

Cambridge-Guernsey County Health Department All Hazards Emergency Response Plan

*Cambridge-Guernsey County Health Department
326 Highland Ave
Cambridge, Ohio 43725*

For Official Use Only

March 2016

Review History/Record of Changes

The Cambridge-Guernsey County Health Department All Hazards Emergency Response Plan will be reviewed by the Guernsey County Board of Health, HD Administrative staff, and local and regional planning partners annually or as required. The Plan may also be revised based on best practices, changes in government, changes in equipment and/or infrastructure, or as the result of After Action Reports/Improvement Plans (AAR/IP) resulting from Drills, Tabletops (TTX), Functional Exercises (FE), and Full Scale Exercises (FSE). Minor changes may be made without full review.

Plan	Changes	Date
Basic Plan		March 2016
Annex A: Direction and Control		February 2016
Annex A1: Continuity of Operations (COOP)		February 2016
Annex B: Communications/Information Sharing Interoperable/Tactical		February 2016
Annex B1: Communications/Information Sharing Emergency Public Information & Warning		February 2016
Annex C: Community Containment Non-Pharmaceutical Intervention		February 2016
Annex C 1: EPI Plan		June 2015
Annex C 2: Ebola and Other Special Pathogens		December 2015
Annex D: Behavioral Health Services Responder Safety and Health		March 2016
Annex E: Environmental Surety		March 2016
Annex F: Resource Management		March 2016
Annex G: Fatality Management		March 2016
Annex H: Strategic National Stockpile		March 2016
Annex H1: Medical Countermeasure Dispensing		March 2016
Annex I: Training and Exercise Plan		Aug/Sept 2015
Hazard and Vulnerability Plan		June 2015

The Agency will continue to participate in Peer Review: 2016/2017 schedule:

July 2015	Annex I	Feb 2016	Annex A
August /Sept 2015	Annex H		Annex A1
	Annex H1	April 2016	Annex B
October 2015	Annex D		Annex B1
November 2015	Annex F	May 2016	Annex C
January 2016	Annex E		Annex C1
		June 2016	Annex G

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Cambridge-Guernsey County Health Department
All Hazards Emergency Response Plan

Promulgation Document

Preparedness to cope with the effects of a Public Health emergency includes many elements involving local government agencies, private support agencies and individual citizens.

Disasters necessitate a sudden escalation in the materiel needs of the community and a reorganization of resources and personnel in order to address response. Many lives can be lost in the confusion and disorganization that accompanies the lack of a full planning effort.

Planning for population protection must be a cooperative effort to avert or minimize the effects of biological, chemical, radiological, nuclear, or explosive related disasters, protect lives and property; and restore the area to its pre-disaster status with a minimum of social and economic disruption.

This plan is a statement of policy regarding public health emergency response and as such assigns responsibilities to county officials, department heads and other support agencies specifying their roles before, during and after an emergency. It is developed pursuant to CDC and ODH guidance, the Ohio Revised Code, the National Incident Management System (NIMS) the county wide agreement resolution by the Guernsey County Commissioners, the Ohio Department of Health All Hazards Emergency Response Plan, the Southeast Ohio Regional All Hazards Response Plan and the Guernsey County Emergency Operation Plan (EMA).

Approval and Implementation

The Cambridge Guernsey County Health Department All Hazards Emergency Response Plan describes the management and coordination of resources and personnel during an emergency. This plan was developed by committees comprised of planners and managers of the departments and agencies with key roles during emergencies and disasters. The first plan was written in 2000 and has been improved, changed and modified annually.

This plan supersedes previous plans. It incorporates guidance from the Ohio Department of Health as well as lessons learned from emergencies that have affected Guernsey County in the past. The Command and General Staff designated with the plan has the responsibility of reviewing and implementing their respective areas of responsibility.

This plan:

- Is developed to synchronize with the State of Ohio Emergency Operations Plan ESF#8
- Is maintained in accordance with the CDC Local Technical Assistance Review (L-TAR)
- Establishes emergency response policies that provide the Cambridge Guernsey County Health department guidance for the coordination and direction of emergency response activities
- Aligns with the basic structures, processes and protocols of the Nation Response Framework (NFR) guidelines.
- Incorporates National Incident Management System (NIMS) concepts and guidelines into the plan
- Provides a basis for unified training and response activities

Approved at July 1, 2015 Board of Health Meeting:

Present: Rebecca Sudduth, President
 Karen Enos, President Pro Tem
 Mike Yanico
 Bill Black, Jr.

Edward L. Colby, DO Health Commissioner/Medical Director
Rose Ball, Administrator
Angela Gray, RN DON
Randy Shepard, RS DOEH

Record of Distribution

1. Board of Health	5
2. Health Commissioner	1
3. Administrator	1
4. Director of Nursing	2
5. Director of Environmental Health	1
6. County EMA	1
7. Regional Coordinator	1

The individuals and organizations listed above have been identified as holders of an official copy of the Cambridge-Guernsey County Health Department All Hazards Emergency Response Plan, hereafter known as the Plan. When revisions are made, the Public Health Emergency Preparedness Coordinator will use this list to distribute an updated copy of the Plan in electronic format. The Plan is stored in the LHD Safe, on the PHEP Coordinator Computer and there is a hard copy stored with the Administrator. Staff is notified of locations of the Plan at staff meetings.

Executive Summary

Mission Statement

The mission of the Guernsey County Health Department is to assure a healthful environment, prevent disease, and prolong life and wellbeing for the citizens of Guernsey County.

The goals of the Guernsey County Health Department are to:

1. Prepare staff to prevent, protect against, respond to, and recover from natural disasters and acts of terrorism.
2. Provide public health information and training to first responders and the general public to enable them to better prepare for disasters and acts of terrorism.

Guernsey County Health Department Capabilities

- Immunizations (domestic and international)
- Public Health programs and clinical services
- Assessment of and recommendations on disease issues
- Participate in epidemiological activities
- Respond to biological events affecting the community well being
- Assess and make recommendations regarding sanitation issues
- Respond with public health resources to all hazards according to capability.

Personnel Assigned to The Cambridge-Guernsey County Health Department			
Health Commissioner/Medical Director	1	Infectious Disease Nurse	1
Director Nursing	1	Immunization Nurse	2
Director Environmental Health	1	Clinic Clerk	1
Fiscal Officer	1	Environmental Clerk	1
Account Clerk	1	Plumbing Inspector	1
Registered Sanitarian	1		
Emergency Preparedness Coordinator	1		

Mutual Aid Agreements and Memoranda of Understanding

- Agreements and understandings must be entered into by duly authorized officials and should be formalized in writing whenever possible prior to emergency situations.
- Copies of current MOAs and MOUs are on file in the CGCHD Administrators office.
- If local government resources prove to be inadequate during emergency operations, requests for assistance will be made to other jurisdictions, higher levels of government, and other agencies in accordance with existing or emergency negotiated mutual-aid agreements.

- Requests for State and Federal resources must be made through the local EOC; such requests are forwarded to the State Emergency Operating Center (EOC).
- CGCHD has entered into a regional MOU with ten other Health Departments in the Southeast Ohio Planning Region.
- CGCHD has entered into an MOU with giga-bytes for computer technology issues.

The CGCHD maintains *Annex I: Training and Exercise Plan* of this Plan that outlines appropriate training activities for in-house staff and community partners. The overall objective of the emergency response planning process is to enhance community resilience and ensure a coordinated response during an emergency.

Tasks included (list not all inclusive) in the Plan are:

- Develop and maintain emergency call-down lists.
- Maintain listings of local private contractors who can provide support during emergencies.
- Develop mutual aid agreements with support agencies
- Ensure staff within our agency is trained and certified in safety and health practices including the use of Personal Protective Equipment (PPE)
- Ensure that employees fully understand their obligation as emergency responders to report to work as soon as possible in the event of an emergency.
- Participate in hazard and risk assessments for Guernsey County.
- Conduct a capability assessment defining available public health resources and those that may be obtained through mutual-aid agreements
- Participate in the development and exercise of the Plan

CGCHD will assist the Guernsey County EMA in maintenance of the Guernsey County resource manual by identifying sources, locations, and availability of public health related resources.

Inter-Jurisdictional Relationships: Local

For emergency management purposes, the territory of each city/township in Guernsey County has been included in a mutual aid zone. These zones may be incorporated or unincorporated municipalities, with adjacent incorporated territory, or unincorporated territories.

Multi-Agency Coordination

Each county in Ohio has a Multi-Agency Coordination System (MACS) responsible for coordinating assistance across inter-county boundaries under emergency conditions. This is the Emergency Management Agency (EMA). During large incidents the EMA may open an Emergency Operations Center (EOC), which is manned by representatives from agencies throughout the county to coordinate activities and resources.

Ohio is divided into eight Public Health planning regions by the Ohio Department of Health (ODH) for the purposes of Public Health Emergency Preparedness. The Southeast Ohio planning region is made up of 11 counties: Belmont, Coshocton, Guernsey, Harrison, Jefferson, Monroe, Morgan, Muskingum, Noble, Perry and Washington. These 11 counties have signed a Memorandum of Understanding (MOU) that will be used to provide assistance across jurisdictional boundaries during times of crisis. Activities occurring as a result of activation of the Regional MOU will be coordinated through the RCC and the local EOC as if activated.

Primary Public Health Agency

Guernsey County Health Department

Support Agencies	
Southeast Region Local Health Departments	Southeast Regional Coordination Center
Southeast Ohio Regional Medical Center	Guernsey County EMS
Guernsey County School Districts	Guernsey County Chapter-American Red Cross
Guernsey County EMA	Ohio Highway Patrol-Marietta Unit
Guernsey County Sheriff	Cambridge City Police
Volunteer Fire Departments	

Table 2: Guernsey County Demographics

	Guernsey County	Ohio
Population, 2011 estimate	39,927	11,544,951
Population, 2010 (April 1) estimates base	40,087	11,536,502
Population, percent change, April 1, 2010 to July 1, 2011	-0.4%	0.1%
Population, 2010	40,087	11,536,504
Persons under 5 years, percent, 2011	6.0%	6.2%
Persons under 18 years, percent, 2011	23.5%	23.3%
Persons 65 years and over, percent, 2011	16.4%	14.3%
Female persons, percent, 2011	50.9%	51.2%
White persons, percent, 2011 (a)	96.0%	83.6%
Black persons, percent, 2011 (a)	1.7%	12.4%
American Indian and Alaska Native persons, percent, 2011 (a)	0.3%	0.3%
Asian persons, percent, 2011 (a)	0.3%	1.7%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	Z	Z
Persons of Hispanic or Latino Origin, percent, 2011 (b)	1.0%	3.2%
White persons not Hispanic, percent, 2011	95.2%	81.0%
High school graduates, percent of persons age 25+, 2006-2010	84.3%	87.4%
Bachelor's degree or higher	11.2%	24.1%
Veterans, 2006-2010	3,644	936,383
Households, 2006-2010	16,217	4,552,270
Persons per household, 2006-2010	2.47	2.46
Per capita money income in past 12 months (2010 dollars) 2006-2010	\$19,187	\$25,113
Median household income 2006-2010	\$37,573	\$47,358
Persons below poverty level, percent, 2006- 2010	17.3%	14.2%
Land area in square miles, 2010	522.25	40,860.69
Persons per square mile, 2010	76.8	282.3

Source: <http://quickfacts.census.gov/qfd/states/39/39059.html>

Community Preparedness

Community Preparedness is the ability of communities to prepare for, withstand, and recover: in both short and long terms: from public health incidents. By engaging and coordinating with emergency management, healthcare organizations (private and community-based), mental/behavioral health providers, community and faith based partners, state, local, and territorial, public health's role in community preparedness is to do the following:¹

- Support the development of public health, medical and mental/behavioral health systems that support recovery
- Participate in awareness training with community and faith-based partners on how to prevent, respond to, and recover from public health incidents
- Promote awareness of and access to medical and mental/behavioral health resources that help protect the community's health and address the functional needs (i.e., communication, medical care, independence, supervision, transportation) of at-risk individuals
- Engage public and private organizations in preparedness activities that represent the functional needs of at-risk individuals as well as the cultural and socio-economic, demographic components of the community
- Identify those populations that may be at higher risk for adverse health outcomes
- Receive and/or integrate the health needs of populations who have been displaced due to incidents that have occurred in their own or distant communities (e.g., improvised nuclear device or hurricane)

NOTE: The Department of Health and Human Services has developed the following definition of at-risk individuals:²

“Before, during, and after an incident, members of at-risk populations may have additional needs in one or more of the following functional areas: **communication, medical care, maintaining independence, supervision, and transportation.** In addition to those individuals specifically recognized as at-risk in the Pandemic and All-Hazards Preparedness Act (i.e., children, senior citizens, and pregnant women), individuals who may need additional response assistance include **those with disabilities, who live in institutionalized settings, are from diverse cultures, have limited English proficiency or are non-English speaking, are transportation disadvantaged, have chronic medical disorders, and those with pharmacological dependency.**”

¹ Center for Disease Control and Prevention (CDC), *Public Health Preparedness Capabilities*, March 2011, Pg. 16 [WWW.cdc.gov/phpr/capabilities](http://www.cdc.gov/phpr/capabilities)

² Department of Health and Human Services, Centers for Disease Control and Prevention, Office of Public Health Preparedness and Response: *Public Health Workbook To Define, Locate, and Reach Special, Vulnerable, and At-Risk Populations in an Emergency*, accessed October 25, 2012 at http://www.bt.cdc.gov/workbook/pdf/ph_workbookFINAL.pdf

Definitions (DHHS)

Special, Vulnerable, and At-Risk Populations

For the purposes of the Cambridge-Guernsey County Health Department All Hazards Emergency Response Plan, at-risk populations will be identified in the following five broad descriptive categories, as defined below:

- Economic Disadvantaged
- Language and Literacy challenged
- Medical Issues and Disability (physical, mental, cognitive, or sensory)
- Isolation (cultural, geographic, or social)
- Age

The following elements should be considered for each group³:

- Health vulnerabilities such as poor health status
- Limited access to neighborhood health resources (e.g., disabled, elderly, pregnant women and infants, individuals with other acute medical conditions, individuals with chronic diseases, underinsured persons, persons without health insurance)
- Reduced ability to hear, speak, understand or remember
- Reduced ability to move or walk independently or respond quickly to directions during an emergency
- Populations with health vulnerabilities that may be caused or exacerbated by chemical, biological, or radiological exposure

Economic Disadvantage

Economic disadvantage does not necessarily impair the ability of an individual to receive information, but it can significantly affect his/her ability to follow a public health directive if the individual does not have the resources or means to do what is being asked (e.g., stockpile food, stay home from work and lose a day's pay, evacuate and leave their home, or go to a point of dispensing).

Language and Literacy

This category includes people who have a limited ability to read, speak, write or understand English, have low literacy skills, or who cannot read at all (in English or in their native language).

It is important to consider language and literacy when you develop public health messages. To ensure that everyone can understand the information and follow public health directives, information must be culturally and linguistically appropriate and accessible to everyone.

³ Center for Disease Control and Prevention (CDC), *Public Health Preparedness Capabilities*, Capability 1: Function 1, Priority 1, March 2011, Pg. 17 [WWW.cdc.gov/phpr/capabilities](http://www.cdc.gov/phpr/capabilities)

Medical Issues and Disability (physical, mental, cognitive, or sensory)

According to the Americans with Disabilities Act, a person has a disability “if he or she (1) has a physical or mental impairment that substantially limits a major life activity, (2) has a record of such impairment or (3) is regarded as having such impairment.” The most easily recognized people in this category are those who are blind, deaf, and hard of hearing, as well as those with health conditions that limit mobility or make them dependent on electricity. As much as 14% of the population has hearing, vision, or mobility limitations.

People with mental disabilities are thought by many health and emergency planners to be the most challenging at-risk population in widespread emergencies because people who cannot understand and follow directions could jeopardize others in addition to themselves. Mental disability is a population category that will require priority attention in some emergencies.

Isolation (cultural, geographic, or social)

People can be isolated if they live in rural areas or in the middle of a densely populated urban core. There are many ways in which people might be considered isolated, including:

Rural populations include ranchers, farmers, and people who live in sparsely populated communities. Rural areas can have special communication challenges, such as dependence on satellite television, which does not always provide local channels or news. Additionally, radio stations have moved to a canned commercial feed in many communities and might not be useful for dispensing local information in an emergency.

Urban Residents can be isolated because of language, lack of education, cultural practices, chronic health problems, fear, lack of transportation or access to public transit systems, unemployment, and other factors. Even if they have access to mass media, they might not have the means to respond to emergency directives.

Temporary Residents can be a major population for many communities, but there are big differences in the types of temporary residents: people living on a military base, students, tourists, or seasonal farm workers, for example.

Undocumented Immigrants are foreign-born persons who reside in the United States and have not yet achieved legal residency. Therefore these individuals might consciously avoid interaction with social and public agencies.

Single Parents and Caregivers face challenges because they have no one to share their responsibilities to care for those who are dependent on them. This increased responsibility can impair their ability to plan for emergencies or carry out public health directives, and it can be emotionally overwhelming.

Religious and Cultural practices may reduce the likelihood of certain groups receiving emergency communications. For example, mass media communications would be ineffective for reaching Amish and Mennonite communities which usually do not have televisions or radios.

Age: Although many elderly people are competent and able to access health care or provide for themselves in an emergency, chronic health problems, limited mobility, blindness, deafness, social isolation, fear, and reduced income put older adults at an increased risk during an emergency. Infants and children under the age of 18 can also be at-risk, particularly if they are separated from their parents or guardians. They could be at school, in daycare, or at a hospital or other institution—places where parents expect them to be cared for during the crisis. There are also increasing numbers of children who are home alone after school. Separation of family members can cause its own havoc in a crisis.

Healthcare Coalition

CGCHD has ongoing partnerships with multiple agencies (*See Table 1 Below*) throughout the community. These relationships help to maintain knowledge and camaraderie on a day-to-day basis and facilitate working partnerships during emergency operations. The county has a full spectrum of agencies that serve its citizens in times of need. Although there is not a formal healthcare coalition, by definition, collaboration happens on a continuous basis.

Table 1: Community Collaboration

Community Partner	Association
Business	Retail Pharmacies & Medical Supply Companies: Approval of medications and equipment for BCMH Special nutritional providers Dialysis Centers: Large corporations: Closed PODS
Community Leadership	Elected Officials: Complaints and enforcement issues Law Enforcement: Coordinate on inmate services Fire: Coroner:
Cultural and Faith Based Groups	Multiple Amish and Mennonite families through the BCMH program.
Emergency Management	Homeland Security Advisory Committee Member Disaster Preparedness: Training and exercises
Healthcare: <i>Southeast Ohio Regional Medical Center is the lead agency on the set-up and operations of the local Alternate Care Center (ACC)</i>	Hospitals: The Administrator is a member of the local healthcare coalition group that addresses among other issues, the setup and operation of an Alternate Care Center within the community. Nursing homes: food inspections Extended living facilities: food inspections Home Health: BCMh: Work with physician’s offices Physician’s Offices: Infant formula issues
Social Services	Children’s services: Share cases WIC: referrals Salvation Army: Consultation on alternative housing and supplemental food

Community Partner	Association
Housing and Sheltering	Ohio Healthy Homes: Collaboration of services for families with children with high lead levels
Media	The CGCHD maintains a regular partnership with local media with the posting of health department news and events in the local print news and radio station. BCMh: Collaborate on promotion of the program
Mental/Behavioral Health	
Agency on Aging	
Social Services	Children’s services: Share cases WIC: referrals Salvation Army: Consultation on alternative housing
Education	-Ongoing Memoranda of Understanding (MOU) for use during mass medical countermeasure dispensing. -Coordinate screening for children with disabilities -Food inspections
Childcare	-Provide families information for assistance or lists of approved providers. -Provide physicals for local preschools and private daycare providers -Food inspections

Community Recovery

The first priority for the health department during and following a disaster is to maintain and resume public health services. See *Annex A1: Continuity of Operations/Business Resumption Plan* of the Cambridge-Guernsey County All Hazards Emergency Response for a full explanation of these procedures.

Following restoration of health department services, available staff may be assigned to assist outside agencies as available, with the understanding that they will return to duty at the health department as needed ensure continuous essential functions. Some field operations that will be provided as part of community recovery include:

- Assist affected populations with recovery needs through the provision of technical advice or field services regarding health and safety issues.
- Coordinate with Department of Human Services to provide mental health information and referral for counseling of victims.
- Coordinate post event Critical Incident Stress Management activities for in-house staff.

Health Department staff will document and report activities undertaken during the emergency including time keeping, resource allocation and any other pertinent information, and participate in post event evaluation of response activities and adjust plans and protocols accordingly.

I. Introduction

The primary goal of this document is to outline the emergency response activities of the Cambridge-Guernsey County Health Department. Upon approval by the Guernsey County Board of Health, this plan will become the Standard Operating Guide (SOG) cited in Annex-H of the Guernsey County Emergency Operations Plan (EOP) housed at the EMA Office. This plan shall be revised so as to maintain compliance with the Department of Homeland Security's National Incident Management System guidelines for preparing for, responding to and recovery from incidents.

II. Purpose

The Cambridge-Guernsey County Health Department (CGCHD) Emergency Response Plan (ERP) provides guidance for the provision of public health services during and following an emergency to ensure that the public health needs of citizens within Guernsey County is not compromised. This plan predetermines, to the extent possible, actions to be taken by CGCHD staff to prevent, prepare for, respond to, and recover from, incidents that could negatively impact Guernsey County and its citizens.

III. Scope

The CGCHD ERP outlines policies and the execution of response actions in regards to a naturally occurring emergency or act of terrorism. The CGCHD ERP outlines primary and support roles as defined throughout the ERP. The CCHD has been developed to synchronize with Emergency Support Function 8 (ESF#8) of the Guernsey County Emergency Operations Plan (EOP).

Primary Emergency Support Function

ESF #8, Public Health and Medical Services

Support Emergency Support Functions

1. ESF #5, Information and Planning
2. ESF #6, Mass Care
3. ESF # 7, Resource Management
4. ESF # 10, Hazardous Materials
5. ESF #14, Recovery and Mitigation
6. ESF # 15, Public Affairs

IV. Situation & Assumptions

Situation

The Cambridge-Guernsey County Health Department is responsible for ensuring public health essential services are provided to the citizens within Guernsey County. When incidents arise that go beyond the routine health department activities, the ERP and relevant Annexes will be activated. Incidents that require activation of the ERP may include but are not limited to biological, chemical, nuclear, radiological or explosive accidental or intentional incidents. Some residents will identify the need for assistance during an incident others will not.

Assumptions

1. CGCHD will use the National Incident Management System (NIMS)/ Incident Command System (ICS) to manage response to an incident
2. The CGCHD ERP describes the actions and responsibilities of CGCHD during an incident
3. CGCHD will inform other agencies when response requirements exceed its capability. Initiation of ICS may require the implementation of the Continuity of Operations Plan (COOP) within the local health department.
4. Non-essential functions may not be maintained when the department is executing its COOP plan
5. CGCHD will rely on local health care facilities to provide the status of the local medical situation
6. CGCHD will rely on the ODH for information regarding national/global health status
7. CGCHD may rely on the Regional Coordination Center (RCC) and other health departments within the SE Ohio Public Health Planning Region for assistance with resource information.
8. CGCHD has no control over the healthcare system; it is primarily a private entity.
9. The Health Commissioner has delegated authority to designated CGCHD staff to request medical countermeasures from ODH.
10. Securing appropriate spending approval may influence the timing and use of response funds.
11. CGCHD will support the GCEOP to the level of capabilities and resources available
12. An emergency will likely initiate collaboration with ODH, the RCC, and other health departments within the region
13. Activation and execution of the CGCHD ERP may require staff mobilization and activation of the CGCHD Department Operations Center (DOC)
14. During events with unknown health impact, there is up to a 36-hour time period for CDC and ODH to deliver medical material to Points of Dispensing Sites (POD).

Hazard Analysis Summary

A Hazard and Vulnerability Analysis/Risk Assessment is conducted by the CGCHD. The CGCHD works with the local EMA to ensure the county risk assessment includes a complete public health risk assessment.

Below is a List of Anticipated Risks

1. **Seasonal Influenza:** A regularly occurring seasonal disease characterized by the prevalence of outbreaks of influenza. The season normally occurs during the cold weather. Influenza activity can sometimes be predicted and even tracked geographically. These minor outbreaks usually take about 3 weeks to peak and another 3 weeks to significantly diminish
2. **Pandemic:** An epidemic of infectious disease that is spreading through human populations across a large region; for instance a continent, or even worldwide. A widespread endemic disease that is stable in terms of how many people are getting sick from it is not a pandemic. Further, flu pandemics exclude seasonal flu.
3. **Food borne Outbreak:** A disease outbreak caused by consuming contaminated food or drink. There are more than 250 known food borne diseases, the majority of which are infectious and caused by bacteria, viruses, and parasites. All food borne microbes and toxins enter the body

through the gastrointestinal tract and often cause the first symptoms there. Nausea, vomiting, abdominal cramps and diarrhea are frequent in food borne disease.

4. **Vector borne Outbreak:** An infectious disease outbreak usually transmitted by insects for example ticks spread Lyme disease, Rocky Mountain spotted fever, Ehrlichiosis, and Colorado Tick Fever. Mosquitos spread La Crosse, St Louis, Eastern, and Western Encephalitides.
5. **Waterborne Outbreak:** An infectious disease outbreak caused by pathogenic microorganisms which are directly transmitted when contaminated fresh water is consumed. Contaminated fresh water, used in the preparation of food, can be the source of food borne disease through consumption of the same microorganisms.

V. Concept of Operations

The activation of this ERP is at the discretion of the CGCHD leadership. Activation decisions will be based on the scope and complexity of the incident and may or may not be based on pre-determined triggers.

The Health Commissioner, in coordination with the County Commissioners, will determine if a Public Health Emergency declaration is warranted. During a major emergency in Guernsey County, outside assistance for health and medical emergency operations will be coordinated through the County EOC.

During a declared emergency, the Guernsey County Health Department serves as the lead agency for *ESF 8: Health and Medical Services*, and will coordinate public health services. All support agencies will be notified and requested to provide 24-hour representation at the EOC as necessary. As required, special advisory groups of health and medical subject matter experts may be assembled.

Internal department resources will be managed by departmental procedures and policies. Each responding organization will communicate directly with its own field resources, and will keep the EOC informed of appropriate information (casualties, damage observations, evacuation status, radiation levels, chemical exposure, etc.) during emergency conditions.

The CGCHD has access to the jurisdictions' demographic profiles. Concerns of those with functional needs include assistance with evacuation and transportation, sheltering, first aid and medical services, temporary lodging and housing, transition back to the community, in-home clean-up, and other disaster-related programs, services, and activities. Some people may utilize service animals. Accommodations for these animals should be considered when developing evacuation and sheltering plans.

NOTE: Service animals are not considered pets and perform functions to assist their owner in activities of daily living. Additionally, in order to be permitted into a shelter with their owner, the service animal cannot pose a direct threat to other animals or individuals residing in the shelter and must have had prior training to remain calm in public situations.

VI. Assignment of Responsibilities

Public Health

The Guernsey County Health Commissioner or their designee is responsible for implementing the core public health functions during an emergency.

These functions include:

- Assess hazards relating to an existing or potential public health and/or environmental threat and the impact.
- Designate services provided by the Health Department during all phases of an emergency, and develop objectives that guide the provision of such services.
- Medical Countermeasure Dispensing:
 - As required, the CGCHD has established dispensing sites to administer an appropriate countermeasure to emergency workers and/or the general public in accordance with the ODH guidance. The EOC will be activated through the EMA Director prior to any mass countermeasure dispensing operation.
 - If the Strategic National Stockpile (SNS) is required, it will be requested through collaboration of the Health Department, the local EOC to the ODH desk at the State EOC. Receipt, inventory and distribution of all SNS assets at the direction of the CGCHD. *See Annex H1: Mass Countermeasure Dispensing*
- Non-Pharmaceutical Interventions
 - The use of quarantine and isolation may be required to help control the spread of infectious diseases and may be implemented utilizing *Annex C: Community Containment-Non-Pharmaceutical Interventions* for operational guidance.
 - Both isolation and quarantine may be conducted on a voluntary basis or compelled on a mandatory basis through legal authority cited in Annex C.
 - Under voluntary quarantine residents will be encouraged to stay home
 - Large public gatherings may be cancelled to limit exposure.
- Mosquito and rodent/vermin control:
 - The local health department will handle mosquito and rodent/vermin control using established directives
 - Local exterminators may be contacted if needed. Additional resources will be requested through the local EOC.
 - The local health department, along with the solid waste district and the Ohio EPA will provide instructions for proper disposal of contaminated waste.

In the event that municipal or county water systems are not functioning properly or are contaminated, the GCHD will provide the necessary public information on boil orders, alternate water supplies and other needed information.

- Licensed water haulers are available to provide potable water during emergencies. A listing of the licensed water haulers is maintained by the Environment Health staff at the GCHD, and is included in the county resource manual. The requesting entity is responsible for any cost incurred by the delivery of potable water.
- State assistance may be requested thru the EOC if the situation dictates.

In the event that alternative methods are needed to provide for human waste disposal:

- CGCHD will distribute information on handling human waste in an emergency according to established policies and procedures.
- A listing of available portable latrines is maintained in the county resource manual.

Medical Services

During an emergency, county EMS will coordinate on-scene triage services and medical transport to the appropriate medical facility utilizing the Incident Command System.

- Direction and control of emergency operations at the hospital will be the responsibility of the facility managers and staff.
- A designee from the hospital will report to the EOC upon its activation and coordinate medical activities
- Medical care for the injured will be provided at Southeastern Ohio Regional Medical Center.
- Local doctor's offices and urgent care facilities may be utilized as emergency treatment centers and/or mass casualty collection points until arrangements can be made to transport victims to appropriate facilities.
- Hospital administrators have developed policies and procedures for activation of hospital internal disaster plans to ensure adequate staffing and bed capacity to maintain hospital operations at maximum levels possible.
- Hospital personnel will be mobilized according to the medical center's emergency plans and procedures.
- If additional medical personnel are needed, call-up lists will be utilized. Notification will be by telephone or pager system.

Evacuation of In-patient Medical Facilities

- The facility Administrator, or designated representative, in conjunction with an EOC designee, will coordinate the evacuation.
- Receiving facilities will be selected according to the ability to receive additional patients.
- Ambulatory patients may be released from the hospital, depending on their condition.
- Coronary, Intensive Care Unit and other patients termed critical will be priority in evacuation.
- Transportation will be provided by ambulance, school bus, and air ambulance services.
- Should additional transportation be required, support will be requested through the EOC. Assistance may also be available from Southeast Ohio Regional Medical Center (SEORMC).

Receiving Additional Patients

- Should a neighboring hospital or nursing home have to evacuate, that facility will contact other facilities concerning their ability to accept additional patients.
- Patients will be received according to established plans and procedures.
- Utilization of medical staff from another medical facility will be decided in accordance with any provisions or their Emergency Plan.
- Organizations may support each other by accepting temporary, additional residents should one facility be evacuated during an emergency.

Fatality Management

The Coroner or his/her designee will be requested to respond to the EOC when activated. She/he will need to maintain communication and provide information to the EOC Health Care Coordinator for coordination purposes.

- The County Coroner, in coordination with law enforcement officials and the health department will identify and take charge of the proper recovery of the deceased and any human remains.
- In a mass casualty incident, in accordance with ORC 5313, the coroner shall determine when bodies are removed from the scene.
- The Guernsey County Coroner will determine the location of a temporary morgue in a mass-casualty event and use the Ohio Funeral Director's Plan. Bodies will be identified, and arrangements for interment may be made from this location.
- If conditions warrant, refrigerated trucks will be requested to hold bodies pending transfer to funeral homes. Coordination with all area funeral homes will be required.

Contact with the EOC, *if activated*, will be maintained throughout the emergency. Information requests concerning casualties will be referred to the local law enforcement agency. In the event of a mass fatality incident, additional mortuary services may be required, and will be requested by the County Coroner from the State EOC via the County EOC.

Grave sites and cemeteries impacted by a disaster

- Local government assistance will be requested and the state contacted if cemeteries are affected by a disaster.
- Assistance may be requested from the Ohio Funeral Directors Association.
- The local deputy registrar has death certificates and records of burial on file at the county health department.

Emergency Behavioral Health Services

Public Health will coordinate with the Mental Health and Recovery Services Board and the American Red Cross to provide crisis response and mental health services for persons who suffer adverse psychological consequences to a disaster.

- a) The Mental Health/CISMS Operations Officer will report to the Guernsey County EOC upon its activation to coordinate response efforts for stress management related activities, advise decision makers, and maintain contact with other emergency response groups. She/he will receive guidance from the EMA Director and provide assistance in the EOC.
- b) The American Red Cross (ARC) will provide Disaster Mental Health Services to citizens as outlined in ARC Disaster Services Regulations and Procedures, as volunteer staffing allows.
- c) Critical Incident Stress Management Services is outlined in the Guernsey County Emergency Operation Procedure 030-001 for Critical Incident Stress Management.
- d) Mental Health facility resources, staff, and communications are listed in the county resource manual.

VII. Response

Public Health

Immediate Response: Hours 0 – 2

- a) Provide liaison to Guernsey County EOC as requested.
- b) Determine what geographical area(s) and populations have been or may be affected
- c) Contact key public health personnel
- d) Develop initial health response objectives and set priorities.

- e) Establish communications with key health and medical organizations.
- f) Assign and deploy resources to achieve established initial objectives.
- g) Address requests for assistance and information.
- h) Initiate risk communication activities with county PIO.
- i) Document all response activities.

Intermediate Response: Hours 2 – 6

- a) Verify that a health surveillance system is operational
- b) Ensure that laboratories likely to be used are operational and verify their analytical capacity
- c) Update risk communication messages with county PIO

Intermediate Response: Hours 6 – 12

- a) Collect and analyze data that are available through surveillance and laboratory systems
- b) Prepare and update information for shift change, EOC briefings and Planning meetings
- c) Prepare for state and federal on-site assistance
- d) Assess health resource needs and acquire/request as needed
- e) Address mental and behavioral health support needs
- f) Coordinate the provision of medical supplies and staffing to the impacted area
- g) Assure that the needs of elderly persons who live independently at home are addressed

Hospitals/Medical Facilities

- a) Implement hospital's disaster plan
- b) Provide liaison to EOC as requested
- c) Coordinate transportation of casualties and medical resources with EOC designee
- d) Coordinate with other area hospitals/medical centers on caring for the injured
 1. Maintain liaison with other emergency services; fire, police, public health, etc.
 2. Distribute antidotes, drugs, and vaccines to shelters, in coordination with EOC designee.
 3. Coordinate with EMS to track the injured
 4. Coordinate with EMS to assign additional medical staff to triage areas as needed
 5. In the event of the evacuation ensure that consideration is given to patients too ill to be transported
 6. Obtain additional medical personnel and supplies as needed to address the emergency
 7. Make available upon request qualified medical personnel, supplies, and equipment
 8. Maintain communications with Health Care Coordinator within the EOC and provide updated information as possible.
 9. Implement mass casualty/Ohio Funeral Directors plans.
 10. Provide emergency treatment and hospital care for disaster victims.
 11. Support County Coroner at temporary morgue.
 12. Establish and maintain field and inter-hospital medical communications.

VIII. Vulnerable Populations

The CGCHD in conjunction with the County EMA maintains a Special Needs database containing contact information for those agencies within the community who serve clients that may be at risk during and emergency or have daily medical special needs. (*See Annex F: Resource Management*)

- Children with special medical needs (BCMH)
- Developmentally Disabled

- Unassisted Seniors
- Homeless
- Behavioral/Mental Health Clients
- Non-English Speaking populations
- Homebound—Oxygen, dialysis etc.
- Hearing/Vision Impaired
- Medically Supplied
- Lack of Transportation

IX. Plan Development and Maintenance

The Cambridge-Guernsey County Health Department is legally charged with development and maintenance of an All Hazards Emergency Response Plan.

The signatures of local officials in this All Hazards Emergency Response Plan certify the completeness and accuracy of information herein.

The Cambridge-Guernsey County Health Department All Hazards Emergency Response Plan is revised under the following conditions:

- Circumstances described in the current plan have changed.
- Plans are deemed to be inadequate based on emergency response
- Deficiencies are discovered during exercises or drills
- Recommendations resulting from an annual Plan review
- Community conditions and threats change

Each agency or individual assigned a role within the CGCHD All Hazards Emergency Response Plan should appoint one person to maintain their agency information within the Plan. That person is responsible for maintaining their copy(s) of this document to current levels. Each agency possessing a copy of the ERP should destroy all outdated sections or versions when subsequent material is published.

Public Comment

- Plans are presented to the Board of Health Member annually for review and public comment. Board of Health meeting notice is published in the newspaper.
- Plans are presented to the District Advisory Board for review and public comment. District Advisory Board meeting notice is published in the newspaper.
- The Guernsey County EMA is asked to present for public comment.
- The LHD participates in regional peer reviews whereas each segment of the plan is reviewed at least annually by public health peers. Written comments gleaned from these reviews are utilized to improve plan content and provide continuity of operations across public health agencies within the region.

X. Authorities and References: Ohio Revised Code

- RC§301.24: County health department or agency.
RC§715.37: Health; contagious diseases; hospitals.
RC§3313.68: Employment of medical personnel.
RC§3701.03: General duties of director of health.
RC§3701.07: Reporting of information
RC§3701.072: Preparedness and capacity of trauma center to respond to disasters, mass casualties, and bioterrorism.
RC§3701.13: Powers of department.
RC§3701.14: Special duties of director of health
RC§3701.16: Purchasing, storing, and distribution of items needed for public health emergencies.
RC§3701.201: Reporting of events that might be caused by bioterrorism or certain other causes.
RC§3701.352: Violation of rule or order prohibited.
RC§3701.56: Enforcement of rules and regulations.
RC§3701.81: Spreading contagion.
RC§3707.02: Proceedings when order of board is neglected or disregarded.
RC§3707.04: Quarantine regulations.
RC§3707.05: Board must secure approval of department of health in certain cases.
RC§3707.07: Isolation of persons exposed to communicable disease; placarding of premises.
RC§3707.09: Board may employ quarantine guards.
RC§3707.14: Maintenance of persons confined in quarantined house.
RC§3707.16: Attendance at gatherings by quarantined person prohibited.
RC§3707.21: Contagious disease in public institution; temporary building.
RC§3707.22: Removal of affected or exposed persons from public institution to hospital.
RC§3707.26: Board shall inspect schools and may close them.
RC§3707.30: Care and control of hospital; removal of persons to hospital.
RC§3707.31: Establishment of quarantine hospital.
RC§3707.32: Erection of temporary buildings by board; destruction of property.
RC§3707.34: Authority of health commissioner regarding quarantine and isolation provisions.

Federal Laws

- Public Health Service (PHS) Act (42 USC 264) Section 361
- PHS Act, 42 CFR 71.329(a); 42 CFR 70.6
- PHS Act (42 USC 242) Section 311
- PHS Act (42 USC 247d) Section 319(a)
- Robert T. Stafford Disaster Relief and Emergency Assistance Act (42 USC 5121 et seq.)
- National Emergencies Act (50 USC 1601 et seq.) 42 USC §97