



Annex I

(Biological / Emergency)

Base Response Plan



Table of Contents

Acronyms----- 3

Purpose----- 4

Assumptions----- 4

Operations----- 4

Chain of Command----- 5

Incident Command System (ICS)----- 5

Responsibilities ----- 5

Primary Responsibilities of Administrative Staff-----6

Communications and Notifications-----7

Infectious Diseases Protocol----- 8

Pharmaceuticals and Vaccine----- 9

Decontamination----- 9

Evacuation and Sheltering ----- 9

Hospitals -----9

Emergency Medical Services (EMS)-----9

Coroner----- 9

Poison Center----- 9

American Red Cross (ARC)----- 10

Public Health Information----- 10

Epidemiological Investigation----- 10

Public Health Surveillance----- 12

Training----- 12

Debriefing----- 12

Appendix A:Threatened Human Biological Incident: Ohio Guidelines-----

Appendix B: Organizational Hierarchy Chart-----

Appendix C: Primary Support Roles in Emergencies-----

Appendix D: Continuity of Operations Plan-----

Appendix E: ICS Forms-----



MERCER COUNTY CELINA CITY

Health Department



PREVENT • PROMOTE • PROTECT

Acronyms

ARC	American Red Cross
ATSDR	Agency for Toxic Substances and Disease Registry
CDC	Centers for Disease Control
CFR	Code of Federal Regulations
CHSC	Community Health Surveillance Coordinator
DER	Director of Emergency Response
DOJ	Department of Justice
DON	Director of Nursing
EAS	Emergency Alert System
EHD	Environmental Health Director
EMS	Emergency Medical Services
EOC	Emergency Operations Center
EOP	Emergency Operations Plan
EPA	Environmental Protection Agency
FBI	Federal Bureau of Investigation
HAN	Health Alert Network
HAZMAT	Hazardous Materials
HC	Health Commissioner
HHS	Department of Health and Human Services
IC	Incident Commander
ICS	Incident Command System
IDCM	Infectious Diseases Control Manual
JIC	Joint Information Center
LEPC	Local Emergency Planning Committee
NBC	Nuclear, Biological, Chemical
NWOR	Northwest Ohio Regional
ODA	Ohio Department of Agriculture
ODH	Ohio Department of Health
OHSEM	Office of Homeland Security & Emergency Management
ODNR	Ohio Department of Natural Resources
PIO	Public Information Officer
PSA	Public Service Announcement
SNS	Strategic National Stockpile
SOG	Standard Operating Guideline
SOP	Standard Operating Procedure
UCS	Unified Command System
VMI	Vendor Managed Inventory
WMD	Weapons of Mass Destruction



Mercer County Celina City Health Department (MCCCHD) Biological / Emergency Base Response Plan

I. Purpose

Mercer County offers potential terrorist targets for using Biological Agents. It is necessary that the MCCCHD be prepared to respond to such emergencies in order to minimize public health effects and manage the consequences by appropriate response plans.

II. Assumptions

- A. In the event of an incident, Mercer County could receive state and federal assistance.
- B. Mercer County must anticipate a period of time between the occurrence of the incident and the arrival of state and federal aid, during which local resources must be used for response.
- C. All the agencies involved are operating under the ICS or UCS.

III. Operations

A. General

1. MCCCHD will activate the MCCCHD EOP, all annexes, and appendices of the plan during any emergency, as needed.
2. Procedures outlined in the Threatened Human Biologic Incident: Ohio Guidelines will be implemented in response to terrorist biological incidents. A copy of the Ohio guidelines, for reference, is placed in (Appendix A).
3. The ODH IDCM is used as a guide by the MCCCHD for reporting different classes of diseases to ODH, insuring accurate health precautions are made and appropriate follow up is performed. Class A1 Reportable Infectious Diseases are listed in (Annex V, Appendix C).
4. Emergency response operations include critical activities such as rescue, triage of victims, personal protection, decontamination, sample collection, identification of the biological agent, medical treatment and surveillance, handling the diseased, mass inoculation and quarantine and limitation of movement operations (Annex VII, Appendix O).



5. Many elements of local, state and federal government will be integrated into a coherent biological response system including facilities, equipment, trained personnel, communications, plans and procedures.
6. All incidents will be treated as real and an “all hazards” approach will be followed.

IV. Chain of Command

- A. The chain of command for a biologic incident is (Appendix B).

V. ICS

- A. ICS will follow the guidelines set forth in the MCCCHD’s Crisis Communication Plan, except that the MCCCHD will be the IC during a biological event.

VI. Responsibilities

- A. Following are the responsibilities of the MCCCHD:
 1. Provide technical assistance to the IC on scene, with regard to decontamination, personal protective equipment, exposure assessment, drugs/vaccine use, methods of collecting samples and liaison between the IC and the ODH, and CDC.
 2. Support EMS at triage and coordinate with Mercer Health Hospital regarding treatment of victims as provided by ODH and CDC.
 3. Report Class A1 Communicable Diseases to ODH per list in (Annex V, Appendix C).
 4. Receive sample analysis reports and implement the health protection and prevention guidelines provided by ODH and CDC.
 5. Provide, receive, distribute, store and administer vaccine.
 6. Follow up with victims; conduct surveillance and coordinate surveillance reporting to ODH; watch for new or secondary cases.
 7. Coordinate with contiguous county health departments and prepare public health advisories and announcements.



8. Coordinate with County Coroner and funeral homes.
9. Coordinate with ARC.
10. Provide staffing at the Mercer County EOC, when activated.
11. Request Mental Health Services as needed.
12. Request assistance from ODH, CDC or other partners listed in (Annex II, Appendix D).

B. Primary Responsibilities of Administrative Staff

In addition to the responsibilities of supervisory staff given in the MCCCHD's EOP, for a biologic incident administrative staff will:

1. Implement procedures outlined in the Threatened Human Biologic Incident: Ohio Guidelines (Appendix A).
2. MCCCHD will initiate HAN system locally by contacting local physicians, hospitals, medical laboratories, infection control practitioners, and veterinarians, if necessary (Annex VII, Appendix A and Annex II, Appendix D).

Specific additional responsibilities for the following Administrative staff in the event of a biologic incident are as follows

1. **HC or Designee** will:
 - a. Act as the Chief Emergency Response Coordinator (CERC)
 - b. Establish communication, place of assembly, staff assignments.
 - c. Communicate with the rest of the county department heads.
 - d. Communicate directly with the EMA Director.
 - e. Direct the actions of the health department personnel.
 - f. Sanction the release of public information, and will issue medical and / or public health advisories.
 - g. Will coordinate with Coroner's office, hospitals, and/or EMS
 - h. If possible, will man the EOC, or direct environmental or nursing to represent the health department at the EOC.
 - i. Provide technical assistance to the ICS on the scene with regard to decontamination, personnel protection equipment, exposure assessment, and quarantine.



- j. Liaison between IC, ODH, and CDC regarding medical issues.
2. DON and Epidemiologist will:
 - a. Assist the HC to provide technical assistance to the ICS on the scene with regard to decontamination, personnel protection equipment, exposure assessment, and quarantine.
 - b. Establish locations for and assist in the distribution of drugs, vaccine, and other medical supplies.
 - c. Assist the HC as liaison between IC, ODH, and CDC regarding medical issues.
 - d. Coordinate and advise regarding collection and submission of clinical samples.
 - e. Report ODH Class A1 Communicable Diseases.
 - f. Dispatch public health nurses to the shelters to provide assistance with administering vaccine, if needed.
 - g. Provide, receive, distribute, store and administer vaccines.
 - h. Coordinate with hospital and infectious disease control practitioners, regarding treatment of victims as recommended by ODH / CDC.
 - i. Follow up with victims, conduct surveillance and coordinating surveillance reports, submit to ODH.
 - j. Coordinate with surrounding county health departments, and prepare public health advisories and announcements.
 - k. Aid sanitarian(s) as needed.
 3. Director of Emergency Response will:
 - a. Shall assist the HC coordinate all emergency response actions, as determined by each emerging event.
 4. Environmental Health Division will:
 - a. Ensure satisfactory means of disposal of sewage and other liquid waste.
 - b. Ensure or assist with information for proper disposal of dead animals.
 - c. Assist with information for control of vectors.
 - d. Provide information on disinfecting water for drinking, disinfecting water wells in case of flooding, disinfecting and cleaning households and public buildings, disposal of solid waste, food safety, and any other helpful information as needed for health and safety regarding disaster situations.
 - e. List agencies which would provide services such as sewage disposal, solid waste disposal, pest control, shelters, food, water, chemical supplies (lime, etc...), veterinarian, pharmaceuticals, animal carcass disposal.
 - f. Request assistance, from, coordinate with, and assist ODH Emergency



Response Unit.

g. Aid nurses as needed.

5. Primary and Support Roles of County Partners will: (Appendix C).

VII. Communications and Notifications

- A. A flow diagram for communications and notifications during a biological incident is provided in (Annex II, Appendix S).
- B. For a suspected or confirmed bioterrorism event, MCCCHD will implement the local HAN and notify the Mercer County area Poison Control Center. Confirmation of the agent will be obtained from ODH and/or CDC. Local law enforcement and FBI will be notified by Mercer County EMA to determine the credibility of the threat.
- C. The following will be notified immediately via HAN (Annex VII, Appendix A and Annex II, Appendix D):
 - Office of the Regional Coordinator
 - Physicians
 - Hospitals
 - Medical Laboratories
 - Infection Control Practitioners
 - Veterinarians, if necessary
- D. Diagnosis of any disease outbreak event will require notification of the patient and any patient contacts.
- E. OHSEM will notify State EMA, FBI and other governmental agencies as the event develops.
- F. Consultations with state and federal resources will be sought regarding evacuation and isolation, risk of contagion, sheltering and subsequent re-opening of a site, decontamination of individuals and property, specimen collection, laboratory capabilities/time frames, special instructions to hospitals, diseased individuals, test result notification, use and supply of prophylaxis/vaccine, surveillance and public health advisories.



- G. During a public health emergency, the HC may request the Mercer County EMA to activate the County's EOC. The MCCCHD will coordinate communications from the EOC when activated.
- H. Protocol for local, state and national emergency declarations will be the same as the county disaster response plan.
- I. Staff phone numbers are listed in (Annex II, Appendix B) of the MCCCHD's EOP.

VIII. Infectious Diseases Protocol

A. Notification

- 1. MCCCHD implements the protocols established by ODH.
- 2. Class A1 Infectious Disease: contact the ODH Bureau of Infectious Disease Control immediately.
- 3. Not a Class A1 Infectious Disease: In the event the case report is not for a Class A1 infectious disease, but there is indication of epidemic spread or intentional infection, complete a Patient Contact Form (Annex V, Appendix E), and call the ODH Bureau of Infectious Disease Control.

Bureau of Infectious Disease Control 614-466-0265 (Business Hours)
614-728-3463 (After Hours)
614-630-8531 (Pager)

B. Specimen Collection

- 1. Specimen collection will be coordinated by the DON.
- 2. ODH will be contacted prior to collection of the specimens to ensure that proper forms are submitted and procedures are followed when collecting the specimens. Forms from the IDCM are to be used.
- 3. In the advent of a criminal investigation, the MCCCHD will assist in collection of evidence, as requested, and report all laboratory findings to the lead investigatory agency.

IX. Resources Coordination

A. Pharmaceuticals and Vaccine



1. When state and federal supplies become available, MCCCHD will assist in the distribution, administration and management of supplies.
2. MCCCHD will store and release when required, under the direction from the HC.
3. Under the direction from the HC, those primary drugs and vaccines would be made available to first responders, in coordination with the County Fire Departments, and to Mercer Health Hospital.
4. First Responders in a biologic incident are defined as follows:
 - a. Emergency Medical Systems
 - b. Fire
 - c. Law Enforcement
 - d. OHSEM
 - e. Health Care workers
 - f. Public Health workers
 - g. Other public officials/employees that may be at high risk of exposure to infectious agents
5. The MCCCHD will maintain a list of local pharmacies (MCCCHD EOP Appendix N).
6. The MCCCHD will maintain a list of prearranged sites for distribution of mass prophylaxis, vaccine and other pharmaceuticals (MCCCHD EOP, Appendix H).

B. Decontamination

1. The MCCCHD will consult with State and Federal resources regarding decontamination issues and share information with first responders and hospitals as needed.

C. Evacuation and Sheltering

1. Plans for evacuation and shelters are given in the general plan of Mercer County EMA's Plan.

D. Hospitals

1. The MCCCHD will actively communicate with infection control and emergency departments to enhance emergency medical operations.



E. EMS

1. EMS will be performed in accordance with protocols they follow.

F. Coroner

1. The MCCCHD communicates with the Mercer County Coroner regarding dead victims, body identification and preservation and personnel safety. The information is used to maintain vital statistics and issues related to death certificates.

G. Poison Center

1. The MCCCHD will notify poison control centers when a NBC event occurs, with information related to materials used, if known. The poison control center can perform research on material data for personnel protection and emergency medical information. The information will be provided to the MCCCHD, hospitals, EMS and incident commander, if requested.

H. ARC

1. The MCCCHD and the local ARC chapter will support each other with medical assistance, providing public health nursing staff, sanitarian staff and administering shots and vaccine.

X. Public Health Information

1. In addition to the information provided in the Public Health Information section in the MCCCHD EOP, the following special considerations would be taken in a biologic event:
 - a. Fact sheets will be utilized for biological agents (Annex IV Fact Sheets).
 - b. Protocols established and recommended by ODH will become the standard operating guides for the department.
 - c. MCCCHD will prepare information and press releases to be used during the emergency.

XI. Epidemiological Investigation

A. Mercer County

1. The CHSC will assist with investigations as needed.



2. The CHSC will regularly update the HC, Medical Director, DON, Communicable Disease Coordinator, and any other authorities necessary throughout the investigation.
3. 45 CFR 164.512 and Ohio Revised Code grant the MCCCHD authority to release protected health information needed during an investigation.
4. If an event is suspected of being criminal in nature, the proper authorities will be notified, including local law enforcement.
5. Case definitions will be established through consultation with ODH. These will be used to identify new cases and to reclassify existing cases.
6. All confirmed, probable and suspect cases will be interviewed. Identified contacts of the aforementioned cases will be interviewed and monitored per recommendations by ODH, CDC and the Ohio IDCM
7. If an event expands outside MCCCHD jurisdiction, the CHSC will contact the NWOR Coordinator. Surrounding counties may be notified, if additional resources are needed.
8. The distribution and course of the disease will be monitored using multiple surveillance tools. These tools will also be used to define the population at risk, identify risk factors, and sources or modes of transmission.
9. Information from case interviews and lab results will be used to develop and implement containment, prevention and treatment measures. This information will be disseminated to the appropriate authorities. All attempts will be made to develop a hypothesis on how the outbreak or bioterrorism event occurred.

B. Sub-regional

1. The CHSC will assist with investigations as needed.
2. The CHSC will regularly update the HC, Medical Director, DON, Communicable Disease Coordinator, and any other authorities necessary throughout the investigation.
3. If an event is suspected of being criminal in nature, the proper authorities will be notified.



4. Case definitions will be established through consultation with ODH. These will be used to identify new cases and to reclassify existing cases.
5. All confirmed, probable and suspect cases will be interviewed. Identified contacts of the aforementioned cases will be interviewed and monitored per recommendations by ODH, CDC and the Ohio IDCM.
6. If an event expands outside the sub-region MCCCHDs' jurisdiction, the CHSC will contact the NWOR Coordinator. Surrounding counties may be notified, if additional resources are needed.
7. The distribution and course of the disease will be monitored using multiple surveillance tools. These tools will also be used to define the population at risk, identify risk factors, and sources or modes of transmission.
8. Information from case interviews and lab results will be used to develop and implement containment, prevention and treatment measures. This information will be disseminated to the appropriate authorities. All attempts will be made to develop a hypothesis on how the outbreak or bioterrorism event occurred.

XII. Public Health Surveillance

1. The CHSC and Communicable Disease Coordinator will work together with hospitals, physicians and laboratories to facilitate accurate and timely disease reporting and training.
2. The CHSC will develop and maintain a contact list of the following groups, for purposes of notification/communication of a biological event, using the local HAN:
 - Physicians
 - Hospitals
 - Medical Laboratories
 - Infection Control Practitioners
 - Veterinarians
3. The CHSC will develop and monitor baseline indicators for all reportable diseases. If an indicator is exceeded, the following will be alerted via the HAN and the medical director notified:
 - Physicians
 - Hospitals
 - Medical Laboratories
 - Infection Control Practitioners
 - Veterinarians, if necessary



XIII. Training

1. Staff training for this plan will include tabletop exercises and/or drills involving biologic agents within the department, and participation in such exercises with Mercer County EMA, and Mercer Health Hospital.
2. New users will be recruited and trained by the CHSC for the Ohio Disease Reporting System, once it is open to facilities outside the local MCCCHD. New users will also be recruited and trained for the following surveillance systems: Real-time Outbreak Detection System and hospital sentinel sites.

XIV. Debriefing

All parties involved in the response to the incident will participate in a critical incident stress debriefing. The debriefing will be conducted for the MCCCHD in the department office after the termination of the incident. Debriefing will be the time to reflect on strengths and weaknesses of the response to the event. The IC may also conduct a debriefing session on site and all participants in the incident will participate.

To activate Emergency Mental Health, contact the Mercer County EMA at 419 / 586 - 6455 (Central Dispatch). The local EMA will make necessary contacts with mental health professionals based on specific needs and circumstances.