state agency partners and other ODH partners across the state (e.g. regional public health, healthcare coordinators, hospital emergency departments (EDs), poison control centers, MMRS coordinators, professional health organizations, and CDC).
 - iv. When a local health department or organization receives a HAN message, ODH encourages each entity to forward the HAN message to all appropriate parties.
6. There may not be a specific “incident” site for a human infectious disease incident.
7. County EOCs may be activated in response to a human infectious disease incident threat, and Incident Command elements may be activated in specific area(s) where a human infectious disease incident is impacting the population.
8. Ohio may encourage local Incident Commanders to coordinate their resources and resource requests on a regional level, which may improve Ohio's communications and resource management and increase the effectiveness of the State's response to local jurisdictions' needs.

9. Ohio's Multi-Agency Radio Communication System (MARCS)

- a. ODH will utilize the MARCS system to communicate with state and local partners during public health and cross systems activities related to the human infectious disease emergency or when other methods of communication fail.
- b. ODH, LHD and hospital MARCS radio talk group configurations support an incident management communication structure and statewide interoperability via incident management talk groups and the MCALL and ECALL talk groups shared by all state agencies. Should additional statewide expansion be needed, ODH and Ohio EMA will work with DAS/MARCS Office to reprogram radios.
- c. Standard operating guidelines (SOGs) that contain specific talk group listings and MARCS user radio protocol are maintained by each agency and by their local partners.
- d. More detailed communications information can be found in ESF #2, Communications and Information Technology.

D. Unified Command

1. Unified Command may be activated in the event of an Ohio-based infectious disease incident,
2. Unified command may be composed of personnel from ODH, OEMA, EMS, OSHP, DAS, ODMH and OEPA. ODA may be part of an activated Unified Command if food safety response issues are involved.
3. There may not be a specific "incident" site for a public health emergency; however, unified command may be activated in the area(s) where an incident is occurring.
4. Overall statewide emergency coordination of human infectious disease incident response and recovery is the responsibility of the Ohio EOC (ORC Sec. 5502).
5. At the local level, emergency response coordination may be facilitated by local unified command.

E. Incident Response Actions

1. Health Surveillance and Epidemiological Investigation
 - a. The organizations that have responsibilities for human infectious disease surveillance activities in Ohio are ODH (lead), LHDs, health care providers and laboratories. Public health will monitor the general population and special high-risk population segments; carry out field studies and

investigations; monitor disease patterns; and provide technical assistance and consultations on disease prevention.

- b. The organizations that have responsibilities for concurrent animal disease surveillance during a human infectious disease emergency are ODA, ODNR and Ohio licensed veterinarians. They will provide animal surveillance information to ODH.
- c. Coordination of surveillance and epidemiology activities to include active surveillance to identify additional cases, conducting active investigations of suspected cases and performing epidemiological investigations.

2. Laboratory Testing and Analysis

- a. The organizations that have responsibilities for human infectious disease related laboratory activities during a human infectious disease emergency and a pandemic incident in Ohio are ODH (lead), ODA and OEPA.
- b. Laboratory activities coordination of and the provision of guidance on specimen collection and transport to the Ohio Department of Health Laboratories (ODHL) for specimen confirmation; when needed, coordinate shipment of specimens to CDC laboratories.

3. Infection Control Practices and Transmission Limitation Strategies

- a. The organizations that have responsibilities for guidance on human infectious disease infection control practices in Ohio are ODH (lead) and LHDs, in coordination with the CDC, the Governor's Office, AGO, Ohio EMA, EMS, OSHP, ODNR, OEPA and ONG.
- b. Coordination of infection control practices to include specific containment, prevention and treatment guidance for the infectious disease that causes the emergency; provide guidance on any type of disinfection that may be required; and provide guidance on limitation on movement (e.g. quarantine orders) to limit the spread of the infectious disease to other areas within the state, for governing the receipt and conveyance of remains of the deceased, and for other sanitary matters (ORC 3701.13 and 3701.14).
- c. If an environmental release is linked to or responsible for the human infectious disease emergency, OEPA will provide coordination regarding site assessment activities.
- d. Limitation of Movement in the form of Social Distancing
- e. Limitation of Movement in the form of Isolation and Quarantine may be used as an infection control practice and may include specific containment, prevention and treatment guidance related to the pandemic disease. Guidance will be provided on any type of disinfection that may

be required; on limitation of movement (e.g. quarantine orders) to limit the spread of the pandemic disease to other areas within the state; for governing the receipt and conveyance of remains of the deceased; and for other sanitary matters (ORC 3701.13 and 3701.14).

4. Mass Prophylaxis/Vaccination

- a. ODH (lead), LHDs, ESF-1 Agencies and OSBP have responsibilities for mass prophylaxis and/or vaccination activities in Ohio.
- b. ODH will coordinate activities related to the Strategic National Stockpile (SNS), and will coordinate and lead activities for pre-distribution of antivirals and other pharmaceuticals that can be used for treatment or prophylaxis in a pandemic outbreak.
- c. ODH will develop policies for the use of antivirals and will convey those policies as part of the Agreements used in antivirals distribution.
- d. Coordination of mass prophylaxis/vaccination will include determining priority guidelines for chemoprophylaxis/vaccination administration and ensuring access to vaccine or pharmaceuticals to identified populations.

5. Health/Medical Equipment and Supplies

The organizations that have responsibilities for health and medical equipment and supplies are DAS (lead), OEMA, ODH, EMS and the American Red Cross. They are tasked to coordinate health and medical equipment and supplies, including biological products, blood and blood products in support of NDMS DMAT Operations (if a Presidential disaster declaration has been declared) and for restocking medical care facilities in the area affected by the human infectious disease emergency.

6. Health Care Personnel Augmentation

The organizations that have responsibilities for health care personnel are ODH (lead) and the Ohio Emergency Management Agency. A mass casualty incident will require personnel augmentation of public health agencies, hospitals and other health provider organizations. Current personnel augmentation will rely on current agency or organization plans. Such plans may call for existing staff to work extended hours or for recruitment of volunteers. The ODH will coordinate with the OEMA and appropriate federal agencies to request support from various NDMS teams. NDMS DMATs are a potential source of assistance if there is a Presidential disaster declaration.

7. Patient Evacuation

OEMS will coordinate resources for the movement of seriously ill patients from the area affected by a human infectious disease emergency to locations where

definitive medical care is available.

8. In-Hospital Care

ODH will coordinate with hospitals. Ohio hospitals will provide definitive medical care to victims who become seriously ill as a result of the human infectious disease emergency. NDMS has established and maintains a nationwide network of voluntarily pre-committed, non-federal, acute care hospital beds in the largest US metropolitan areas, which will be a potential source of assistance if there is a Presidential disaster declaration.

9. Public Health Information

- a. ODH (lead), OEMA, ONG, ODA, ODNR, ODMH, OEPA, OSHP, and public information personnel in local EOCs in the affected areas have responsibilities for providing public health information, and ODH may operate a toll-free information line to respond to questions about human infectious disease and pandemic threats and impacts from the general public.
- b. ODH will operate a toll-free information line to respond to questions about the disease from the general public.
- c. A joint information center (JIC) will be maintained at the Ohio EOC throughout the emergency. The JIC will be led by the public information officer from ODH (lead agency) and supported by PIOs from all other organizations having responsibilities to address the human infectious disease emergency. Organizations on this team will ensure that maps, guidance, alerts and warnings concerning the human infectious disease emergency in Ohio will be widely distributed and available to the public. (Refer to the Public Affairs Support Annex in the Ohio Emergency Operations Plan (Ohio EOP) for additional information about this function.)

10. Vector Control

- a. The organizations responsible for oversight and coordination of vector control are ODH (lead), ODA and ODNR (as it relates to wild animals spreading infectious diseases).
- b. Coordination of vector control activities will include assessing the threat of vector-borne diseases related to the human infectious disease emergency; providing technical assistance and consultation on protective actions regarding those diseases; and providing technical assistance and consultation on the medical treatment of victims of vector-borne diseases.

11. Worker Health Safety

The lead agency for worker health safety is the Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene. This agency assists with monitoring health and well-being of emergency workers and providing technical assistance and consultation on worker health and safety measures and precautions.

12. Environmental Concerns-Drinking Water and Waste Management

The organization with the lead responsibility in assessing environmental concerns is OEPA. This agency will:

- a. Provide technical assistance regarding drinking water availability in consultation with local authorities.
- b. Provide technical assistance regarding waste water disposal issues and the protection of waters of the State of Ohio.
- c. Provide lists of registered transporters of infectious wastes and provide expedited registration for new transporters in an emergency situation. Provide information regarding location of infectious waste treatment facilities and technical assistance regarding the management of infectious wastes.
- d. Provide technical assistance regarding solid waste disposal.
- e. Provide technical assistance and consultation to ODH for private water supply and household sewage system issues.
- f. Assist ODH with decontamination issues.
- g. Accept assistance from ODH with health risk assessments.

13. Victim Identification/Mortuary Services

- a. The agencies that have responsibilities for providing victim identification and mortuary services include: OEMA, OFDA, ODH, LHDs, local hospitals, local EMAs, OEPA, OSHP.
- b. The Non-Acute Mass Fatality Incident Response Plan (Tab E to ESF-8), provides details of state agency-level response during a mass fatalities response to a pandemic incident.
- c. Assist in providing temporary morgue facilities and processing, preparation, and disposition of remains.

- d. If human remains need to be disposed of immediately for the protection of others, they will be disposed of according to ORC 3707.19. (Disposal of body of person who died of communicable disease.) Pursuant to ORC 3701.13, ODH “may make special or standing orders or rules for governing the receipt and conveyance of remains of deceased persons, and for such other sanitary matters as are best controlled by a general rule.”
- e. ODH will maintain and operate the vital records system throughout Ohio.
- f. Security issues related to victims and their effects will be coordinated by law enforcement (Refer to ESF 13).

14. Behavioral Health Care

- a. ODMH is the lead agency responsible for coordinating behavioral health care activities.
- b. In collaboration with local behavioral health authorities and community providers, assess behavioral health needs of first responders, emergency workers, recovery workers, victims, families and communities.
- c. ODMH will coordinate with local behavioral health authorities to assess appropriate behavioral health interventions needed and provide resources as available to meet behavioral health needs of persons and communities impacted.
- d. Provide culturally appropriate disaster behavioral health materials, risk communication, information and messages to bolster resiliency and provide psychological strength to persons and communities impacted.

15. Law Enforcement Support

- a. The organizations responsible for law enforcement support activities are OSHP (lead), ONG, AGO and ODNR.
- b. Large numbers of law enforcement personnel may be required to provide security around the perimeters of restricted areas in order to prevent the spread of the disease and enforce legal requirements. Unified command at the site will determine the number of personnel needed, the shifts they will maintain, the protocols they will follow for human infectious disease emergencies (as recommended by ODH and CDC/DHHS/DHS). State law enforcement personnel may support or assist the local law enforcement organizations within the scope of their jurisdiction and authority.

16. Recovery Activities

- a. These organizations have responsibilities for recovery activities for a human infectious disease emergency in Ohio: OEMA (lead) Governor’s

office, AGO, DAS, ODH, ODA, ODNR, ODMH, OEMA, ONG, OSHP, DOT, OEPA, LHDs and local EMAs.

- b. OEMA will be the lead for most recovery issues including but not limited to reimbursement for activities between local agencies and organizations, the state and federal agencies.
- c. Other issues that will be addressed include behavioral health concerns for patients, their contacts, the general public and response and recovery personnel; ongoing security; issues related to mass fatality (e.g. disposal of bodies); legal issues; and economic repercussions for Ohio.

E. Relationships between Levels of Government

1. Federal

- a. General Public Health Emergency Powers – The Secretary of the Department of Health and Human Services (DHHS) may declare a public health emergency to respond, conduct and support investigations into the cause, treatment or prevention of a disease or disorder [42 U.S.C. § 247d(a)].
- b. The Secretary of the U.S. Department of Health and Human Services (DHHS) may declare a public health emergency to respond, conduct and support investigations into the cause, treatment or prevention of a disease or disorder (42 U.S.C. § 247d(a)). A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of whether: (1) a disease or disorder presents a public health emergency; or (2) a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists (42 U.S.C. § 247d(a)).
- c. A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of whether:
 - i. a disease or disorder presents a public health emergency
 - ii. a public health emergency, including significant outbreaks of infectious diseases or bioterrorist attacks, otherwise exists [42 U.S.C. § 247d(a)].

2. State

- a. Human infectious disease response and recovery organizations and agencies will maintain a working relationship throughout human infectious disease and pandemic incidents and will work to ensure that emergency needs are identified, assessed, prioritized and addressed.
- b. Human infectious disease response and recovery organizations will coordinate with federal peer organizations and counterpart organizations

from adjacent states throughout human infectious disease and pandemic incidents.

- c. Human infectious disease response and recovery organizations will bring federal, state and local responders together.

3. Local

- a. Local level emergency requests for state resources and services that are communicated to the Ohio EOC will be directed to State EOC partner agencies as appropriate.
- b. State agency field personnel may act as liaison between local emergency management and the state during these emergencies. (Refer to the EOC Standard Operating Procedures.)
- c. County emergency management agencies in the affected areas may activate their EOCs as needed to provide support for local human infectious disease and pandemic response operations.
- d. Local EMAs should develop guidance that addresses the roles of these organizations and other organizations that may be involved on the local level.

4. The comparison chart below shows counterparts at state, federal and local levels with emergency management responsibilities for human infectious disease response and recovery. Local organizations that will have roles to play in human infectious disease response and recovery are listed, but are not limited to the organizations that appear in the “Local Organizations” column in the chart below. During incident response, the organizations listed in the chart, below, may work together to identify, control and prevent the spread of disease.

Comparison Chart for Human Infectious Disease Response and Recovery		
State Organizations	Federal Organizations	Local Organizations
Ohio Department of Health	CDC/NIOSH/USPHS/FDA/HRSA/DHS (NDMS)	Local Health Districts
Adjutant General's Department, Ohio National Guard	DOD/NGB	Local Law Enforcement
Attorney General's Office	DOJ	County Prosecutors/City Attorneys/Law Directors
Ohio Emergency Management Agency	DHS (FEMA)	County EMAs
Ohio Department of Agriculture	USDA/APHIS/VS USFDA	Accredited Veterinarians
Ohio Department of Natural Resources	USDA, DHS (Coast Guard) and Dept of Interior	County Wildlife Officer
Ohio State Highway Patrol	FBI/DHS/ Federal Marshal	County Sheriff/Local Police
Ohio Department of Transportation	US DOT	County Engineer
Ohio Environmental Protection Agency	U.S. EPA	Local Health Districts / Local Air Agencies
Ohio Department of Mental Health and Addiction Services	SAMHSA/CMHS	ADAMH Boards, Provider Agencies
Ohio Bureau of Workers' Compensation, Division of Safety and Hygiene	OSHA	Local Health Districts
American Red Cross	American Red Cross	Local ARC Chapter
Ohio Funeral Directors' Association	U.S. Department of Justice	County Coroner
Ohio Department of Administrative Services	*	*
Ohio Voluntary Agencies Active in Disasters	U.S. VOAD	*
Ohio Emergency Medical Services	*	*
Ohio State Board of Pharmacy	*	*
Ohio Department of Commerce, Division of State Fire Marshal	*	Local Fire Departments
Ohio Development Services Agency	*	*
Ohio Department of Education	*	Local School Districts
Ohio Medical Transportation Board	*	*
Ohio Department of Developmental Disabilities	*	*
Ohio Department of Rehabilitation and Corrections	*	*
Public Utilities Commission of Ohio	*	*

V. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. ODH will notify its LHD partners, clinicians and OEMA in the event of a human infectious disease emergency via OPHCS/HAN.
- B. ODH will notify the CDC by telephone.
- C. If assessments indicate that a state-level response and recovery operation may be required, OEMA will notify the appropriate organizations listed in this plan based on the needs of the event. Primary and support agencies will coordinate with each other in the Ohio Emergency Operations Center to ensure the most effective use of personnel and equipment to avoid redundant activities and to cooperate on emergency response activities.
- D. In a pandemic incident response, Assignments of Responsibility are organized below by Critical Mission Areas according to Emergency Support Function. Not all agencies listed under a particular mission area of emergency support function may have the ability to provide support for all mission areas.
- E. Assignments of Responsibility – Non-Pandemic Human Infectious Disease Response
 - 1. Primary Agency – Ohio Department of Health (ODH)
 - a. Lead state-level human infectious disease emergency response and recovery.
 - b. Notify OEMA when a human infectious disease emergency is identified.
 - c. Coordinate with CDC, other state and local health districts, and hospitals.
 - d. Conduct human infectious disease assessments to determine needs and priorities.
 - e. Coordinate enhanced surveillance activities and the epidemiologic investigation.
 - f. Assist DAS, OEMA, ONG, ODOT and other state agencies as needed in determining the need for location and establishment of staging areas.
 - g. Upon analysis of environmental, clinical and other patient information, diagnosis and prognosis, provide specific containment, prevention and treatment guidelines in coordination with CDC.

- h. Provide guidance on infection control practices.
 - i. Issue orders of limitation on movement as needed (including quarantine orders).
 - j. Issue advisories for mass prophylaxis/vaccination as needed.
 - k. Request the Strategic National Stockpile (SNS) as needed.
 - l. Make vaccine and antibiotics available through the SNS as needed.
 - m. Coordinate with appropriate organizations for the deployment of personnel for human infectious disease response and recovery.
 - n. Provide medical advisories.
 - o. Provide advisories and related public information.
 - p. Coordinate public information and rumor control efforts throughout the emergency.
 - q. Provide or coordinate testing capability for clinical and environmental specimens.
 - r. Coordinate with law enforcement organizations for site security (laboratory, pharmaceutical transport, mass clinics) and related issues.
 - s. Provide information and directions to support agencies on human infectious disease transmission, treatment, overall infection control practices, including isolation/quarantine and disinfection/decontamination, and personal protective equipment.
 - t. Coordinate with OEPA on drinking water, waste water, and waste management issues.
 - u. Coordinate with ODA on food safety issues.
2. Adjutant General's Department, Ohio National Guard (ONG)
 - a. Provide personnel to assist in response and recovery operations as needed and as available at staging areas, in local EOCs and at the Ohio EOC.
 3. Attorney General's Office (AGO)
 - a. Provide legal advice to state agencies and departments concerning human infectious disease issues, including limitation on movement (e.g.

quarantine orders), indemnification and human resource issues, as needed.

4. Ohio Department of Administrative Services (DAS)

- a. Assist in the identification of resource providers and purchasing supplies, equipment and services needed during a state-level human infectious disease emergency.
- b. Provide logistical support for responders to include coordination with OEMA to shelter and feed responders as well as to address other needs.
- c. Coordinate with other state, federal and local agencies as needed to assist in the movement and positioning of personnel and supplies.
- d. Coordinate with OEMA, ODH, HHS, FEMA and local emergency management agencies as needed for staging areas.
- e. Provide support for toll-free information lines.
- f. Coordinate with OEMA for reimbursement from the federal government.

5. Ohio Department of Agriculture (ODA)

- a. Coordinate with ODH if a zoonotic condition exists.
- b. Provide surveillance information for disease in animals.
- c. Coordinate with ODH on food safety issues.
- d. Support public information and rumor control efforts.
- e. Provide epidemiological support to ODH as requested during an emergency.
- f. Provide personnel to assist in response and recovery operations as needed.
- g. Provide recommendations to ODH concerning potential effects on animal health.
- h. Provide recommendations to ODH concerning potential effects on food safety.
- i. Coordinate animal disposal activities as needed.
- j. Provide laboratory surge capacity to ODH as needed.

- k. Coordinate food disposal activities as needed.
6. Division of Safety and Hygiene, Ohio Bureau of Workers' Compensation (BWC)
 - a. Monitor health and well-being of emergency workers.
 - b. Provide technical assistance and consultation on worker health and safety measures and precautions.
 7. Ohio Department of Mental Health and Addiction Services (ODMH/AS)
 - a. Coordinate and assist local behavioral health authorities to provide behavioral health support and services to victims, first responders, recovery workers, healthcare workers, families, children, organizations, and the community-at-large.
 - b. In collaboration with local behavioral health authorities assure appropriate level behavioral health interventions (e.g. crisis intervention, information and referral, debriefing, psycho-education, community outreach) are available and accessible to persons and communities that may be impacted.
 - c. In collaboration with behavioral health authorities provide disaster mental health communication materials and information to persons impacted, emergency response partners and the general public.
 - d. Provide resources and facilities, as available, and appropriate and necessary to support recovery operations.
 8. Ohio Department of Natural Resources (ODNR)
 - a. When indicated, provide surveillance for disease in wild animals.
 - b. Establish appropriate regulatory wild animal controls.
 - c. Support public information and rumor control efforts throughout the emergency.
 - d. When appropriate, assist with disposal of infected animals.
 9. Ohio Emergency Management Agency (OEMA)
 - a. Facilitate public information and rumor control efforts throughout the emergency through the JIC.

10. Ohio State Highway Patrol (OSHP)

- a. If the incident is terrorism-related, coordinate law enforcement activities with the FBI.
- b. If a quarantine order has been issued by public health, collaborate with local law enforcement to enforce limitation on movement measures.

11. Ohio Department of Transportation (ODOT)

- a. Assist in the movement of state resources during a human infectious disease emergency.
- b. If quarantine has been issued by public health, coordinate access to or closure of transportation routes if needed.

12. Ohio Environmental Protection Agency (OEPA)

- a. Coordinate safety of the public water supply.
- b. Provide recommendations in coordination with ODH concerning the potential effects on the public water supply and waters of the state.
- c. Provide recommendations in coordination with ODH regarding the management of waste waters, especially in association with decontamination efforts.
- d. Provide personnel to assist in response and recovery operations as needed.
- e. Provide information and direction regarding treatment and disposal infectious waste and disposal of solid waste.
- f. Conduct site assessments when the human infectious disease emergency is linked to an environmental release.

13. Ohio State Board of Pharmacy (OSBP)

- a. Provide recommendations to ODH concerning pharmaceutical issues.

14. American Red Cross (ARC)

- a. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to human infectious disease emergency victims in mass shelters and other sites deemed necessary by the primary agency.
- b. Assist community health personnel subject to the availability of staff.

- c. Provide supportive counseling for the family members of the dead and injured.

15. Ohio Funeral Directors Association (OFDA)

- a. Supply personnel and materiel to support mass fatality response and expanded mortuary services in affected jurisdictions.

F. Pandemic Response – Critical Mission Areas

1. ESF-1 – Transportation (ODOT, ONG, ODNR, OEMA, OSHP)

- a. Transport priority samples from local jurisdictions to Public Health Laboratories.
- b. Transport antivirals outside of and ahead of SNS under an ODH operational plan.
- c. Distribute medical supplies and vaccine within SNS.
- d. Implement actions for the coordination of access to or closure of transportation routes.
- e. Transport solid waste, infectious waste, animal carcasses and human remains.

2. ESF-2 – Communication and Information Technology (OEMA, ONG, DAS, SFM, ODNR, OSHP, PUCO, ODOT, ODH)

- a. Provide redundant communications equipment at PODS, hospitals, county coroner's offices, alternate care facilities, and LHDs.

3. ESF-3 – Engineering and Public Works (ONG, DAS, ODOD, OEPA, ODH, ODNR, OEMS, PUCO, ODOT)

- a. Support the continuity of wastewater treatment, waste management and disposal, drinking water, and other public infrastructure and services.

4. ESF-5 – Information and Planning (ODH, DAS, ONG, OEMA, OSHP, ODNR, ODOT)

- a. Support planning for the distribution and administration of scarce/limited medical supplies and resources.

- b. Support planning for vaccine distribution based on past outbreak locations, percent of population, and exact target population as indicated by the pandemic disease.
 - c. Provide support for the coordination of the deployment of materiel.
5. ESF-6 – Mass Care (ODA, ODE, ODH, OEPA, ODMH, DODD, ARC, OH-VOAD)
- a. Provide support for local shelter-in-place operations.
 - b. Provide support for bulk distribution of supplies operations.
 - c. Provide support recommendations for school closure as a strategy to limit transmission of the pandemic.
 - d. Develop policies for addressing days lost to school closures.
 - e. Provide emergency first aid, supportive counseling, health care for minor illnesses and injuries to human infectious disease emergency victims in alternate health care settings and other sites deemed necessary by the primary agency.
 - f. Provide supportive counseling services for the community.
6. ESF-7 – Resource and Logistics Support (DAS, OEMA, OSHP, ODOD, ODRC, ODOT, ARC, OH-VOAD)
- a. Provide support for the acquisition, storage and release of supplies in support of shelter-in-place operations.
 - b. Identify resource providers and acquire supplies, equipment and services needed during a state-level pandemic emergency.
 - c. Provide logistical support for responders.
7. ESF-8 – Public Health and Medical Services (ONG, DAS, ODA, SFM, OEPA, ODH, OEMS, OEMA, OMTB, OSPB, ARC)
- a. Provide epidemiological analysis and support, including dispatching epidemiologists for surveillance and investigation, as needed.
 - b. Provide recommendations related to potential effects on public water supply and the waters of the state.

- c. Provide information and direction on the management, treatment and disposal of infectious waste and solid waste.
 - d. Provide recommendations regarding pharmaceutical acquisition, distribution and administration.
 - e. Provide support for equipment decontamination operations.
 - f. Make recommendations, provide support and undertake appropriate actions regarding food safety.
 - g. Provide support for the response to zoonotic issues (Animal Disease Incident Plan – Tab A to ESF-11).
 - h. Provide to support to LHDs that are affected by pandemic disease.
 - i. Provide support for local mass care operations, including support for functional needs populations.
 - j. Provide guidance and direction regarding fatality management issues.
8. ESF-12 – Energy (ODOD, OEMA, PUCO, ODOT)
- a. Ensure that appropriate actions are taken in support of the continuity of public utility services.
9. ESF-13 – Law Enforcement (ONG, AG, ODNR, OSHP, OHS)
- a. Provide security for the transport of materiel from the RSS through to PODs.
 - b. Employ the Law Enforcement Response Plan in support of security operations throughout the response as needed.
 - c. Provide support to local jurisdictions regarding requests for public safety and security assistance.
 - d. If a quarantine order has been issued, collaborate with local law enforcement to enforce limitations of movement measures.
10. ESF-14 – Recovery and Mitigation (ODH, DAS, ODE, OEMA, OEPA, ODNR, PUCO, ODOT, ODOD, ARC)
- a. Implement appropriate recovery planning and operational actions.

11. ESF-15 – Emergency Public Information and External Communications (All Support Agencies)
 - a. Prepare public messages and provide updates regarding strategies to limit transmission, etc.

Appendix 1 to the Human Infectious Disease Annex Ohio Emergency Operations Plan

Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio



Know Your ABCs: A Quick Guide to Reportable Infectious Diseases in Ohio from the Ohio Administrative Code Chapter 3701-3; Effective January 1, 2009

Class A Diseases of major public health concern because of the severity of disease or potential for epidemic spread - report by telephone immediately upon recognition that a case, a suspected case, or a positive laboratory result exists

Anthrax	Influenza A - novel virus	Rabies, human	Smallpox
Botulism, foodborne	Measles	Rubella (not congenital)	Tularemia
Cholera	Meningococcal disease	Severe acute respiratory syndrome (SARS)	Viral hemorrhagic fever (VHF)
Diphtheria	Plague		Yellow fever

Any unexpected pattern of cases, suspected cases, deaths or increased incidence of any other disease of major public health concern, because of the severity of disease or potential for epidemic spread, which may indicate a newly recognized infectious agent, outbreak, epidemic, related public health hazard or act of bioterrorism.

Class B (1) Diseases of public health concern needing timely response because of potential for epidemic spread - report by the end of the next business day after the existence of a case, a suspected case, or a positive laboratory result is known

Arboviral neuroinvasive and non-neuroinvasive disease: Eastern equine encephalitis virus disease	Chancroid	Hepatitis B, perinatal	Rubella (congenital)
LaCrosse virus disease (other California serogroup virus disease)	Coccidioidomycosis	Influenza-associated pediatric mortality	Salmonellosis
Powassan virus disease	Cyrtosporiasis	Legionnaires' disease	Shigellosis
St. Louis encephalitis virus disease	Dengue	Listeriosis	Staphylococcus aureus, with resistance or intermediate resistance to vancomycin (VISA, VISA)
West Nile virus infection	E. coli O157:H7 and other enterohemorrhagic (Shiga toxin-producing) E. coli	Malaria	Syphilis
Western equine encephalitis virus disease	Granuloma inguinale	Meningitis, aseptic (viral)	Tetanus
Other arthropod-borne disease	Haemophilus influenzae (invasive disease)	Meningitis, bacterial	Tuberculosis, including multi-drug resistant tuberculosis (MDR-TB)
	Hantavirus	Mumps	Typhoid fever
	Hemolytic uremic syndrome (HUS)	Pertussis	
	Hepatitis A	Poliomyelitis (including vaccine-associated cases)	
		Psittacosis	
		Q fever	

Class B (2) Diseases of significant public health concern - report by the end of the work week after the existence of a case, a suspected case, or a positive laboratory result is known

Amebiasis	Cytomegalovirus (CMV) (congenital)	Hepatitis E	Streptococcal disease, group B, in newborn
Botulism, infant	Ehrlichiosis/Anaplasmosis	Herpes (congenital)	Streptococcal toxic shock syndrome (STSS)
Botulism, wound	Giardiasis	Influenza-associated hospitalization	Streptococcus pneumoniae, invasive disease (ISP)
Brucellosis	Gonococcal infections (urethritis, cervicitis, pelvic inflammatory disease, pharyngitis, arthritis, endocarditis, meningitis, and neonatal conjunctivitis)	Leprosy (Hansen disease)	Toxic shock syndrome (TSS)
Campylobacteriosis	Hepatitis B, non-perinatal	Leptospirosis	Trichinosis
Chlamydia infections (urethritis, epididymitis, cervicitis, pelvic inflammatory disease, neonatal conjunctivitis, pneumonia, and lymphogranuloma venereum (LGV))	Hepatitis C	Lyme disease	Typhus fever
Creutzfeldt-Jakob disease (CJD)	Hepatitis D (delta hepatitis)	Mycobacterial disease, other than tuberculosis (MOTT)	Variola
Cryptosporidiosis		Rocky Mountain spotted fever (RMSF)	Vibriosis
		Streptococcal disease, group A, invasive (IGAS)	Yersiniosis

Class C Report an outbreak, unusual incidence, or epidemic (e.g., histoplasmosis, pediculosis, scabies, staphylococcal infections) by the end of the next business day

Outbreaks:

- Community
- Foodborne
- Healthcare-associated
- Institutional
- Waterborne
- Zoonotic



NOTE: Cases of AIDS (acquired Immune deficiency syndrome), AIDS-related conditions, HIV (human Immunodeficiency virus) infection, perinatal exposure to HIV, and CD4 T-lymphocytes counts <200 or 14% must be reported on forms and in a manner prescribed by the Director.

Appendix 2 to the Human Infectious Disease Annex Ohio Emergency Operations Plan

List of Selected Authorities: Ohio Revised Code and Ohio Administrative Code

Ohio Revised Code

Ohio Department of Health

O.R.C. 3701.03:	General Duties of the Director of Health
O.R.C. 3701.04:	Powers of the Director of Health
O.R.C. 3701.06:	Right of Entry to Investigate Violations
O.R.C. 3701.13:	Powers of Department of Health
O.R.C. 3701.14:	Special Duties of Director of Health
O.R.C. 3701.16:	Purchase, Storage and Distribution of Medical Supplies
O.R.C. 3701.23:	Report as to Contagious or Infectious Diseases
O.R.C. 3701.25:	Occupational Diseases; Report by Physician to Department of Health
O.R.C. 3701.352:	Violation of Rule or Order Prohibited
O.R.C. 3701.56:	Enforcement of Rules and Regulations

Ohio Administrative Code

3701-3-02.1:	Reporting of Occupational Diseases
3701-3-06:	Reporting to Department of Health
3701-3-08:	Release of Patient's Medical Records

Ohio Revised Code

Local Health Districts

O.R.C. 3707.01:	Powers of Board; Abatement of Nuisances
O.R.C. 3707.02:	Proceedings When Order of Board is Neglected or Disregarded
O.R.C. 3707.02.1:	Noncompliance; Injunctive Relief
O.R.C. 3707.03:	Correction of Nuisance or Unsanitary Conditions on School Property
O.R.C. 3707.04:	Quarantine Regulations
O.R.C. 3707.06:	Notice to be given of Prevalence of Infectious Disease
O.R.C. 3707.07:	Complain Concerning Prevalence of Disease; Inspection by Health Commissioner
O.R.C. 3707.08:	Isolation of Persons Exposed to Communicable Disease; Placarding of Premises.
O.R.C. 3707.09:	Board May Employ Quarantine Guards.
O.R.C. 3707.10:	Disinfection of House in Which There Has Been a Contagious Disease
O.R.C. 3707.12:	Destruction of Infected Property
O.R.C. 3707.13:	Compensation of Property Destroyed
O.R.C. 3707.14:	Maintenance of Persons Confined in Quarantine House.

O.R.C. 3707.16:	Attendance at Gatherings by Quarantined Person Prohibited
O.R.C. 3707.17:	Quarantine in Place other than that of Legal Settlement
O.R.C. 3707.19:	Disposal of Body of a Person Who Died of Communicable Disease
O.R.C. 3707.23:	Examination of Common Carriers by Board during Quarantine.
O.R.C. 3707.26:	Board Shall Inspect Schools and May Close Them
O.R.C. 3707.27:	Board may Offer Vaccination Free or at Reasonable Charge; Fee Payable to State
O.R.C. 3707.31:	Establishment of Quarantine Hospital
O.R.C. 3707.32:	Erection of Temporary Buildings by Board of Health; Destruction of Property
O.R.C. 3707.33:	Inspectors, Other Employees
O.R.C. 3707.34:	Board May Delegate Isolation and Quarantine Authority to Health Commissioner
O.R.C. 3707.48:	Prohibition against Violation of Orders or Regulations of Board.
O.R.C. 3709.20:	Orders and Regulations of Board of City Health District
O.R.C. 3709.21:	Orders and Regulations of Board of General Health District
O.R.C. 3709.22:	Duties of Board of City or General Health District
O.R.C. 3709.36:	Powers and Duties of Board of Health

Ohio Administrative Code

3701-3-02:	Diseases to Be Reported
3701-3-03:	Reported Diseases Notification
3701-3-04:	Laboratory Result Reporting
3701-3-05:	Time of Report